**Journal Article**

# Experiences of young people with harmful sexual behaviours in a residential treatment programme: a qualitative study

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**Experiences of Young People with Harmful Sexual Behaviours in a Residential Treatment Programme: A Qualitative Study**


***Abstract***

*This qualitative study aimed to explore the experiences of young men who have previously participated in a residential treatment programme based in North Wales for harmful sexual behaviours. In-depth interviews with 25 young men aged between 15-33 were conducted and thematically analysed. Findings highlight some key strengths of the treatment programme including building quality relationships with staff and the community and the learning of life skills that are also later employed to manage risk of sexual and non-sexual offending. The study supports recent research (Balfe et al., 2019) that more social and psychological supports need to be available for young people post-treatment while in a period of transition and liminality. Finally, the study further supports other research (de Vries Robbe et al., 2015) in that emphasis should be placed on social, interpersonal, and environmental protective factors rather than psychological ones alone.*



**Keywords:** Young people; harmful sexual behaviour; adolescence; residential treatment; Good Lives Model; Risk Factors; Protective Factors.


## Introduction

It is estimated that around a third of all sexual offences against children may be perpetrated by young people (Vizard et al., 2007). Young perpetrators of harmful sexual behaviour (HSB) may engage in a wide range of harmful behaviours (Balfe et al., 2019; Hackett et al., 2006; Somervell & Lambie, 2009) and can vary from non-contact to contact and violent behaviours (Balfe et al., 2019). Once identified as a young person with HSB, a referral is likely made to tertiary services and interventions can be either community based or residential (Balfe et al., 2019). The ethos of working practice has traditionally centred on a confrontational style, primarily based on risk reduction (Salter, 1988), however, a treatment culture fostering a strengths and resilience approach has become increasingly widespread (Balfe et al., 2019). According to Balfe et al. (2019), intervention reduces the risk of sexual recidivism (see Edwards et al., 2012; Halse et al., 2012; Letourneau & Bourdin, 2008). Indeed, those who complete a residential treatment programme are less likely to sexually reoffend than those who remain untreated (see Reitzel & Carbonell, 2006; Worling & Curwen, 2000).

Van Outsem et al. (2006) found that adolescents with HSB who completed a residential treatment programme were significantly more likely to experience higher levels of self-esteem, less emotional loneliness, and an external locus of control. Because young people with HSB often have difficult backgrounds characterised by adverse childhood experiences (Hackett et al., 2013), many present with social and emotional difficulties (see Balfe et al., 2019; Hackett et al., 2013; Seto & Lalumiere, 2010; Norman et al., 2012; Appleyard et al., 2005) and therefore, it is argued that the young person's HSB should not be understood and treated in isolation (Balfe et al., 2019). Such an approach is supported by Caldwell's (2010) meta-analysis and Veneziano and Veneziano's (2002) literature review of adolescent sex offenders

that indicates that young people with HSB are more likely to reoffend non-sexually than sexually. Chu and Thomas's (2010) research in Singapore mirrors these findings. Indeed, de Vries Robbe et al. (2015) suggest that social, interpersonal and environmental protective factors are critical to overcoming liminality and in turn, decreasing risk of re-offending and should therefore be at the centre of assessment, research and practice. Notably, Edwards et al. (2012) found that adolescents with HSB who complete a residential treatment programme will achieve improvements related to their overall psychosocial functioning as well as their offence-related attitudes. Thus, addressing young people's psychosocial functioning equips them with the skills to perform positively in activities and relationships once they leave treatment.

However, there is currently a dearth of research about the personal experiences of treatment for adolescent boys with HSB (Grady et al. 2018). Grady et al. identified five studies although those studies focused on community treatment programmes (see Bremer, 1992; Franey et al., 2004; Hackett & Masson, 2006; Halse et al., 2012; and Lawson, 2003). Balfe et al.'s (2019) study involved the examination of 117 casefiles of young people with HSB who had engaged in treatment from one of nine specialist services. The services included five community-based programmes and four residential programmes. Most casefiles indicated that although there was initial resistance, young people responded positively to treatment and cooperated accordingly. Because of the non-judgemental approach that intervention takes, young people with HSB come to value the services. In specific relation to residential treatment, Balfe et al. (2019) note that for some of the young people, leaving a programme was difficult and they experienced struggles with the transition to community-based living. It was observed from the casefiles that for some young people, the transition was initially positive and then deteriorated or continued to be positive in one area but not in another. There were indications of a chaotic transition into community life such as becoming involved with drinking alcohol or taking drugs. This highlights the need for a post-treatment support package to enable young people to transition more easily and effectively into the community.

This research seeks to explore the experiences of young men with HSB who have undertaken residential treatment based in North Wales. Furthermore, because more needs to be understood about young people's specific needs post-treatment to help them transition to living independently in the community, the research examines their experiences during the period of re-adjustment in the community. To this end, it is possible to gain knowledge and understanding about what factors supported them in maintaining change and desistance. Additionally, by giving participants themselves a 'voice' (Grady et al., 2018; Vizard et al., 2007), the study serves to address the lack of research in this area.

## Method

Woodlands is an independent holistic therapeutic environment based in North Wales. The organisation specialises in supporting boys between the ages of 11 and 18 with HSB who often present with complex needs including emotional, cognitive, psychological and social difficulties. NICE (National Institute for Health and Care Excellence) guidelines recommend a range of interventions that foster a strengths and resilience approach. Such a culture is underpinned by the values and principles of the 1989 Children Act, a piece of legislation that fits with Ward and Stewart's (2003) later published Good Lives Model (GLM). The GLM is the model applied at Woodlands. Therapeutic programmes vary in length with young people

living at Woodlands for a minimum of one year. The residential setting was developed in 1999 by two former Social Work team managers working within a Local Authority childcare team. Young people living at Woodlands receive a holistic therapeutic approach to treatment that has four interwoven strands of Care, Education, Therapy and Engagement of the Support System around the child.

A qualitative approach was adopted for this study and the research tool of semi-structured interviews was utilised. Interviews with participants who have undertaken treatment at Woodlands enabled us to gather 'thick descriptions' (Holloway, 1997) about their experiences.

## Participants

Participant information is detailed in Table 1: the participants comprised 25 males aged between 15 to 33 and were previous residents of Woodlands. For the young men aged between 15-18, consent was gained from the adults who have parental responsibility for them. For those who were subject to a Care Order, consent was obtained by the Director of their Local Authority. The main criteria for participation was having completed treatment for a minimum of one year at Woodlands. On average, participants had been living in the community for five years. One participant was convicted of a sexual offence and eight were convicted of a non-sexual offence.

*Table 1*

| Pseudonym | Age whilst at [name of organisation] | Age at interview | Length of time in community | Convicted of sexual offence following completion of programme? | Convicted of other criminal offence following completion of programme? |
|---|---|---|---|---|---|
| **Darryl** | 14-19 | 29 | 10 years | No | Yes |
| **Ed** | 15-18 | 23 | 5 years | No | Yes |
| **Tomos** | 14-18 | 22 | 4 years | No | No |
| **Graham** | 14-16 | 19 | 3 years | No | Yes |
| **Ralph** | 13-17 | 18 | 1 year | No | No |
| **Phil** | 13-16 | 19 | 3 years | No | No |
| **Desmond** | 16-18 | 22 | 4 years | No | Yes |
| **Alfie** | 13-18 | 20 | 2 years | No | No |
| **Archie** | 16-18 | 22 | 4 years | No | Yes |
| **Frankie** | 14-16 | 17 | 1year | No | No |
| **Charlie** | 14-18 | 23 | 5 years | No | Yes |
| **Craig** | 13-16 | 26 | 10 years | No | No |
| **Freddie** | 13-16 | 17 | 1 year | No | No |
| **William** | 15-17 | 18 | 1 year | No | No |
| **Patrick** | 14-16 | 33 | 17 years | No | No |
| **Roland** | 14-17 | 29 | 12 years | No | Yes |
| **John** | 13-17 | 18 | 1 year | No | No |
| **Louis** | 15-16 | 24 | 8 years | No | No |
| **Jayden** | 16-18 | 21 | 3 years | No | No |
| **Rhys** | 14-18 | 20 | 2 years | No | No |
| **Pete** | 14-17 | 23 | 6 years | No | No |
| **Oran** | 14-16 | 21 | 5 years | No | No |
| **Eric** | 12-17 | 24 | 7 years | No | No |
| **Horace** | 12-14 | 15 | 1 year | No | Yes |
| **Travis** | 13-17 | 26 | 9 years | Yes | No |

## Data Collection

Ethical approval was sought via Wrexham Glyndwr University where the Research Consultant is employed. Being familiar with all of the previous residents, the Director of Woodlands made the initial telephone contact with the potential participants. Several of the previous residents remained in contact with Woodlands and so contact was easily made with them. Additionally, many other previous residents had attempted to contact Woodlands via social media and so this also became a helpful recruitment tool. When participants indicated their willingness to participate, their permission was sought to send them a Participant Information Sheet and Consent Form. As well as offering a detailed overview of the nature of the research, the information also provided potential participants with a reminder that they did not have to take part and had the right to withdraw prior to starting and also, at any point during the interview. Because Woodlands staff were involved in the data collection process, there was a risk of the Social Desirability Effect. To lessen this risk, the interview schedule contained only open questions and researchers undertaking the interviews had not worked directly with the participants. Participants were interviewed by two of the four authors and were conducted at Woodlands in order to provide a private, safe and familiar environment for participants to talk about their experiences.

**Interviews**

Data were collected through semi-structured interviews and the schedule was developed through discussions amongst the therapists, Director and Research Consultant. The questions were structured into three broad areas:

1. Experiences at Woodlands e.g. positive and negative aspects and in their view, what could be done differently;
2. Key lessons learnt while at Woodlands;
3. Life after Woodlands.

**Data Analysis**

Because of the dearth of research about the experiences of young people undertaking residential treatment, an inductive exploratory approach was utilised. Thematic analysis enables rich and complex description of the data (Braun & Clarke, 2013). The 25 audio-taped interviews were transcribed verbatim and read multiple times. Using a paper-based approach, codes and sub-codes were noted to facilitate the identification of patterns, themes and subthemes and these were reviewed and refined.

**Results**

There were three main discussion areas, each with their own themes, namely, *Perspectives on the importance of building and maintaining relationships during treatment; Perspectives on the skills taught in treatment;* and *Perspectives on leaving residential treatment.*

*Table 2*

**Overview of Themes**

| Theme | Sub-theme |
|---|---|
| Perspectives on the importance of building and maintaining relationships during treatment | Living too far away from family is a negative aspect<br><br>Building positive relationships with staff provides a 'sense of family'<br><br>Building relationships with others during treatment is important for reintegration |
| Perspectives on the skills taught in treatment | Learning to manage risk of sexual offending<br><br>Learning life skills<br><br>Learning how to regulate emotions |
| Perspectives on leaving residential treatment | Experiencing liminality<br><br>Engaging in anti-social behaviour<br><br>Experiencing mental health difficulties<br><br>Close relationships promote desistance |

***Perspectives on the importance of building and maintaining relationships during treatment***

Participants talked about the drawback of being too far away from their family whilst in residential treatment. However, they emphasised that the staff treated them 'like a human being' (Pete) and because of the rapport and relationship built, it created the sense of having a family. Additionally, participants placed weight on opportunities for reintegrating into the community during treatment so that they felt less like offenders. Similarly, participants emphasised the positive aspects of building and maintaining relationships with other residents.

*Living too far away from family is a negative aspect.* It was evident throughout the interviews that whilst reflecting on any negative aspects of their experiences whilst residing at Woodlands, living so far away from their family was a recurring theme.

> The biggest negative for me and I suppose for a lot of other people there was being so far away from family. I was living like a good four-hour journey by train or car. It was a bad thing and it really did affect me to begin with. (Craig)

Participants discussed the difficulties they faced whilst still maintaining their contact with family members from a long distance as they found it difficult to leave them and return to Woodlands and some reported feeling isolated from their family due to distance.

*Building positive relationships with staff provides a 'sense of family'.* All respondents described their relationships with Woodlands staff within Home, Therapy and Education as positive. Some respondents referred to Woodlands as a place where "staff cared" and that it felt "like a little family" (Desmond).

> Woodlands was really enjoyable, it didn't feel a like a care home, it was like a little family. (Desmond)

One participant highlighted the personalised approach to treatment at Woodlands.

> [Name of staff] treated me as a human being more than anything else. (Pete)

Participants noted that despite their adverse behaviour at times, they found it very encouraging that staff continued to offer support and show care for them.

> Out of all the incidents that I've had they don't hold a grudge. I could have an incident one day and then we would be fine the next day… there was no grudge matches and I think that for that it also taught the kids like these people do care and it sort of showed us that we don't really want to be rebelling. (Horace)

Here, the participant suggested that he was not expecting staff to care perhaps because of previous experiences. Thus, Horace recognised the unconditional care he received despite his behaviour, and in turn, demonstrates the development of his trust, bond and positive relationship with the staff.

Most respondents referred to the significance of the role of their Link Worker who is a member of care staff allocated to the young person. Respondents emphasised the importance of continuity and expressed the negative impact of changes to their Link Workers.

> … having this new person come in after being on holiday for a month it just, yeah it like he's just completely taken over everything and it was like right really don't like this and it didn't feel the same like in the same sense. (Ed)

*Building relationships with others during treatment is important for reintegration.* Several of the participants suggested they were able to build relationships outside of Woodlands in various clubs and sporting activities. Many shared the importance of reintegrating within the community as it made them feel less like offenders.

> It was important to have them opportunities because it showed that we weren't being held hostage away from the community. We were not being treated like a threat to the community, we can go back out into it, but we've got to learn how to reintegrate. (Darryl)

A number of participants shared their memories of building relationships with other young people they resided or went to school with during their time at Woodlands several of whom stated that they remain friends to this day.

> Yeah, John flew out to see me in Jersey and stayed with me for a few days, it was good to see him. He's gonna come back again soon. (Rhys)

### *Perspectives on the skills taught in treatment*

Most participants referred back to the skills they learnt to manage their risk of sexual re-offending, demonstrating that the learning had become embedded. Participants referred to the significance of learning life skills because it serves to prepare them for living in the community. Importantly, participants placed weight on the need to focus more on the development of life skills because of problems they encounter once leaving residential treatment. Learning how to regulate emotions was another skill that participants emphasised as a positive aspect of treatment because it taught them how to manage difficult emotions.

*Learning to manage risk of sexual offending.* Most participants indicated that the practical tools and strategies they learnt at Woodlands helped them with the desistance of sexual offending and lead a safer life. One participant talked about how he uses an adapted version of Finkelhor's

(1984) *Four Pre-conditions Model* (O'Callaghan et al.'s (2006) the four-steps model) not just in relation to sexual offending but in other areas of his life.

> I hate it, but I love it at the same time because it's Finkelhor. That's the model that I live my life by, it can be used with everything. I remember my therapist going through it with me in a number of situations not just sexual behaviour but it has helped my sexual thoughts too. (Darryl)

One of the strategies that a number of participants recalled finding useful was learning '*The 5 Rules'*.[1] This was a tool that was developed to help young people easily remember the legalities around sexual behaviours.

One young person who spoke about the practicality of the 5 rules strategy has a diagnosis of Autistic Spectrum Condition (ASC) and when he left Woodlands, was given a therapy toolkit book which included practical tools and strategies, in an attempt to help him remember the significant messages and models that he had learned around healthy sexual relationships:

> … I can't remember them without looking in my book, but I do use it. (Alfie)

One participant said that he taught his friends about the '5 rules' when he felt that they were rushing into relationships.

> I still go over the five rules to my friends, well some of my friends that I think rush into relationships. It's like remember the five rules you know. (Ralph)

Some participants highlighted their learning around knowing which situations are safe or unsafe and developing an understanding around what constitutes a healthy relationship.

> I used to have thoughts and feelings about younger girls, well, towards children. And now, I understand and haven't had these thoughts for 5 years. (Darryl)
>
> Interviewer: And what do you think has helped stop these thoughts?
>
> Working with [name of therapist], working on what [name of therapist] has actually taught me, what's ok and not ok and then just pushing it to the next step. (Darryl)

All of the participants suggested that if they had not undertaken treatment at Woodlands, they would have either sexually reoffended or engaged in anti-social behaviours.

> If I hadn't gone to Woodlands, I wouldn't be here, it's my second life, like a lifeline. I used Woodlands as a second chance to use my potential. (Eric)

One participant talked about how therapy at Woodlands helped him to feel "stronger" (William) whilst working on difficult topics like harmful sexual behaviour and family relationships.

> Therapy helped me to lead a safer life, it gave me the strength. (William).

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[1] The 5 rules are:

1. Both people must be 16 years or above;
2. Both people must give consent;
3. Both people must be able to give consent e.g. not under the influence of alcohol/ drugs and have the capacity to consent;
4. Must take place in a private location;
5. Must not be a relative.

Similarly, another participant talked about the skills of coping and resilience he gained whilst at Woodlands.

> I feel more stronger to handle it myself, which I know I am, and I think that's what Woodlands helped with the most, boosting my confidence, my inner strength and now I believe that I am a good person. (Ralph)

Indeed, as well as learning how to manage risk, building self-esteem and confidence was seen as integral to their ability to lead a good life.

*Learning life skills.* All of the participants referred to the life and independence skills that they developed throughout their time at Woodlands. Participants highlighted their budgeting skills, social skills and practical daily skills such as cleaning, cooking and washing as integral to leading a safer and better life.

> I actually got the knowledge of how to pay the bills, what, when to pay them and how much to pay on them. If you don't get taught how to pay 'em and that, that's when you leave and you end up making yourself in loads of debt. (Frankie)

Many participants shared their experiences of being encouraged by staff at Woodlands to prepare for this whilst practicing independence before leaving. However, they did not feel enthusiastic about it due to the dramatic change from one-to-one support which resulted in some of them refusing to practice these skills.

> That's one thing that p***ed me off at the time, the independence, because I wanted to go out on my own for ages, I liked going out on me own, then I earned it and didn't want it, I hated being on me own. (Graham)

Some of the participants suggested that they were not able to continue with some of the leisure or sporting interests that they had acquired throughout their time at Woodlands due to the cost.

> I thought the only negative aspect wasn't while you were in the care home it were when you left. Coz like while you're in the care home say something kicks off or say you've been bad then you've been good you get money spent on you but that doesn't happen in real life, so like, you leave Woodlands and go to live with your mum and dad your mum and dad can't afford to do that and that were my only negative thing. (Eric)

Participants emphasised that Woodlands should, prior to leaving, prepare the residents regarding the realistic budgeting options that they are likely to receive in the future. Indeed, the participant's comment may also indicate an experience of overdependence because of institutionalisation.

*Learning how to regulate emotions.* Many of the participants reflected on their acquisition of personal therapeutic skills and strategies whilst at Woodlands. They explained that sharing their thoughts and feelings with others was an important factor in relation to the desistance of sexual offending and poor mental health. One participant talked about how he used to suppress his feelings but learned throughout Woodlands that it was more beneficial to share his thoughts and feelings with people around him.

> Don't suppress it. That's one thing I'd say to people. If you suppress it, things will only get worse. I tried suppressing my feelings with tablets and medication then realised that I was making things worse by not dealing with the issues. (Ed)

Throughout their time at Woodlands, the young people are encouraged to identify, share and reflect on any difficulties that they experienced throughout their placement. Additionally,

family and outreach work encourages the continuation of this support post Woodlands by sharing strategies and skills that they have learned throughout their placement.

The personal skill of anger management was also commonly reported to have been acquired during treatment.

> Therapy was the most important thing. It helped me with my anger and sexual behaviours. (Oran)

One participant talked about how Woodlands helped him with his mental health in relation to anger and aggression. When asked what Woodlands, if anything, had helped him lead a safer life his response was:

> Everything, me anger, aggression, me temper, me self-harm. (Graham)

***Perspectives on leaving residential treatment***

Participants emphasised the issues they commonly face when leaving residential treatment. Most talked about experiencing liminality that appeared to contribute to a period in which they engaged in anti-social behaviour. Experiencing mental health difficulties such as anxiety, depression and stress was also common among the participants. However, it is interesting to note that during this 'dip', participants talked about utilising the skills they had learnt during treatment to help them back on to the path of a healthy lifestyle. Additionally, participants placed weight on having healthy family relationships to promote desistance, and suggested that becoming a parent or a role model was a turning point in their lives.

*Experiencing liminality.* A number of the participants spoke about their frustration with different professionals in regard to finding future placements or changes that they experienced within their placements. This served to hamper the transition into the community.

> Because of my behaviour there, my Social Services decided to pull my funding. So then without finding me any other accommodation, they [Social Services] basically just left me on the streets. That was hard to handle. (Desmond)

One participant talked about the lack of consistent residential staff that he viewed as a negative after he left Woodlands. He explained that he found this hard to manage the difficulties that he was experiencing because he struggled to build a relationship with the new staff team.

> But when I went from Woodlands, it was horrible. Half the staff were agency, they didn't technically work for the company. They didn't have a clue how to support me and it scared me. (Travis)

As part of their treatment, residents become more familiar with negative influences or behaviours that some family members have exposed them to and if the family demonstrates reluctance to change or work on some of these issues, it can cause conflict in their relationships and ultimately lead to the young people experiencing liminality. For example, a few of the participants said that they recognised maintaining these negative relationships would not have a positive impact and have subsequently decided to avoid these relationships due to the risk of them hindering their progress.

> Oh my mum's a smack head, even though I stuck up for her, I thought she was going to take, take, quit the smack for sticking up for her, no. She, she, she chooses smack over me and my sister. No. Don't see any of me brothers or sisters or me dad or me step-mum or me mum anymore. (Graham)

Although Graham recognised this relationship as potentially negative, the lack of support rendered him in a state of liminality. This highlights the significance of attempting to involve

the family and support network as much as possible throughout their residential treatment programme to minimise the chance of this becoming an issue for future residents.

*Engaging in anti-social behavior.* Some participants suggested that the reason they experienced difficulties after Woodlands was because they became involved with anti-social peers.

> I was in sort of a group of people who used to do drugs and drink. Whilst I never really did drugs or drink I used to hang out with them and as a result I sort of didn't go to work when I was meant to, sometimes and other times called in sick when I actually wasn't so that didn't end well. (Craig)

Some participants talked about previous experiences of dealing drugs. They explained that they recognised that this was not a positive way to ensure they had money and have been able to turn this around by earning money in a positive, legal way.

> The way that people start off with that [dealing drugs] is that they see someone doing it, they see the money they've got, they see the clothes that they are wearing, they see the cars, they see the girls and you get gassed… But now I have enough money from my job and I'm staying out of trouble. (Horace)

*Experiencing mental health difficulties.* Participants explained that anxiety, depression and stress were the most common mental health difficulties that they experienced after leaving Woodlands. Some of them shared that they tried to negatively manage these difficulties by resorting to drugs and alcohol use in an attempt to gain inner peace, which led them into further difficulties.

> Actually when I left Woodlands, I fell into big problems, alcohol. Alcohol is a big problem because of stress and anxiety. (Archie)

Interestingly though, most of the participants who discussed these difficulties said that they were able to overcome these difficulties after a short period of time. Indeed, participants described using the skills they learned from therapy at Woodlands.

*Close relationships promote desistance.* Some participants suggested that living close to their family members after leaving Woodlands was necessary for continuous encouragement and support, especially if the family had been actively involved in their treatment programme.

> I've got my mum's support now, I didn't used to, and that's thanks to Woodlands. (Freddie)

Some participants described becoming a parent as a key motivating factor to desist from further offending. One participant suggested that becoming a parent served as a turning point: "having a family changed my life" (Oran).

> When my daughter was born, I decided, I'll try and get a job, get myself sorted and I've actually started living up to it now. (Desmond)

Another respondent referred to his "little brother" provoking a sense of wanting to be a good role model for him.

> Just before my binge finished, I went round to my mum's house and I had my little brother in my lap and seeing him made me think that you know he needs someone more responsible than me, so it was actually him that stopped me from taking more cocaine. (Ed)

## Discussion

## Perspectives on the importance of building and maintaining relationships during treatment

The nature and significance of participants' personal relationships emerged as a key theme during the interviews. Whilst staying at Woodlands, emphasis was placed on forming and maintaining positive relationships with staff at Woodlands, fellow residents and the community. Many of the participants highlighted the significance of their relationships with staff at Woodlands, particularly when they may experience liminality when arriving. Indeed, some participants referred to Woodlands as a 'family'. This supports McKibben et al.'s (2017) suggestion that young people with HSB should be treated sensitively and not as the 'irredeemable sex offender'. Similarly, Draper et al. (2013) found that young people with such histories placed value on tertiary services because of the non-judgemental and non-labelling approach staff use. Grady et al. (2018) argue the importance of such an approach being utilised given the young person's tendency towards emotional loneliness and poor support network. Hackett et al.'s (2012) study comprised an analysis of 700 cases relating to the experiences and current life circumstances of adults who, as children, displayed HSB. They found that the quality of the relationship between the young person and professional was key to maintaining their learning and progress. To this end, emphasis should be placed on the 'lasting social anchors' in the young person's life (Hackett et al., 2012, p. 3).

Participants in the current research highlighted the community and peer-group connectedness they experienced whilst at Woodlands. It is encouraging therefore that Borowsky et al. (1998) found that community connectedness served as one of the most significant protective factors amongst adolescents with HSB. Edwards et al. (2012) suggest that although emotional loneliness cannot be addressed solely in a group work programme, working with others who experience similar difficulties with similar goals in common may strengthen one's connectedness. This reflects Van Outsem et al.'s (2006) findings that young people who completed residential treatment programme experienced higher levels of self-esteem and less emotional loneliness. Additionally, maturation and changes in living circumstances may also play a role (Edwards et al., 2012).

Participants referred to the drawback of living far away from their family while at Woodlands. Latimer et al. (2003) note that young people in the justice system fair better in treatment when their parents or caregivers are actively involved. This would indicate then that consistent, positive and supportive family relationships is an important factor in a young person's desistance. Additionally, Hackett et al. (2012) found that although an under-developed area in research relating to sexual abuse, their study indicates the importance of carer and family consistency while the young person is subject to interventions.

## Perspectives on the skills taught in treatment

The research highlighted the participants' learning of some practical tools and strategies gained whilst at Woodlands, for example, O'Calllaghan et al.'s (2006) adapted version of Finkelhor's (1984) *Four Pre-Conditions Model.* The newer model's preconditions have been relabelled so that the language used is more accessible to younger people. Another tool that the participants referred to was *'The 5 Rules'.* Indeed, these tools were emphasised as a contributing factor to their desistance. One young person who spoke about the practicality of the 5 rules strategy has a diagnosis of Autistic Spectrum Condition (ASC) and when he left Woodlands, was given a therapy toolkit in an attempt to help him remember the significant messages and models that

he had learned around healthy sexual relationships. This demonstrates that the more practical and rigid strategies that the young people learn at Woodlands like rules and legalities are also useful for young people with ASC. The current findings support previous research in that young people value interventions that focus on particular areas of their lives where they gain insight into their behaviour, self-confidence and life skills (Grady et al., 2018).

All of the participants without exception referred to the development of their strength, resilience and coping skills they acquired whilst at Woodlands. Although many participants experienced liminality and subsequently engaged in anti-social behaviour post-Woodlands, their evidenced ability to overcome this suggests that their acquired skills became imbedded. Indeed, they were later able to rely on these skills to create and lead an offence-free life. Integral to this was the participants' life skills such as budgeting and practical daily skills that promote independence. Notwithstanding this, participants underscored the importance of Woodlands staff developing their programme to better prepare residents for independence, particularly given the reduction in financial allowance that occurs following their departure. This is particularly important because having followed the rules in their residential treatment programme for a significant period of time, there may be implications for overdependence. To our knowledge, there is currently no existing literature addressing overdependence due to institutionalisation. Thus, it is worthy of exploration in future research to examine ways in which young people might be supported in transferring the skills they have learned to utilise them independently. Indeed, many of the participants had become involved in hobbies whilst at Woodlands and because of cost, could not pursue them afterwards. Hobbies are identified as one of the goods in the GLM (Ward & Gannon, 2006) and young people with HSB wanting to be involved in a wide range of hobbies is supported in Balfe et al.'s (2019) research.

Previous research has identified issues with ineffective emotional regulation amongst adolescents with HSB (see Gerhard-Burnham et al., 2016; Print & O'Callaghan, 2004). Thus, several young people with HSB experience social, personal, and health problems (Balfe et al. 2019). Indeed, Balfe et al. (2019) found that poor emotional resilience was a risk factor most often documented by professionals. It is encouraging to note then that participants in the current study talked about their learning to express emotions in a healthy way i.e. sharing their thoughts and feelings with others rather than emotions remaining supressed. Moreover, it is promising that family and outreach work foster the continuance of healthy emotional regulation. Indeed, Borowsky et al. (1998) found that together with community connectedness, emotional health were the most significant strengths in preventing adolescents with HSB sexually reoffending.

**Perspectives on leaving residential treatment**

A particularly strong theme emerged regarding the young boys experiencing a 'dip' after leaving Woodlands. Indeed, it is noteworthy that with the exception of one participant, all comments under the theme of 'Liminality after Woodlands' were from participants who had re-offended and this further highlights the need for a post-treatment support package. Having become accustomed to a support network while living at Woodlands, the transition into the community was described as 'daunting' (John). In this context, it is important to note the key differences between young people with HSB and general adolescent offenders in Seto and Lalumiere's (2010) meta-analysis. That is, young people with HSB were found to experience higher levels of social isolation, anxiety, and low self-esteem. The participants suggested that the support from professionals was found wanting at a time when the young people found

themselves in a liminal space as they try to transition and discover their identity in the outside world. The study indicates that most participants experienced difficulties shortly after leaving Woodlands and some described getting into trouble with the police for a wide range of anti-social behaviours. These findings support Balfe et al.'s (2019) study which similarly highlighted that after leaving residential treatment, young people experienced a 'dip' and became involved in drinking alcohol and taking drugs. Indeed, Balfe et al.'s (2019) findings demonstrates that HSB may be only one problematic behaviour in an overall difficult background. Thus, they suggest that young people's lives should be considered in their totality, which is a shift away from the traditional conceptualisation of such young people as a particular type of adolescent sex offender. Importantly, Appleyard et al. (2005) argue that even if the young person's sexual behaviour can be understood in isolation, they remain a welfare concern because of their adverse childhood experiences. For example, Norman et al. (2012) argue that because of their adverse childhood experiences, many young people with HSB should be viewed as at long-term risk for a range of issues such as mental health disorder, drug use, and suicide. Balfe et al. (2019) found a wide catalogue of background trauma and argue that 'dealing with these underlying vulnerabilities is not therefore a mere side issue to the real business of 'sex offence specific treatment', but should be at the core of all responses to children presenting with HSB'. Such research findings indicate the necessity of continued support and aftercare once young people at Woodlands leave. Indeed, Hackett et al. (2012) found that one of the most significant factors in influencing a positive life for young people was having long term professional support. Additionally, Balfe et al. (2019) argue that social isolation and loneliness may exacerbate some of the issues such young people are likely to experience and thus, it is positive to note that previous research evidences good outcomes in reducing these risk factors for those who have undertaken residential treatment (Ven Outsem et al., 2009). Hackett et al. (2012) point to the fact that some criminological desistance researchers argue that external factors such as a person's social situation is more important than internal ones (see LeBel et al., 2008). Ullrich and Coid's (2011) study further supports this.

The current study demonstrates that the acquirement of strong attachments and bonds is important for desistance because participants referred to becoming a parent or role-model as a turning point in their life. Additionally, participants talked about the need to live close to family post-Woodlands (providing the relationships were supportive). Spice et al. (2013) found that lack of strong attachments and bonds was associated with nonsexual recidivism. Becoming responsible for a child or being a role-model is cognizant with the 'relatedness' element of the GLM. This desistance factor as described by participants underscores the need to meaningful connectedness that may also serve as other 'goods' such as 'spirituality' and 'happiness'.

**Limitations**

The study is a small qualitative study and therefore the findings are not generalisable. Notwithstanding this, the study supports previous research and illuminates some of the key issues that young people face following their departure from a residential treatment programme. The follow-up period for half of the participants was less than three years and such a length of time may not be enough to properly understand the nature of their desistance journey. Because participants were interviewed by Woodlands' staff, they may have been providing socially desirable responses (King & Bruner, 2000). However, participants appeared relaxed and open, offering sensitive and personal information to the interviewers.

## Conclusion

Overall, the current study supports previous findings that young people with HSB are more likely to reoffend non-sexually than sexually (see Caldwell, 2010; Chu & Thomas, 2010; and Veneziano & Veneziano, 2002). Reflecting Balfe et al.'s (2019) recommendations, the clinical implications of the study indicate that there needs to be more social and psychological supports available for young people when they leave residential treatment. Services may act as structuring agents (Kearney, 2011 as cited in Balfe et al., 2019) during this period of transition to help reduce the sense of liminality experienced by the young people. Working with family members post-treatment could also be beneficial because of the struggle to re-establish their relationships with the young person (Balfe et al., 2019). The study further supports the existing research that places emphasis on social, interpersonal, and environmental components in building protective factors rather than psychological and behavioural features alone (de Vries Robbe et al., 2015). This has clinical implications for therapeutic interventions undertaken in residential treatment programmes. Firstly, effective approaches that better prepare young people for independence need to be built into the residential treatment programme and secondly, support to maintain and strengthen the young person's protective factors is crucial during the transition period. The current study endorses the recommendation of de Vries Robbe et al. (2015) who suggest that more desistance research is required to explore this with specific focus on how change works and which factors support the young person in maintaining desistance. This is a shift away from the traditional focus on the question 'what works?'

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