Caregivers’ Considerations of Remorse and Responsibility Among Youth Who Sexually Offend

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Abstract
When a youth sexually offends, most of the reactions and repercussions that follow are understandably negative. However, there is limited research about mixed reactions involving remorse and responsibility on the part of the adolescent who offended and their relatives. Based on qualitative interviews with 16 caregivers among 10 families in Canada, this article presents the parents’ perspectives on the various processes, benefits, challenges, and outcomes related to expressions of remorse and experiences of responsibility among youth who sexually offended, their victims, and their parents. This study sheds particular light on how adolescent perpetrators of sexual harm and especially their caregivers do feel deeply remorseful and responsible for the impacts of sexual offending behavior, which is contrary to public scrutiny that negatively projects responsibility onto youth offenders and their parents. Thus, our findings emphasize the constructive and considerate ways in which remorse is felt and responsibility is assumed; and by extension, they point to the importance of restorative practices in efforts toward reconciliation and accountability.

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Introduction
Sexual offending by youth is socially significant given its severity and impact. While Canadian child welfare data show that sexual offending by youth 20 years and under accounted for 20% of all suspected cases (Collin-Vézina et al., 2014), police-reported Canadian statistics indicate that youth between the ages of 12 and 17 years were responsible for 26% of sexual offences involving a victim under 18 years (Allen & Superle, 2014). Such rates are consistent with those in the United States where it is estimated that sexual offending among adolescent males aged 12 to 17 years accounts for 22% of all reported sex crimes (Christiansen & Vincent, 2013). Given its widespread consequences, prevalence, and the extent of the underreporting of sexual harm in general, sexual offending by youth warrants further study.

However, since most research on youth sexual offending focuses on early identification and predictive risk factors for future offences (Eastman, 2005; Vandiver, 2006; van Wijk et al., 2007), other important restorative dimensions tend to be under-researched. To better explore this gap, this article examines how caregivers consider how they and their adolescent sons who had sexually offended express remorse and engage in responsible actions after sexual offending behavior has occurred. We found that the expression and internalization of remorse for the youth and their families consist of a complex course of action that can take time to unfold. In conjunction with our other study (Gervais & Johnston, 2022), these data show that providing and nurturing a social space for this process to develop is an important task for treatment services, and can pave the way for reconciliation to occur among all affected people.

Literature Review: Understandings of Remorse, Responsibility, and Empathy
While research identifies some key risk factors that sometimes precipitate sexual offending behavior by youth, such as substance misuse, grandiosity, lack of empathy, higher impulsivity, sensation seeking, anti-social behavior, risk taking, and engagement in other criminal activities (Netland & Miner, 2012; Yeater et al., 2012), questions remain over how feelings of remorse,
remorse, and empathy for the victims by the offending youth and their caregivers may shape the procedural and family responses to the sexual offending behavior. Remorse is a process where a person feels and expresses, inwardly or outwardly, deep regret or guilt for a wrong committed (Hornsey et al., 2020). Gestures of remorse may include sincere apologies or more emotional expressions such as crying, all of which work to reassure both society and victims that the transgressor is ready to change and not repeat their offences (Goffman, 1971). Hopefully, remorse leads to responsibility, which means being accountable for one’s actions and taking appropriate and context-sensitive measures to repair and prevent further harm (Harris, 2010; Kenny & Leonard, 2014; Moroney, 2010). Remorse and responsibility are inherently tied to the communicative practice of empathy, which refers to how we express our compassionate understanding of the experiences and feelings of others (Huell & Erdely, 2020; Moroney, 2010).

Though research finds that low levels of remorse, regret, responsibility, and empathy correlate to higher levels of violent (re)offending (Jolliffe & Farrington, 2004, 2007), other findings indicate that people with a history of sexual offending demonstrate greater levels of cognitive empathy than others who have committed sexual offence(s) (Young et al., 2015). Latzman et al.’s (2011) key study also examined the histories, risk, and treatment needs of adolescents who committed sibling and non-sibling sexual offences. They found that youth who sexually offended against siblings or younger children were significantly more likely than adolescents who offended against non-siblings or similar age peers to have histories of sexual abuse, domestic violence, or exposure to pornography (Latzman et al., 2011).

The implications of these findings emphasize the importance of treating all family members as well as the youth who offended through a comprehensive, family-based approach. Halse et al. (2012) found that when at least one parent attended the youth’s therapy, family functioning was reported by youth to have improved. Treatment plans should also work to build the empathetic capacities of youth to recognize the suffering and distress in another person (Varker et al., 2008) as engaging in such a process can reduce recidivism (Bock & Hosser, 2014), prevent youth from developing attitudes that neutralize concerns for victims (McCready et al., 2008), improve their quality of life (Ter Beek et al., 2018), as well as help them form and sustain vital social relationships throughout life (Anderson & Keltner, 2002).

Although much of this body of research generally identifies the reasons surrounding the sexual offences, and the ways in which youth who offended do or do not problematize their sexual offending behavior, few studies
examine how youths’ parents also experience and express remorse and empa-
thy for the victims, as well as initiate conversations and practices to help their
children build and strengthen these capacities. Worley et al. (2012) document
how both parents and youth who offended can feel empathy for the victims
and encounter feelings of accountability. Like Latzman et al. (2011), they
also find that treatment of the youth is enhanced when the parents are actively
involved in the assessment and therapeutic phases of intervention. Even
amidst the presence of varying degrees of family dysfunction, Worley et al.
(2012) stress how parents frequently provide protective factors for youth
such as positive communication practices and good parenting skills.

However, there is little mention in this work of how feelings of remorse
and empathy turned into or hindered efforts aimed at reconciliation and for-
giveness between the affected people, or how treatment for youth could
involve reconciliation as part of that process. Youth who commit sexual
offences are often deeply stigmatized in their communities, and even though
some of them may demonstrate adequate remorse for their actions, commu-
nity beliefs that they are dangerous and permanent offenders remain present
(Tewksbury & Lees, 2006). Hackett et al. (2005) note that such admissions of
guilt and concern for the victims are often precipitated by the criminal justice
system’s expectations of culpability instead of being driven by hopes of rec-
conciliation between the offending youth, victims, and their family members.

Experiences with remorse have been found to motivate positive actions
such as confession, reparation, apologizing, and undoing damage (Barrett,
1995; Moroney, 2010; Woods & Proeve, 2014). Remorse is often entangled
in feelings of both guilt and shame. Those who experience guilt tend to simul-
taneously experience victim empathy (Leith & Baumeister, 1998; Moroney,
2010), while those who encounter intense feelings of shame may be less
likely to experience mindfulness and self-compassion (Woods & Proeve,
2014). Mindfulness and self-compassion are significant because they help build
in people who offend a stronger sense of self-understanding as well as aid them in assessing both their own and other people’s experiences, thoughts,
and emotions in a nonjudgmental and accepting manner (Baer et al., 2008;
Bergomi et al., 2013).

While parents of youth who sexually offended can provide much-needed
support to their children and enhance their treatment and rehabilitation
(Gervais et al., 2020), their responses of guilt, shame, denial, or self-blame
can entangle the situation and sometimes become a barrier to reparation and
the child’s success (Jones, 2015; Kolko et al., 2005). Coping with the child’s
sexual offence can become overwhelming as they face many struggles with
the legal, school, and healthcare systems, as well as within their own families
(Pierce, 2011). Fearing judgment, shame, and stigma from society, parents
often must monitor their children constantly to prevent further offending, while demonstrating to the victims and their families that they too are remorseful (Bowers, 2002). Although some parents may initially deny the incident, or reject or abandon their child (Bowers, 2002; Heiman, 2002), many parents recognize the need for support through a treatment program as well as the necessity for open communication to help their children overcome their offending behavior and problems (Gervais et al., 2020; Jones, 2015).

Contrary to many public presumptions that pit offending youth and their parents as devoid of remorse and compassion, this study explores parents’ perspectives of how they themselves and their adolescent sons who have sexually offended experience and develop remorse and illustrate its meaningfulness in the accountability process beyond criminal justice or child welfare expectations. By extension, in light of how societal presumptions consider parents of youth who sexually offended “just as responsible” as the adolescent (Jones-Smith & Trepper, 1992), and thus construct responsibility negatively, our study seeks to show how responsibility is taken seriously and approached constructively by parents via remorseful expressions and considerate actions toward the victims and their families.

**Methods**

*Procedure and Measure*

The study’s principal researchers (Gervais & Romano, 2018) undertook a mixed methods approach (Creswell, 2014) that included qualitative interview data and quantitative self-report measures data. While the quantitative findings are published elsewhere (Romano & Gervais, 2018), in this article, we present some of the other meanings and nuances captured more fully in the qualitative data.

Ethics approval was obtained from both the principal researchers’ universities and the hospital through which recruitment occurred. To recruit parents for the study, the principal investigators relied on a social worker within a children’s hospital-based mental health outpatient unit who was providing cognitive behavioral therapy to youth who sexually offended. Such counseling support was based on referrals from various sources, including medical or mental health professionals (five youth), police (three youth), child welfare (one youth), and a self-referral (one youth and their family). The social worker informed the youth’s parents about the study and provided them with a copy of the recruitment flyer; interested parents contacted the researchers directly. All caregivers who agreed to participate were included in the study.
In order to minimize parental stress before and during the interview and to limit traceable correspondence that could compromise anonymity, the researchers hand delivered copies of the interview guide and consent form to caregivers so that they could acquaint themselves with the procedures and the questions. Based on a review of the existing literature and in consultation with the social worker who oversaw the youth counselling, the semi-structured interview questions covered the caregivers and youth’s background and relationships; the child’s sexual offending behavior; the child and family’s prior involvement with the criminal justice system; the impacts resulting from the child’s sexual offending; the caregivers and youth’s mental health; relationships, repercussions and resolutions related to the victim(s); and the families’ considerations for the future (Gervais & Romano, 2018; Romano & Gervais, 2018).

Interviews were scheduled at a time and location that were most convenient to caregivers. Prior to the interview, as consent was obtained, we reviewed the limits to confidentiality and the duty to report (i.e., risk of harm to self or other, suspected child maltreatment, etc.). The audio-recorded interviews occurred within the family home and typically lasted approximately two hours. Interviews were transcribed by research assistants. To guarantee anonymity and respect confidentiality, potentially identifying information was removed.

In an effort to maximize respect toward, and consultation among caregivers, particularly in safe and nonstigmatizing ways, the researchers engaged in a collaborative and inclusive research process with them (Mander, 2010; Pittaway et al., 2010). To this end, parents were given opportunities to review their transcripts, provide feedback, and reconfirm if and how their accounts could be disseminated in publications and presentations. They were also involved in knowledge translation by providing recommendations prior to, and following conferences and community outreach workshops, as well as by contributing directly to the production and approval of a resource pamphlet for parents (Gervais & Romano, 2014, 2018). While it was time consuming, the respect that such methodological sensitivity offered the parents was essential because it served to validate their voices, as well as the concerns and goals that were important to them (Mander, 2010; Pittaway et al., 2010).

**Participants**

Interviews were conducted between March 2011 and March 2017 among 16 caregivers from 10 families whose child had sexually offended. With six families, interviews included both parents; these families were comprised of biological caregivers (n = 3), a biological mother and stepfather (n = 2), and
adoptive parents (n = 1). The remaining four families consisted of separated and currently single mothers (n = 3), one of which was an adoptive mother, as well as a married mother (n = 1). While the latter parent responded to the interview questions in writing, we refer to all data as being based on interviews.

As shown in Table 1, at the time of their interview, parents ranged in age from 34 to 50 years. At the time of their brother’s offending behavior, the nineteen siblings across nine families ranged in age from 6 months to 19 years, with 7 sisters and 12 brothers. The relationships between the siblings and the offending youth were biological (n = 6), half (n = 6), step (n = 3) and adoptive (n = 4). In terms of ethnicity, the majority of families (n = 9; 90%) reported that their heritage was of mixed European origins, and one family reported being of African, Caribbean, and European origins. Nine families were residing in an urban or suburban setting in the province of Ontario (Canada); the remaining family lived in a rural town in the same province. Household income was reported to range from $55,000 to $200,000 (Canadian funds).

As shown in Table 2, the youth who sexually offended ranged in age from 10 to 15 years, while victim ages ranged from 3 to 11 years. Among the 13 victims, seven (n = 7; 54%) were female and six (n = 6; 46%) were male. The age difference between the offending youth and the victims ranged from 3 to 11 years. The majority of instances (n = 7; 70%) involved a relative in the immediate or extended family. The victims were siblings in four (n = 4; 40%) of the 10 families (2, 6, 7, 10). In three (n = 3; 30%) families (1, 3, 8), the victims were cousins and in the remaining three (n = 3; 30%) families (4, 5, 9), the victims were neighbors. The sexual offending behavior ranged from a single episode to multiple episodes over an approximate 1-year period and included noncontact activities and contact activities of varying degrees of invasiveness.

Regarding youth involvement with various systems, most youth (7 out of 10) had undergone a police interview, although the police interview for one youth (Family 8) was at the insistence of his mother. Following the police interview, one youth (Family 9) was charged and convicted, although the sentencing had not yet occurred at the time of our interview with caregivers. Child welfare officials became involved with the majority (90%) of the families as a result of the sexual offending behavior. To varying degrees of involvement, the criminal justice, child welfare, and mental health professionals worked with the youth and their families to assess the nature of the sexual harm, as well as the safety and health care needs of all the affected children, and to provide the required interventions for accountability and healing.5
### Table 1. Family Composition (Ages at the Time of 1st Instance of Sexually Offending Behavior).

| Family | Offending Youth | Parents Interviewed | Siblings | Interview Time Post Offence |
|--------|----------------|---------------------|----------|-----------------------------|
| 1      | Male 14 years  | Mother, 33 years    | Brother, 12 years | 1 year                     |
|        |                | Stepfather, 49 years| Stepsister, 11 years|                           |
|        |                |                     | Half-brother, 6 months|                          |
|        |                |                     |                      |                             |
| 2      | Male 14 years  | Mother, 44 years    | Stepbrother, 12 years| 5 years                    |
|        |                | Stepfather, 40 years| Stepfather, 10 years|                           |
|        |                |                     | Brother, 8 years    |                             |
|        |                |                     |                      |                             |
| 3      | Male 15 years  | Adoptive mother, 46 years | Adoptive brother, 15 years | 3 years                   |
|        |                |                     | Adopted brother, 14 years|                           |
|        |                |                     | Adopted sister, 12 years|                             |
|        |                |                     |                      |                             |
| 4      | Male 14 years  | Mother, age not disclosed | Half-sister, 19 years | 3 years                    |
|        |                |                     | Brother, 12 years    |                           |
| 5      | Male 13, 14 years | Mother, 37 years | No siblings | 1 year (1st incident)   |
|        |                | Father, 43 years    |                     | 8, 2 months (2nd and 3rd) |
|        |                |                     |                      |                             |
| 6      | Male 13 years  | Mother, 41 years    | Sister, 10 years    | 2 years                    |
|        |                | Father, 41 years    |                      |                             |
| 7      | Male 13 years  | Mother, 35 years    | Half-brother, 9 years| 1 year (1st incident)    |
|        |                |                     | Half-sister, 7 years | Recent days, weeks        |
|        |                |                     | Half-sister, 5 years |                             |
| 8      | Male 15 years  | Mother, 34 years    | Brother, 6 years    | 15 months (1st incident)  |
|        |                | Father, 34 years    |                      | 6 weeks (2nd incident)    |
| 9      | Male 15 years  | Adoptive Mother, 48 years | Adopted brother, 13 years | 15 months                |
|        |                | Adoptive Father, 46 years |                      |                             |
| 10     | Male 10 years  | Mother, 34 years    | Half-brother, 13 years| 6 months                  |
|        |                |                     | Sister, 8 years     |                             |
| Family | Offender | Victim | Relationship to Victim | Incident | Mental Health Challenges |
|--------|----------|--------|------------------------|----------|--------------------------|
| 1      | Male 14 years | Female 8 years | Cousin | 1 incident Penetration | Learning difficulties (Learning disorder¹) |
| 2      | Male 14 years | Female 10 years | Step-Brother | Multiple incidents Sexual touching | No diagnoses determined; Social difficulties reported |
| 3      | Male 15 years | Female 4 years | Cousin | 1 incident Sexual touching | Attentional difficulties (ADHD), Emotional difficulties (Anxiety) |
| 4      | Male 14 years | Female 3 years | Child in daycare of offender’s mother | 1 incident Sexual touching | No diagnoses but social difficulties reported (withdrawn) |
| 5      | Male 13 years | Female 9 years (male) | Neighbours | Multiple incidents of sexual touching; Lingerie incident² | Attentional difficulties (ADHD), Social and emotional difficulties |
| 6      | Male 13 years | Female 10 years | Brother | 1 incident Attempted penetration | Attentional difficulties (ADHD), Learning disorder Social (aggression) difficulties |
| 7      | Male 13 years | Female 5 years | Half-Brother | Multiple incidents of Sexual touching | Social (skills) and emotional (anxiety, obsessive-compulsive symptoms) difficulties |
| 8      | Male 15 years | Female 5 years | Cousin | Two incidents of Oral-genital contact | No diagnoses but learning and social difficulties reported |
| 9      | Male 15 years | Males 10, 9, 7 years | Neighbours | 1 group incident Oral-genital contact³ | Attentional (ADHD), social, learning, emotional difficulties |
| 10     | Male 10 years | Female 8 years | Brother | 1 incident Inappropriate touching | Social (skills)⁴, emotional (anxiety, dysregulation) difficulties |

Note. 1. Parent’s verbatim wording; the exact diagnosis was not specified.
2. This incident involved the offending youth inviting a younger boy into his home to look through and try on his mother’s lingerie.
3. These incidents involved a game by which the three boys (victims) were required to lower their pants and sit on the face of the offending youth.
4. The mother referred specifically to “complex autism”.

Table 2. Characteristics of Youth Sexual Offending Behaviour, Offender–Victim Relationship and Offenders’ Mental Health Challenges.
Data Analyses

The interview data were organized thematically and analyzed qualitatively. The authors first conducted a manual round of open coding beginning with the broad topical areas covered by the open-ended questions, which then moved toward the development of initial thematic categories (Berg, 2007). Second, the authors conducted a round of analytic coding to align related themes conceptually and in consideration of the extant literature on remorse, reconciliation and restorative justice (Woods & Proeve, 2014), and on the experiences of caregivers and relatives of youth who sexually offended (Berg, 2007; Hackett et al., 2014; Jones, 2015; Pierce, 2011).

Findings

Parental Remorse and Responsible Action

While 80% of the parents (Families 1-8) expressed remorse, the remaining 20% (Families 9 and 10) did not think it was applicable. The parents in Family 10 did not discuss remorse because they did not think it was relevant in their case given the young ages of their children and what they viewed as relatively minor exploratory, albeit inappropriate, touching between their 10-year-old son and 8-year-old daughter.

The reasons that the offending youth’s parents in Family 9 did not feel remorseful were rather complex given that they did not believe that the alleged incident occurred, or at least not in the one-sided and adversarial ways that they thought the criminal justice system had addressed it. Given their 15-year-old son’s mental health and intellectual challenges, and based on his testimony, the parents believed that he was the actual “victim” in the sexualized game of truth or dare that the 10-, 9-, and 7-year old victims had allegedly instigated in the neighborhood park, but for which their son had been charged and convicted—an outcome that the parents felt was exacerbated by the “alleged” fact that one of the victims’ fathers was a police officer. Consequently, the offending youth’s parents cynically described a reversed sense of remorse:

It’s complicated. (Father 9)

If what had been alleged to have happened had actually happened, would I be feeling shame and … and guilt. Absolutely. [Father 9: Absolutely.]. [But] I don’t because I know it not to be the case. Do I feel badly for those kids who have been put through a process that seems to have been parent [led] … Do I feel badly for them? Yes. Do I think that they give it a second thought? Probably not. Am I irritated by that? Totally. (Mother 9)
I wonder when they grow up … if they’re gonna have remorse and probably not … I think that they will also be prejudiced against people with mental health issues and won’t recognize that what they did was wrong, and they’ll assimilate the stories that they gave and it will become part of their reality. (Father 9)

While uncovering the seemingly complex “truth” of the alleged offence is beyond the scope of our study, it is important to note that, in contrast with most other caregivers’ initial reactions that we explore next, these parents’ dissatisfaction with how the offence was constructed by the victim’s family and criminal justice system prevented them from ever feeling a sense of remorse, or at least in the direction that one may presume they would. In addition to illustrating the complex and emotion-filled interpretations of remorse, this example also points to how the adjudication of “facts” can be a barrier to remorse and reconciliation efforts.

By contrast, among 80% of parents, their remorse was an indicator of their sense of responsibility as it prompted them to take actions to help develop their child’s accountability and rehabilitation efforts. Some parents whose offending youth was reportedly not remorseful at the outset were frustrated by this obstacle, and as a result often felt helpless and full of self-doubt as they shouldered the burden of making amends with the affected victims and relatives. Nevertheless, sometimes the youth who apparently did not initially express remorse eventually did so as a result of the parent-supported professional counselling they received that focused on improving their empathetic capacities. In other cases, not being able to turn remorseful feelings into attempts to reconcile with the victims and their families left some parents quite worried and melancholic. Mother 3, whose 15-year-old son inappropriately touched his 4-year-old female cousin, described how the deprivation of an apology also left her and her son feeling isolated from extended relatives:

That was very difficult … the family dynamics … changed somewhat in the last year, better than they were, but … there is still no reconciliation or open acknowledgement of what happened or to give [my son] an opportunity … to say he is sorry. (Mother 3)

According to the mother, both she and her son felt remorseful, but the mother still worries that without the expression and receipt of an apology, neither the offending son nor the victimized cousin would fully come to terms with the harmful behavior. She further believed that a more constructive “open acknowledgement” of the offence would have allowed greater healing and accountability, rather than trivialize the pain and stigma each affected party
experienced as a result of miscommunications about the offence within the extended family.

While most parents themselves experienced remorse immediately following the disclosure of the offending behavior, many of them also had to provide sustained guidance for their children who were sometimes just learning to understand the importance of genuine apologies related to their behavior that had such wide-ranging harmful repercussions, and how to express those apologetic feelings in healthy and respectful manners that were beneficial to the victim and their family. Mother 4, whose 14-year-old son inappropriately touched a 3-year-old male child within her home daycare, was readily remorseful, but she admitted that she experienced conflicting and shifting emotions over time because she felt that the victim’s mother complicated the criminal justice involvement and resisted communication and reconciliation:

I think the remorse got overtaken … by the anger with how she pursued. Initially I felt bad, and then I got bitter with how hard she pushed because I think they both suffered; my son suffered, and the child suffered … like in different ways obviously. And my son didn’t get off … And is there a chance that this child … because it was so blown and over-hashed with mum, it [the traumatic effects] could maybe last. But my son will never forget, so they’ve both suffered on their own. (Mother 4)

Another set of parents (Family 5) were able to express remorse to the victim’s parents, and as they did, they underscored that they were accessing the professional mental health support required by their 13-year-old son who had inappropriately touched two neighborhood children in two separate incidents:

We’ve said … we are very sorry … we are ashamed. We wish it hadn’t happened … we take it seriously … We will do everything we can to prevent it from happening again (Mother 5).

I recall … at least two follow-up conversations with the father, we had not stopped expressing our regret … everything … that we were sorry and how we felt. (Father 5)

However, despite the positive reception and compassionate approach by the victims’ parents, the combined feelings of remorse, regret, and shame seemed to linger for them:

I feel remorse … when I look out and I see the son from the family across the street and I wonder if he’s ok and … what impact … this will have on him.
Whether it will be ... limited or whether it will be ... severe and how ... his life will be affected ... I ... worry that it could have a more significant impact than it would have otherwise. (Mother 5)

Yeah ... without question, shame, and remorse too but ... I think shame more because it's always there like ... you walk out the door, you look out the window, you see these people ... my pulse ... quickens ... I ... think like what am I gonna say ... should I avoid contact? If I do, is it too obvious? (Father 5)

While the father’s “pulse quickening” sheds light on a physical repercussion, the mother’s worry over the victim emphasizes the mental implications resulting from the weight of remorse. Although such feelings have left the parents relatively removed from their own neighborhood, they are also testaments to how their serious sense of remorse led to a heightened sensitivity and empathy for the victims’ needs, and arguably over their own, which they then tried to mobilize into strategic communications with the victim’s family. Such a victim-centered approach was evident as the parents reflected further on their respective hesitation and motivation regarding both their presence in the neighborhood and their apologetic communication:

I do not want to be a reminder for anybody of something that has been difficult ... I get the value in ... the closure ... of the apology ... but ... there is this fear ... it could be perceived ... almost ... like “hey ... everything’s great” [sarcastically]. (Mother 5)

Clearly, these parents do not want to give the impression of being too “performative” or “hasty” with their remorse, but instead they take careful steps to advance their remorse in ways that demonstrate their sensitivity to various contexts including apologies for victims and accountability for offenders, and consideration for relatives. Yet, while their choice to self-isolate did reflect how mindful they were of victims, it also served to manage their own stigma, particularly for the father who seemed to struggle more profoundly with it:

I actually articulated with him [victim’s father] ... that I thought it would be very difficult to face them ... to walk by their house and to acknowledge them ... it may be a long, long time so please understand ... that we’ll probably retreat ... inside of our shame ... and he understood that. (Father 5)

When their son behaved inappropriately a second time with another young neighbor, such shame-induced fear of stigmatization was exacerbated to the point that it inhibited their already hesitant willingness to ensure that their son apologize directly to the first victim and their parents in order to fully resolve the situation:
It’s my fear that if we were to go back to reconcile with the first family ... if they know about the second event ... and there’s no way for us to know if they do or not ... I could not bear going to this first family and to say “Look, some time has gone by ... I just want to let you know that I still feel really bad about what happened,” and ... maybe bring our son down to apologize as well ... and I have this fear ... that they may say something like ... “How could you let this happen again? Or why are you still living here you know? Like what’s next? What kind of people are you?” You know? And maybe part of it is just ... a plain old fear of not wanting to go back to that uncomfortable spot. To just leave it. (Father 5)

The father’s account illustrates how his intense and internalized struggle with stigma became an obstacle to his family’s full expression of remorse and to the overall healing process between all the affected families. Nevertheless, the father’s ongoing and evolving self-reflection about their family’s responsibility throughout the interview led him to consider the mutual benefits of communicating remorse, including healing and closure for both affected families:

Getting back to the idea ... to express ... remorse ... we could follow-up and say “How is this person doing?” ... that’s good too for them ... and ... if it’s confirmed ... that things are going good, then ya that might help us too. (Father 5)

**Offending Youth’s Remorse and Responsibility**

Most (80%) parents spoke about how they considered their child to be responsible about respecting boundaries in the aftermath of the incidents once they were caught. According to the caregivers, in most cases, the feelings of remorse the offending children conveyed also indicated their sense of responsibility. Conversely, some parents (especially 6 and 7) spoke about their frustration over their child’s alleged denial of the issue or how they seemed to downplay it at first. Mother 7 reported that she felt that her 13-year-old son’s Asperger’s hindered his ability to express remorse for his 5-year-old sister whom he had victimized, or to imagine how difficult his offending behavior had been for the mother and sister.

He doesn’t feel any responsibility at all toward anybody else ... there’s been no apology ... nothing ... I don’t think he’s capable of feeling what other people feel. Like he doesn’t have any empathy at all so ... he doesn’t realize the impact that he’s caused ... he can’t do that. (Mother 7)

When the child who offended does not have the capacity to feel truly sorry, it seemed to add to the burden already assumed by the parent, who in this
scenario, had to manage the concerns experienced by both the victim and the offending child. This son’s apparent lack of empathy due to diagnoses was also allegedly found among other offending youth.

You can’t figure it out from (our son) cause his affect is kind of flat … No. Meanwhile he’s crawled into himself but he doesn’t look like anything affected [him]; I don’t even know if he understands what’s going on which is more likely the case and he’s just doing what adults are telling him to do. Yeah. Sad. (Mother 9)

This more complex experience involving the susceptibility of a diagnosis-affected child engaged in a traumatic circumstance led to the mother feeling worried that her son does not understand the full consequences of his actions, and thus cannot be held truly accountable for his offence. This sentiment lingered in other parents as disappointments and frustrations persisted.

I felt anger toward my son for having done what he did … and there was anger there because he wasn’t remorseful. (Mother 2)

[Looking toward the mother/his spouse in the interview]: There were days that was pissing you off; like … you wanted him to be sorry for what he did, and he just wasn’t there. (Stepfather 2)

While the parents had reservations about their 14-year-old son’s capacity to initially feel regretful and express remorse toward his 10-year-old step-brother, they believed that over the course of his adolescence, he gained an understanding of that kind of empathy.

I think in the beginning he was just going through the motions … He was just, you know, okay I have to do this. Did he understand that he did something wrong? Hmm, probably … [but] his words were “god, what’s everybody making a big deal of?” … But as time progressed, and he’s not in contact with his brothers, and, you know, he’s here and nobody’s here [due to resulting custody re-arrangements post-offence disclosure], he’s really got to face it … Today … he does say, “You know if I had to … go back, rewind … that event would not be there” … There’s maturity in his words. (Mother 2)

In another instance, when the child who offended was reportedly quieter about his emotions related to his offence, Mother 3 found solace in the remorse that her son apparently expressed in a journal entry she discovered that revealed he had regrets for which he was apologetic.

This summer, like he hates writing but he was actually writing a bit of a journal … and he left it on the table … in the family room and … [he wrote] um “there
are a lot of things that I regret and that I’m really sorry for … and I am not proud of.” (Mother 3)

These actions show the difficulty children who offend may sometimes have in expressing remorse outwardly even when those thoughts and emotions may exist internally. Communicating them in a way that is respectful to the victims and their families is another difficult, learned endeavor. Nevertheless, as his mother confirmed, this offending youth’s apparent willingness to apologize to his 4-year-old female cousin developed after he was able to work through his complicated emotional processes in writing. Unfortunately, at the time of this study’s interviews, the extended relatives were not yet prepared to facilitate an opportunity for reconciliation between the affected cousins and their immediate families, and as a result, the offending youth and his mother and siblings remained ostracized (Gervais & Romano, 2019).

When their 13-year-old son’s articulation of remorse was reportedly more explicit, the parents in Family 5 shed light on some concerns about the level of processing that would be required for it to come across as genuine, due to social, emotional, and attention difficulties.

He’s always been an articulate kid … and he’s good at saying the right things … but I’m not confident that there would be the … appropriate emotional connection behind what … he would say. (Mother 5)

I felt that both times there was remorse once it came out … I felt that he was … acknowledging what he had done was wrong and … I genuinely felt that he was sorry for what he did, but at the same time … he … appeared to be just going right back to business as usual … his comfort level was inappropriately high afterwards … I felt that … he should be walking around the house looking like he had done something wrong … Interestingly enough as far as what I said earlier about him getting it … because we live on a … crescent, he would normally pass by their house to get to school. But … when he went back to school … he was going … the long way around … we saw that as he couldn’t face them. (Father 5)

While these parents understood that genuine remorse among diagnosis-affected youth requires developmental and emotional maturity, they recognized that it can be variously and sometimes unexpectedly manifested. On the one hand, they viewed their son’s behavior at home as somewhat disingenuous, yet on the other hand, they seemed impressed about his thoughtful and active (albeit perhaps self-defensive) avoidance of the victims’ families on the street.

Along similar lines, when speaking about the unknowns about her 15-year-old son’s sense of remorse as he apologized to the victim’s parents
only when he was instructed to do so by his parents and a police officer, Mother 8 stated that “showing a real feeling like … where you’re vulnera-
ble, he has a hard time doing that” (Mother 8). These parents recognize that there is more to remorse than saying sorry, and that there are affective layers of emotions and webs of articulations and relations that have to be put into the message for it to be determined as truly meaningful, and that capacity can only grow over time.

By contrast, Mother 4 noted that she was relieved when her son expressed remorse and accountability toward her for his actions and their repercussions both immediately and unequivocally. She recalled “his feeling that he had ruined everything for me” and that when family-based challenges resulting from his offending surfaced, he allegedly often acknowledged them by responding, “Yep, my fault” (Mother 4). Apparently aware of the consequences of his offending behavior, remorse here is described in somewhat of an inwardly way in the sense that it is not directed toward the victim or their family but to the offending youth’s own family.

Mother 4, who earlier took pride in her own immediate sense of remorse, further described how what she perceived as her son’s automatic and sus-
tained remorseful sensibility helped to lessen her feelings of resentment toward him:

Occasional, very rarely now though … I think had I not seen any remorse from him, I’d be more concerned … and if I hadn’t have heard that he wanted to apologize, I’d be angry because that is not who I raised. (Mother 4)

This son’s purportedly prompt expression of remorse and the mother’s proud reaction led to more positive post-offence relations, which, as we show next, were not experienced by all families.

**Remorse-infused Relationship Repair Between the Offending Child and His Parents**

Parents from seven families (1, 2, 4, 5, 6, 7, 8) reported that varying degrees of effort were required to repair the strained relations with their son post dis-
closure. According to the caregivers, in very few cases did the sons explicitly acknowledge the offending-related stresses faced by their parents. In the three remaining families (3, 9, 10), parents reported having maintained posi-
tive relationships with their sons and that reconciliation between them was not necessary. Still in certain cases (5, 7, 9), just as parents reported that their sons seemed incapable of feeling and articulating apologetic emotions toward the victims, they apparently could not do so either toward their parents. In
various instances, parents reflected on the benefits and challenges associated with supporting their son, while at the same time holding him accountable. In some circumstances, the relationship repair was contingent upon the degree to which their son expressed remorse for the harm and consequences of their sexually offending behavior.

Among the parents whose relationship with their son was strained, the most problematic rapport was found in Family 7. The mother recounted that when her son’s father, from whom she had been estranged, but with whom she had reconnected briefly, became aware of the boy’s sexual offending, he responded violently:

His biological father reacted really bad. He actually did like physically hurt him after. I had to separate them … So I did have to protect him … and after that he just couldn’t accept it at all; he was very, very harsh on him. (Mother 7)

Contrary to what a reconciliatory approach may have yielded had the son been given the opportunity to express his guilt and remorse before a punitive outburst erupted, the father’s reaction “was very traumatizing for him” (Mother 7). Given the reportedly negative impact of the father’s overall behavior on all family members, including the other siblings who had witnessed the violent incident, the mother decided to end the relationship again.7

Although they certainly did not react aggressively, the caregivers in Family 5 relayed that tensions in their relationship with their son were exacerbated following a re-occurrence of his sexually inappropriate behavior for which he did not seem to be as remorseful as the parents expected:

I was thinking “How could you do this to us?” … You must have known … we’d have to deal with this … that this was more serious than breaking someone’s window. (Father 5)

While the father admits that he has “kept my distance” to mitigate his resentment and thus to minimize tensions, the family appears to engage in transparent communication to maintain a reconciliatory and thus healthy relationship:

We don’t avoid talking about it in front of or with our son … we talk about it very openly and honestly and … it remains at the surface. (Mother 5)

Among other families in which parent–child relations were conflictual either temporarily or permanently, most caregivers held compassionate outlooks toward their son: “I think it’s an internal battle. Stop focusing on it. Love your child for who they are. They’ve made a mistake; just see it as that. You know
… people make it a big bad thing” (Mother 2). Indeed, Mother 2 felt that the victim’s mother in her son’s case seemed too unreasonable with the demands she placed on the offending child. Despite being deeply remorseful, she became embittered by what she perceived as the victim’s mother’s unrelenting restrictions. Similar to how Mother 4 described earlier being “overtaken…by the anger”, Mother 2 signals a separation from the harm committed and how harm is socially and emotionally constructed by others affected by the offence. How much denunciation is enough is a question that this passage begs, and certainly, the tension for Family 2 is entangled by the offender’s and victim’s parents’ competing feelings of guilt and remorse, rather than by the degree of remorse allegedly felt (or not) by the offending son himself.

In Family 8, in addition to their satisfaction with their son’s expression of remorse to the victim’s parents, open communication of both disappointment and love seemed to have helped these caregivers repair their relationship with their son in a nonstigmatizing way:

I had a talk with him shortly before he came back to the house in my car and I told him I’d never bring it up again, but I just needed to get it out because … I won’t be able to move on unless I say it to him. So we had a big talk about it, and pretty much just left everything in the car there. And as much as we did let him know that we also … reinforced the love that we have for him and the reason why we’re doing all of this … so … not to make him seem like an outcast or anything. (Father 8)

Despite Mother 8’s supportive approach toward her son and her considerate recognition that her son’s sexual offending behavior was possibly an indication of a deeper issue (“Hey help me. Hello I’m here”), she still felt uncertain about full forgiveness: “I don’t know if I forgive, I think I forgive (my son) … I don’t know” (Mother 8). Such a position of struggle illustrates the extent to which reconciliation is complex, challenging, and evolving, even when remorse is expressed and attempts to de-stigmatize the event are made. Despite her mixed feelings about forgiveness, the mother found solace in how her son at least felt supported unconditionally: “I don’t think that … he doesn’t not feel loved at all” (Mother 8).

In Family 4, the mother’s and son’s relationship was reestablished quite positively through gestures and comments of mutual respect and support. While the mother did not report that her son had apologized explicitly to her, she was relieved by, appreciative of, and impressed with his aforementioned remorse-filled sentiment of “fault” and of having “ruined everything”, as well as his expression of gratitude that she claimed he had shared just weeks prior to our interview:
We were out job hunting … and he was like, “You know, I never really thanked you for what you did.” I said “It’s okay” and he said “No it’s not ok; it was wrong of me to never thank you.” He goes “You took me everywhere; you stood by me.” He said, “I need to thank you for that and like I go,” “Well you’re my kid” and he goes “Well ya but lots of parents wouldn’t have done that.” So it was nice to see that he … understood, that he respected … he’s matured probably five years in a year … ya, huge now. (Mother 4)

A similar expression of remorse also resulted in relationship repair in Family 6. Although it was years in the making, and required a considerable amount of professional counselling, their offending son’s long-awaited apology to his victimized sister brought much relief to the parents. The eventual validation of their daughter’s experience by their son’s remorse-filled articulation of accountability helped to improve the parents’ stress-filled rapport with their son; the caregivers also contended that it enabled the siblings’ relationship to move forward in safer and more honest ways (Gervais & Johnston, 2022).

Among the families whose relationships experienced no or low tension, parents held considerate outlooks about their sons’ needs, and thus did not set any expectations for expressions of remorse; but some were nevertheless grateful for their son’s caring tendencies toward them which they viewed as thoughtful.

I feel sorry for that poor child. He’s been through too much; like there’s no reason for a child who’s so young as he is to have been put through this. (Mother 9)

I don’t know if it’s in so many words … he’s a pretty sensitive kid … I can’t really recall a specific time when he’s like “I’m really sorry for what I’ve put you through,” He’s just … so protective of me … and he’s very affectionate … and when he started feeling better, that came back … the affection, and wanting to be hugged. (Mother 3)

Looking to the Future with Hope and Fear

As parents reflected on how they were facing the future in the context of remorse, responsibility and relationship repair, most were satisfied with the progress that their son and families had made thus far and were hopeful that improvements, however minimal, would be maintained. Even among families in which reconciliation had not been achieved despite perceived indications of remorse and responsibility on the part of the offending youth and their parents, caregivers remained optimistic:
I have to live with hope because you know he has so many challenges to begin with … one day at a time. (Mother 3)

Yet, other parents felt overwhelmed and fearful of the unknowns going forward. Such was the case particularly in Family 5. However supportive they remained toward their son, the strain in their relationship was rooted in various concerns about his future and theirs:

I have a sense of desperation. (Mother 5)

I don’t want him to think it’s going to ruin his life, although I have fears about that. (Mother 5)

Ya, some days I look at what we’re dealing with today and like who we’re looking at and I don’t see much of a change. Like I see an adult … who … may not have developed as well as he could have socially … and so … it’s like I do second guess what we’re doing right now as far as being really … restricting. Constricting as well … But yeah at the same time I don’t know what else to do. But I worry. I worry. Yeah. (Father 5)

I’ve really retreated inward, and I know that’s not necessarily a great thing either, so I don’t know honestly… my desire to put it behind us … I know some of the ways that I’m approaching this aren’t healthy; I acknowledge that, but it’s difficult for me to steer the wheels out of those big deep ruts. I’m there. I’m rolling away from this slowly but at least I feel like I’m rolling away from it. So, it’s hard for me to like change direction you know? Maybe I’m fearful … maybe there’s ignorance there, I don’t know about it. The best … commitment I can give you for something like that is maybe … it would depend on my mood honestly. (Father 5)

Comparatively and especially with regards to social and mental challenges faced by the offending youth, Mother 7 worried about future unknowns and potential recidivism because, in her view, her son was neither remorseful, nor aware of the repercussions of his actions which she attributed partially to his diagnosed cognitive and social challenges:

He’s going to high school next year, so he will want to be more independent but I have issues letting him be independent … because he’s not accepting and he doesn’t realize how much of an impact he’s caused. You know, what if he’s going out and doing other things and not thinking about it … like not realizing that … I mean that’s always in the back of my head, you know … like why, why did he do this? … Is this something that will happen again, outside of the house? … It is still like a worry for me that … especially with him off to high school, like what trouble is he going to get into? … Like he’s been, you know,
red flagged that they need to keep an eye on him for being socially awkward and not having … the capabilities to know that what he does is not acceptable. (Mother 7)

Despite these understandable concerns for the future, the overall resiliency conveyed to us by the parents was remarkable. Alongside the many struggles that families face in trying to make sense of the harm-generating behavior and to carefully make amends, the caregivers we spoke with often communicated their determination to never give up on their children’s capacity to move forward:

I truly believe that this incident is behind us and our children have learned from it. We will continue to remain positive and work together with our children to ensure that they are properly educated and informed to make good decisions in the future. (Mother 10)

Discussion and Practical Implications

In connection with Young et al.’s (2015) key study, much of our data reveal that parents believe that both they and their adolescent son who sexually offended can and do demonstrate strong capacities to show remorse and accountability to the victims and their families. While we found that in some families (2, 3, 4, 9) feelings of remorse can fluctuate with evolving, and particularly antagonistic circumstances aimed at stigmatizing the offending youth, overall, our data show that parents took remorse seriously. Part of the process of remorse in our research also hinted toward an imagined future whereby the harm is no longer relived by neither the offender nor the victim, and whereby reconciliation and humanization efforts can yield destigmatizing benefits for both the offender and the victim, even if these possibilities are, at times, difficult to conceive.

The expectations placed on youth who sexually offended and their parents can be quite burdensome because of societal and legal expectations that they immediately accept their culpability and responsibility (Hackett et al., 2005; Pierce, 2011). While Worley et al.’s (2012) work is important at recognizing how parents and offending youth do in fact encounter remorse, our findings indicate that experiences and expressions of remorse, empathy, shame, and regret can take some time to process as families navigate these expectations and all the complex circumstances surrounding the offending behavior. Family 2, for instance, points to the complexity of emotions and understandings that the offending child must manage. Finding the right words to convey remorse, while managing one’s own fears of stigmatization, is arduous when there are a myriad number of actors involved in the case placing what
probably feels like overwhelming demands on the child. While adults and authorities often expect accountability sooner rather than later, these narratives point to an organic growth and maturity that must happen before children can become fully remorseful and responsible for their actions.

Many examples in our data show how some youth reportedly struggled to formulate remorseful, empathetic, or apologetic sentiments given their developmental challenges, including social, emotional, and learning ones (see Table 1). While some parents reported how the presentation of these ability-related challenges slowed down, hindered, or blocked how their child was understanding and expressing remorse, others emphasized that these capacities were not entirely stricken as a consequence of any documented cognitive impairment. According to their parents, some of the youth seemed to have demonstrated a sense of agency as they worked toward rehabilitation and restoration while simultaneously navigating their disability-related struggles.9

The implications of these particular findings suggest that, youth who have sexually offended and then take—sometimes gradual—steps toward accountability by admitting their responsibility and expressing some form of remorse, require interventions in their rehabilitative program that build and nurture their empathetic capacities. Much of the literature on the treatment of youth sexual offending identifies that strengthening youth’s empathy helps them to develop and deepen their understanding of the implications of their harmful behavior, and eventually—depending on the best interests of the victim(s)—to take actions that articulate their remorse and desire for potential reconciliation to all affected parties (Anderson & Keltner, 2002; Bock & Hosser, 2014; Halse et al., 2012; McCrady et al., 2008; Ter Beek et al., 2018; Varker et al., 2008). Accompanied by a parental approach that models responsible and empathetic behavior toward victims (Halse et al., 2012; Worley et al., 2012), such a professional treatment program that is youth centered, and patiently takes into account any cognitive challenges the youth may be experiencing, will be vital in preventing reoffending, as well as opening the door for reconciliation.

To elaborate, while our findings strongly indicate that parental mentorship is a key variable shaping youth rehabilitation (Halse et al., 2012; Worley et al., 2012), solely adult-led interventions may be overwhelming, stigmatizing, and fear generating for the youth, and may thus impact their ability to fully acknowledge accountability and address remorse. In addition, some youth seemed to not only readily realize but to also model empathy and responsibility toward caregivers and victims. For example, as reported by his mother, the offending youth in Family 4 seemed acutely aware of the impact his offending behavior had on the affected child and his own family, and he was
allegedly willing to take full responsibility on multiple occasions. This youth’s purported initiative helped to ease the burden on his mother, who in recognizing the steps he was taking toward rehabilitation, became more accepting and nonjudgmental of her child (Baer et al., 2008; Bergomi et al., 2013). This experience falls in line with Woods and Proeve’s (2014) study that identifies how expressions and experiences of remorse can sometimes undo damage and steer the collateral consequences of harm in a direction of healing rather than accountability alone.

In light of this youth and others’ awareness, agency and abilities, it may be beneficial for adolescents to have a supervised peer support program consisting of previously offending youth who could provide them with guidance and affirmation throughout the course of their treatment and accountability processes. Researchers and practitioners should examine how such youth-to-youth mentorship rather than solely adult-to-youth approaches in rehabilitation may also help youth come to terms with their offending behavior and learn how to conceive of, and communicate remorse and reconciliation in more accessible, youth-contextualized ways.

Furthermore, like Jones (2015) and Kolko et al. (2005), we have also found that rarer yet more reactive and problematic parental responses such as self-blame or denial can negatively impact the youth’s capacity to express remorse. Many parents in our study also had to work very intentionally and diligently to reconcile their own complex feelings of anger and resentment as they attempted to compassionately support their son’s rehabilitation. Therefore, in rehabilitative efforts intended to hold youth accountable, affected caregivers also require social, professional, and clinical guidance in the management of their own feelings and parenting strategies in order to support their child more productively.

Yet while a great deal of the literature on youth who sexually offend explores how families react to the offending behavior in apologetic ways (Hackett et al., 2005; Jones, 2015; Pierce, 2011), our study demonstrates how some parents actually model such productive and appropriate responsive behaviors for their child instead of trying to overshadow and overpower the youth’s thoughts and emotions with their own feelings and attitudes related to remorse and responsibility. In some cases, this guidance proved to be beneficial for the youth, especially when they did not seem to initially feel remorseful due in part to some mental, learning, social, and emotional barriers.

In tandem with Worley et al. (2012) and Latzman et al. (2011), what also resonates more strongly in our data is how a majority of the parents genuinely felt a deep empathy for the well-being of the victims, took meaningful steps toward their child’s rehabilitation and accountability, persistently navigated multiple heavy obstacles, and successfully implemented parenting techniques
that involved positive communication, child-centered support, and encouraging reinforcement. In this light, we recommend that practitioners overseeing the treatment of youth who sexually offend put parent support groups in place whereby affected parents can learn from and lean on the guidance and advice of parents with similar experiences. By extension, such youth-centered and parent-informed interventions focusing on accountability must also prioritize the well-being of victims, especially given how expressions of remorse and responsibility on the part of offenders and their families can be validating and healing for victims and their relatives.

**Limitations and Recommendations for Future Research**

There were five main limitations to our study. First, our findings are not generalizable because our sample was relatively small and the families within it were less diverse in terms of gender, race, sexual orientation, and socioeconomic condition. Thus, future studies should include families recruited from various mental health services and who represent more diverse ethnic backgrounds, sexual orientations, socioeconomic circumstances, and gender identities—the latter of which would involve the examination of sexual harm by girls, among others. Research with larger samples and saturated datasets could also determine more strongly the frequency of findings pertaining to the positive and negative aspects of parental responses to youth sexual offending.

Second, since families in our study were functioning relatively well, their experiences are not entirely representative of those among families facing greater adversity in terms of behavioral issues and systems’ responses. Thus, forthcoming studies should include families in which youth may have engaged in more complex and disruptive behaviors and may thus be more adversely affected by criminal justice, educational, and/or child welfare systems. Third, in terms of ability, as a dimension of diversity, there was some parental consideration of how the youth’s cognitive, mental health, social, and emotional challenges may have generated barriers to remorseful sentiments. Nevertheless, future inquiries should investigate more thoroughly, yet critically and compassionately, as well as among a wider population of youth with a broader range of aptitudes, how cognitive capacities and social maturity may impact their understanding and articulation of remorse. Fourth, although parents’ views offer unique insights, subsequent research should explore youth’s own perceptions and expressions of remorse by conducting interviews directly with them. Lastly, since we focused solely on offending
youth’s parents’ perspectives, it is essential that upcoming studies include victims and their relatives’ views on both the articulation and reception of remorse, responsibility, and relationship repair.

Conclusion

Qualitative interviews with parents revealed various processes, benefits, challenges, and outcomes related to expressions of remorse and experiences of responsibility among sexual offending youth, their victims, their caregivers, and other affected relatives. This study shed particular light on how, contrary to public scrutiny that negatively projects responsibility onto adolescent offenders and particularly their parents (Jones-Smith & Trepper, 1992), most youth who committed sexual harm, and their caregivers, can and do feel deeply remorseful and responsible for the impacts of sexual offending behavior. Parents were particularly careful in managing the reconciliation process and their child’s positioning within it as they gaged the youth’s emotions, capacities, and special needs during opportunities for learning, growth, empathy, and answerability. Thus, our findings emphasize the constructive and considerate ways in which remorse is felt and responsibility is assumed. By extension, they point to the importance of youth-centered, child-informed, peer-supported, parent-involved, and victim-sensitive treatment programs and restorative practices in efforts toward reconciliation, and accountability-oriented reintegration.

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Notes

1. We employ language that does not pathologize or judge youth who sexually offend, nor ascribe determinant trajectories for recidivism. We recognize the need to balance the rights of youth who sexually offend with the rights of victims. Yet we emphasize that the expressions of remorse articulated by youth and their parents underscores the concern they have for the needs of victims, which calls for a sensitive acknowledgment of the youth’s agency and care to address and eventually overcome the consequences of their harmful offending behavior.

2. Though an important consideration for future research, interviewing youth was not possible within the selected recruitment setting given the children’s hospital’s restrictions that protected their patients’ privacy. Permission was granted to interview the parents on the condition that the children’s identities would not be revealed. With the exception of two families, the youth were aware of the confidential study being undertaken.

3. With the exception of Family 9 for whom the interview with both parents occurred at the father’s office.

4. The male in Family 5 did not have any siblings.

5. While the perceptions of accountability and remorse are those of the parents, and not of youth, it is important to note that the caregivers’ considerations were developed through many meaningful conversations with their sons and the professionals who supported the families through the post disclosure interactions.

6. Since we only interviewed the offending youth’s parents, we were not able to substantiate this claim.

7. In light of ethical considerations and a duty to report, we ensured that there were no longer any safety concerns for the youth by asking the mother multiple questions regarding the father’s contact with the adolescent and the other children in the household. The violent episode had taken place a year prior to the interview and the father had been removed from the home immediately afterwards; thus, we were able to determine that the youth was no longer at risk of harm.

8. The parents were divorced and the father was reported to have been relatively uninvolved in the matter.

9. As sociologists and criminologists, we can only comment on the social significance of these findings; thus, trained mental health researchers and professionals should further explore other linkages and nuances in future research.

10. Only Family 8 reported that their ancestry was not solely of European origin. Nevertheless, so as not to perpetuate difference and its potentially negative implications, we did not present comparative data across families.

11. Parents 2 and 5 reported that their sons were exploring sexual orientation, and/or sexual preferences.

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