



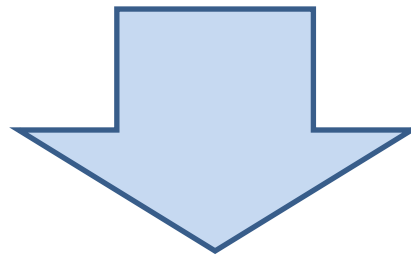
Denial and working with sexual offenders in denial

Prof Todd E Hogue

Denial

- “the failure of sexual abusers to accept responsibility for their offenses” ATSA 2001,pg 63.

Absolute Denial: “I was not there I’ve never met the person”



Absolute Admission: “I did the offence exactly as they said; no excuses for my behaviour”

Types of Denial

- Denial
- Categorical Denial
- Partial acceptance
- Minimisation
- Cognitive distortions
- Complete refutation of the facts
- Depersonalisation
- Denial of extent
- Denial of intent
- Denial of victim harm
- Denial of planning
- Denial of future risk
- Denial of culpability
- Denial of long-term harm
- Denial of memory of the event
- Denial of enjoyment/satisfaction from offence
- High minimisation
- Full responsibility

Sex Offender Denial

A substantial proportion of sex offenders deny some aspect of their offence:

- ❑ Complicates assessment/treatment processes
- ❑ Impacts on treatment engagement

Denial is used to support and justify sexual offending behaviour and serves to attribute responsibility and causality of the behaviour (Gannon, 2009)

Function of denial

Reasons for denial/minimization: threats to self-esteem and self-image; fear of negative extrinsic consequences; adverse effects on convictions and sentencing; deficits in perspective taking; low motivation to stop offending (Lord & Willmot, 2004; Marshall, et al., 2009)

Function of Denial

Dickey & Rogers, 1991

Pathogenic

Criminogenic

Adaptational

Maintains self-esteem and manages dissonance between

- our view of ourselves and our behaviour
- others (society) view of us and our view of ourselves

Protects against shame & stigma

- Maintains viable identity and narrative of self (Blagden et al 2014)
- Rejects the ascribed label as sexual offender (Evans & Cubellis (2014))

Effects on Treatment

Denial(especially categorical) may:

- frustrate staff
- impede psychological assessment
- reduce engagement in rehabilitative activities (Mann 2016)

Denial significantly related to lower motivation to fully engage in treatment (Matthews, 1991; Gibbons, De Volder & Casey, 2003; Jung & Nunes, 2012).

Successful treatment completion significantly related to lower denial/minimisation (Maletzky, 1993; Hunter & Figueredo, 1999; Geer, Becker, Gray & Kraussm 2001; Levenson & Macgowan, 2004)

Deniers:

- Do not 'fit' the usual treatment pathway for a sex offender in prison
- Lack of fit interpreted as failure to reduce risk or even a sign of increased risk. (Mann 2016)

Categorical Denial: Treatment Approaches

(Ware, Marshall & Marshall 2015)

Three general treatment approaches taken:

EXCLUDED: They are excluded from treatment

ACTIVE ATTEMPT:
overcom

Evidence doesn't support

NO ATTEMPT: Placed in a treatment program
where the
denial but
criminogenic features

Evidence not yet available

Impact on Sexual Recidivism

- Reduction of future recidivism is generally the ultimate objective in sex offender treatment (Harkins, Beech & Goodwill, 2010).

The relevance of denial as a risk factor unclear:

- Numerous studies and meta-analyses demonstrate no relationship (Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2005)
- Inconsistent definitions of denial, varying lengths in follow-up periods and small samples that were not homogenous in terms of populations or settings Lund (2000):
- Denial also potentially interacts with other factors (Harkins et al. 2010; Langton, et al. 2008; Nunes et al. 2007)

Denial and risk? (Mann, Hanson & Thornton, 2010)

Denial not supported as a psychologically meaningful risk factor but may be for some be:

- 1) **Protective** by advancing “redemption scripts” and distancing from prior misdeeds or
 - **Protective** if demonstrating positive change in other areas (e.g., cooperation supervision/treatment)
- 2) **Criminogenic** to avoid punishment or fail to recognise behaviour as a sexual offence
 - **Increase risk** if remaining committed to deviant lifestyles or otherwise criminogenic influences.

Summary

Limited clinical benefits to focusing on accepting responsibility for past behaviour (Maruna & Mann (2006))

There is a lack of consistent evidence indicating that denial and minimization leads to increased recidivism Ware and Mann (2012)

Need to better understand the function and role of denial across different groups of offenders.

A review of the literature (Hogue & Ranger, 2013)

AIM:

- Examine the existing evidence base relating to sex offender denial/minimization
- Identify the extent of clear and consistent definitions
- The evidence / impact across differing sample populations

Selection Criteria:

- a) Empirical study
- b) Sample of offenders accused or convicted of a sexual offence
- c) Classification/assessment of offence-related denial or minimization

Scope:

Comprehensive review of available studies

Systematic search of databases

Contacted authors and included conference papers

Wide range of search terms

Study summaries

Identified 57 research papers, 64 independent sex offender samples

Each study was compiled into a summary table with the following information:

Study	Research Purpose	N	Control	Offence Type	Setting	Country	Denial Definition	Assessment	Results Summary
Barbaree (1991)	Denial as treatment target	41 male adults	None	Child Molest 37% Adult Rape 63%	Prison	Canada	Categorical denial/minimization of responsibility, offence history, victim harm	DMCL -Denial 59% -Minimization 39% -Admits 2%	First stage of treatment should target denial and minimization as both appear to decrease with intervention.

Mainly US/Canada/UK sample, wide range of setting/offender groups and definitions

Highlighted the amount of missing information across different studies, particularly regarding the sample, eg. Sex offence type, age group, pre-/post-conviction, denial statistics

Denial: How defined?

Wide ranging definitions – 50% dichotomous

- Categorical denial of offence charges
- Categorical denial of child-sex related history
- Denial of paraphilic behaviour
- Total denial of offence
- Acceptance of responsibility and treatment readiness
- Denial of deviant arousal and child molestation
- Denial of guilt
- Minimizing or excusing

Range of multifaceted measures / conceptualizations

Results and Analyses

- *Denial Assessment/Classification*: For 50% of the samples, denial was assessed using an assessment tool with a scale or structure

Tool	No.	Author
Comprehensive Inventory of Denial (Sex Offender Version)	4	Jung (2004)
Facets of Sex Offender Denial	3	Schneider & Wright (2001)
Sex Offender Acceptance of Responsibility Scales	4	Peacock (2000)
Denial and Minimization Checklist/-III	3	Barbaree (1991); Langton, et al. (2003)
Sex Offence Information Questionnaire	4	Hogue (1993; 1998)
Sex Offence Attitudes Questionnaire	2	Proctor (1994)
Denial Scale for Male Incest Offenders	1	Guthrie et al. (1998)
Denial Scales and Ratings	2	Kennedy & Grubin (1992)
Multitphasic Sex Inventory sub-scales	3	Nichols & Molinder (1984; 1996)
Sexual Violence Risk measure sub-scales	4	Boer et al. (1997)
Adolescent Sexual Offender Assessment Packet	1	Gray & Wallace (1992)
Response to Treatment scale	1	Langton (2003)j

Results and Analysis

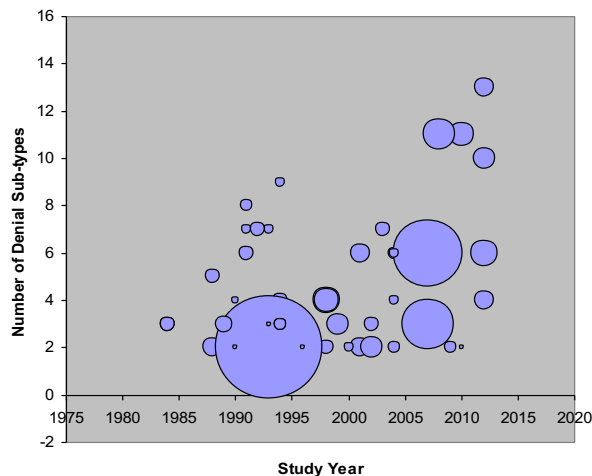
- 67% - Categorical: For almost half of these studies denial was absolute (present or absent)

- More than half did not explain how they came to the decision of denial classification

- Few had any information on reliability of classification

- 33% - Dimensional: Almost all of these used a clinical assessment tool

- Relationship between study year and number of denial sub-types measured



Results and Analysis

- only 6 published studies identified, with sufficient information to calculate odds ratios (OR).
- $OR > 1$ = odds of sexual recidivism significantly higher for admitter group
- For 2 studies the odds of sexually recidivating were higher for the denier groups
- For 4 studies the odds were higher for the admitter groups

Study	Sexually Recidivated		Odds ratio	95% CI	
	N	%			
1	29	23.02	0.54	0.21	2.25
2	13	15.4	1.02	0.21	2.2
3	17	17.53	0.1	0.01	0.79
4	51	14.57	1.08	0.83	1.88
5	26	6.21	1.65	0.68	3.97
6	11	29.73	1.34	0.82	2.18

Conclusions

- Lack of clarity and consistency in terms of definitions, conceptualization, classification and treatment of denial
- Limited information of reliability of classification with poor quality and design of studies
- Relevant and sufficient data recurrently found to be missing from studies
- There is not sufficient information to provide clear understanding of the evidence
- Challenges the extent to which the position of denial can be understood in the sex offender population



HMP Wakefield

2012 HMCIP Report

- “Almost half the men at Wakefield were in denial about their offence – to some degree refusing to take responsibility for their offending.”
- “There was still no high security or local strategy to work with the nearly 50% of prisoners in some state of denial.”
- “About half the prisoners held at Wakefield were sex offenders in denial. Little work was done with them at the prison. There was insufficient consideration by the Prison Service of the negative impact this had on work with the remaining prisoners and therefore whether Wakefield was the right place to hold such a large concentration of sex offenders in denial.”
- “Denial applied to around 366 prisoners (48% of the population).”
- “The Prison Service should commission a full review of its high security estate allocation criteria to ensure that the high proportion of sex offenders in denial at Wakefield does not undermine the work of the prison as a whole.”

Project aims (Mason, 2013)

- To gain a comprehensive, accurate and current understanding of the level of ‘denial’ in offenders housed at HMP Wakefield.
- To ascertain:
 - percentage of offenders unable to direct offence focussed interventions due to denial of their index offence
 - percentage of offenders who can access offence focussed interventions to address their identified risk factors based on the level of responsibility they take for their previous convictions
 - percentage of offenders who can address *some* of their identified risk factors based on the level of responsibility they take for their previous convictions
- To use a consistent way of measuring denial:
 - to create our own simple scale
 - establishment to quickly and easily maintain an understanding of our demographic in terms of denial

Structured judgement rating

- Goal Attainment Scale (Hogue, 1994)
- Structured professional judgement system of assessing sexual offender clinical need
- Scoring grid with 12 questions that can be scored from -2 to 2.
- GAS effective in measuring clinical change (Bartlett, Wilson, & Long, 2003) and predicts recidivism (Beggs & Grace, 2011)
- Developed a Denial specific scale
- Applied to the entire prison population

Clinical dimensions

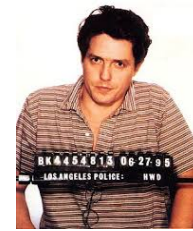
- Acceptance of Guilt of the Offence
- Showing Insight into Victim Issues
- Showing Empathy for Their Victims
- Acceptance of Personal Responsibility
- Recognising Cognitive Distortions
- Minimisation of Consequences
- Understanding Life-Style Dynamics
- Understanding Offence Cycle
- Identification of Relapse Prevention Concepts

Participation dimensions

- Disclosure of Personal Information
- Participation in Treatment
- Motivation to Change Behaviour

New 'denial scale'

1 Categorical denial	2 Partial acceptance	3 High minimisation	4 Minimisation	5 Full responsibility	Rating
Maintains innocence. Denies any participation in offence/s.	Accepts some parts of the official version of the offence/s but not others.	Admits guilt to the offence/s, but significantly minimises their actions/impact on victim/seriousness of offence/s to the extent that CPS documentation and their version of events bares little resemblance.	Admits guilt to the offence, minimises their actions/impact on victim/seriousness of offence/planning or intent but to a lesser extent.	Admits guilt. Does not attribute blame to victim/others/ circumstances.	

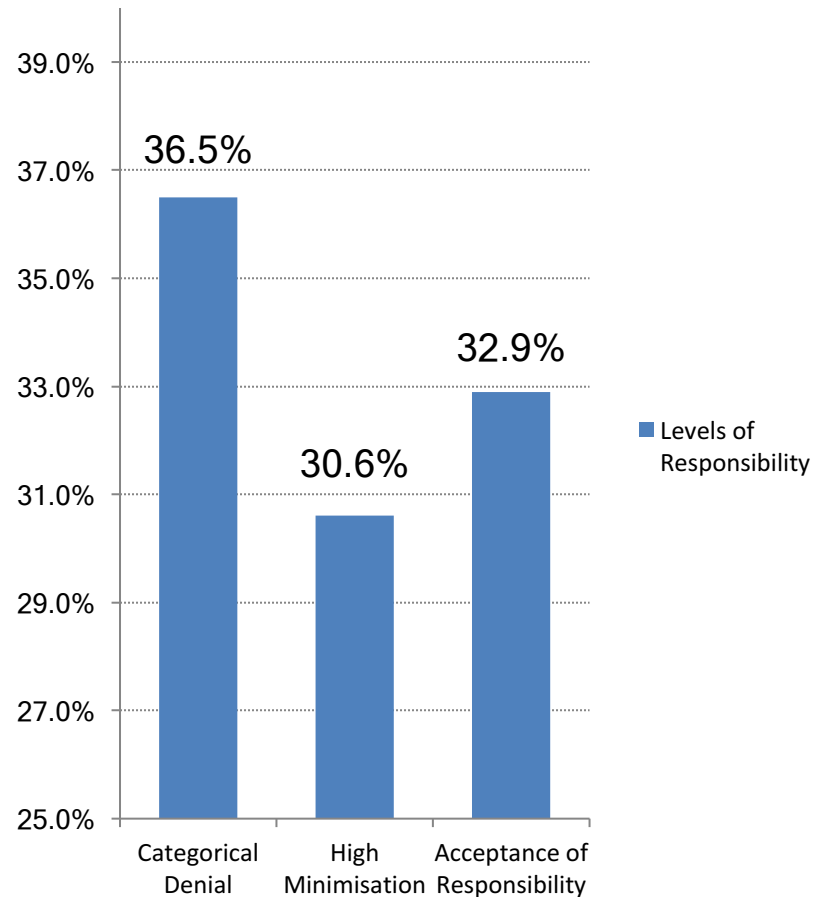


Level of denial: HMP Wakefield

Information collected

- Demographics
- Sentence information
- Support networks
- Engagement
- Offence information
- Risk levels

Levels of Responsibility



Level of denial: HMP Wakefield

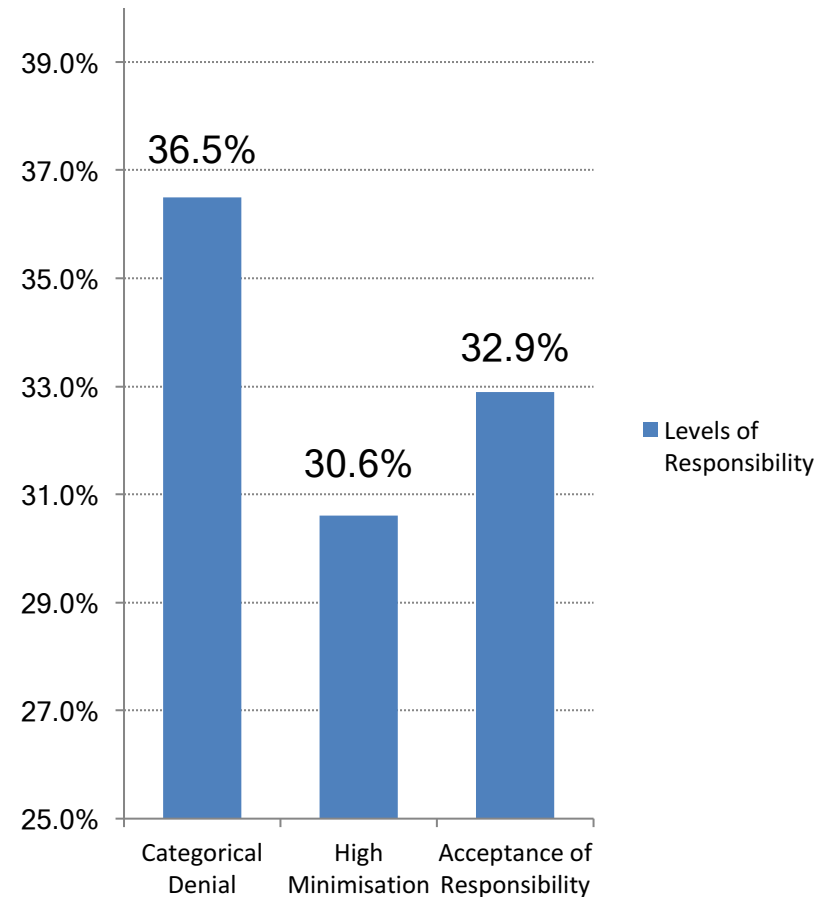
36.5% (256 men) of the population at HMP Wakefield were assessed as being in categorical denial of their index offence

Of those in categorical denial: 169 (66% of deniers: 24.07% of the population) were assessed as unable to access any current OBP work

66 of the 256 men in categorical denial (25%) were assessed as being able to access some OBP work






21 of the 256 men in categorical denial were assessed as able to access all recommended OBP work based on the responsibility for previous convictions

Levels of Responsibility








Denial related to demographic & sentence information

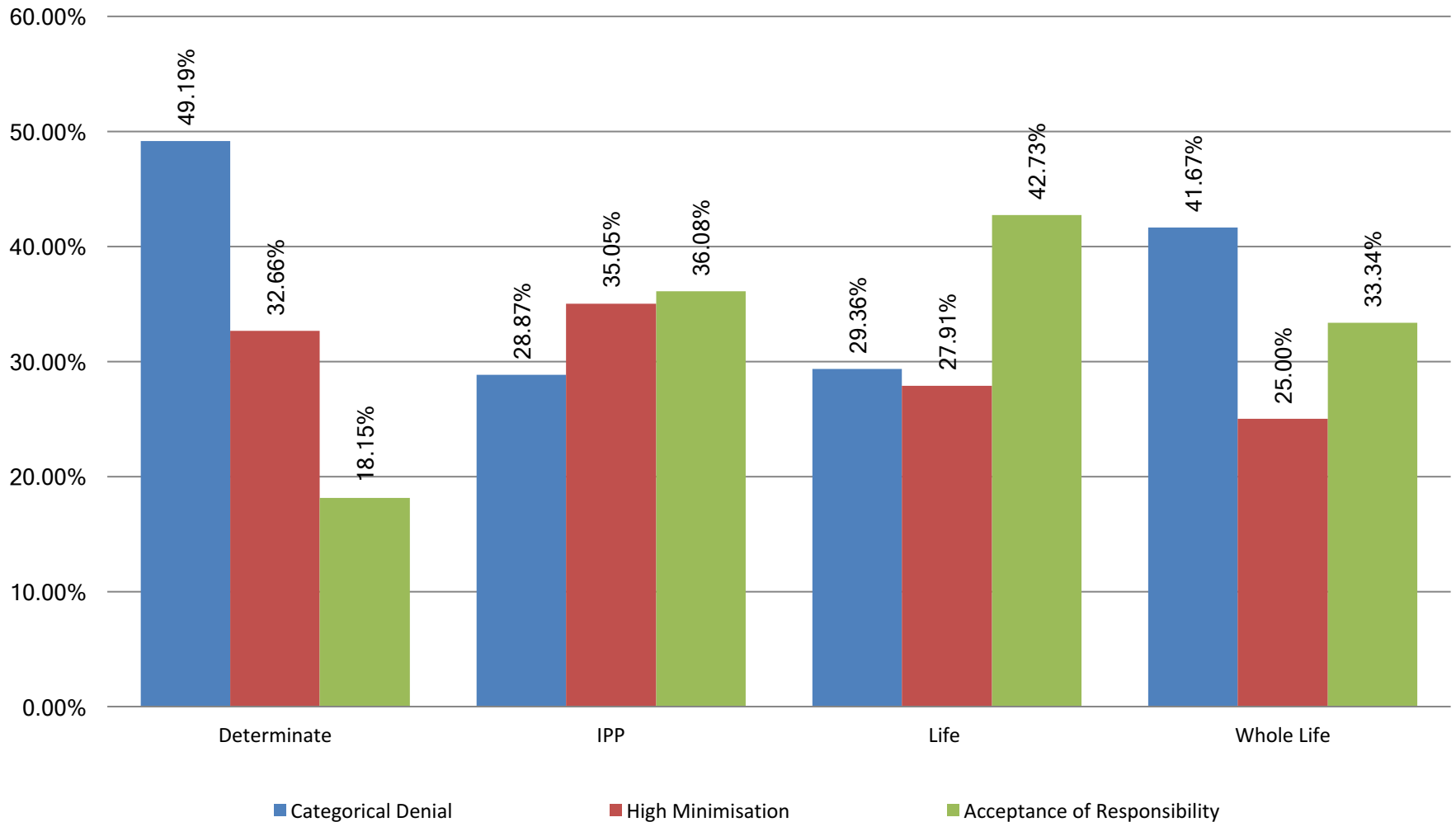
General Information

- Age 
- Security Category 
- Wing location 
- High profile 
- Literacy/numeracy scores 

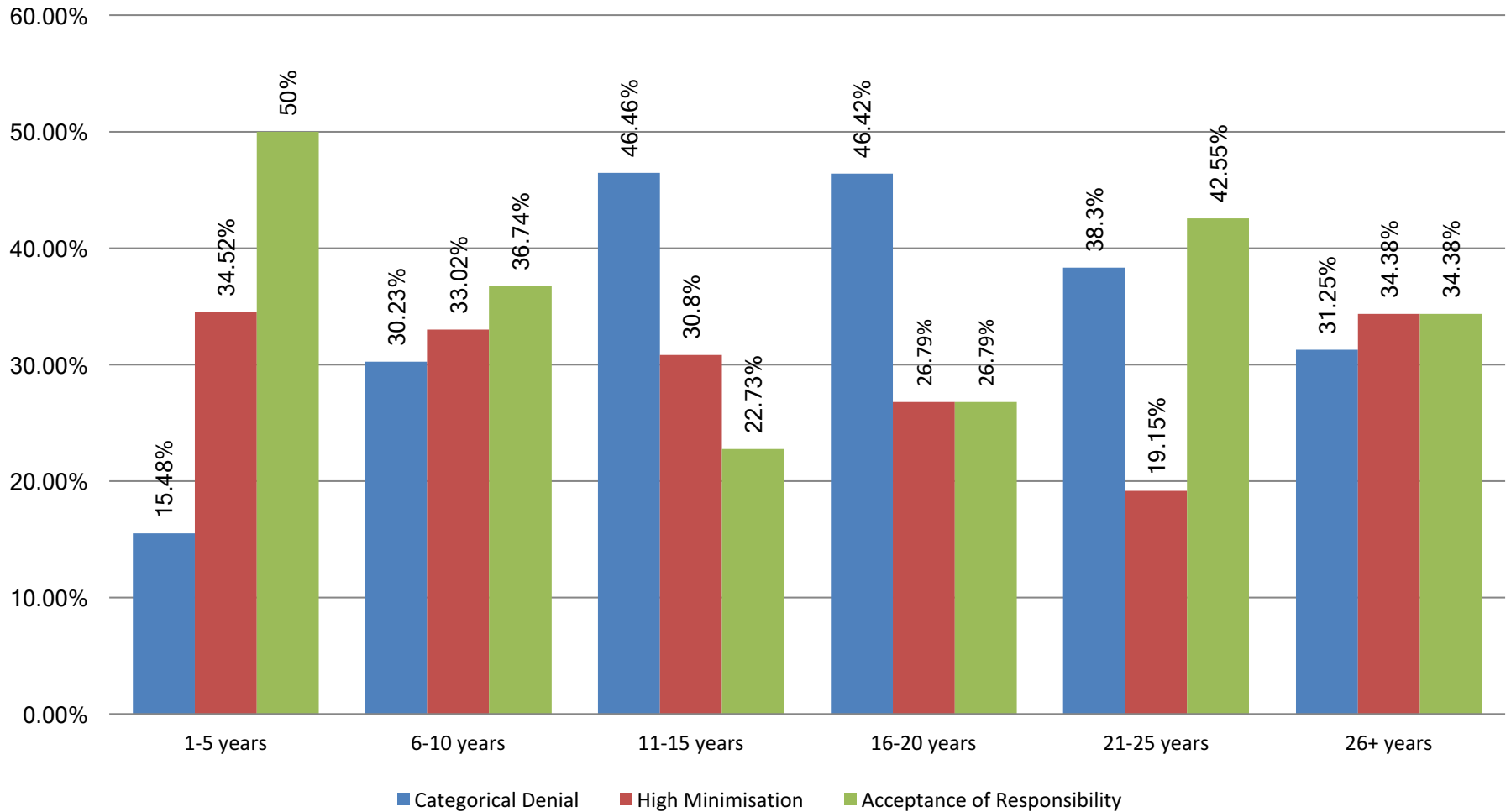
Sentence Information

- Sentence type 
- Sentence length 
- Time-served 
- Over tariff 
- Appeal status 

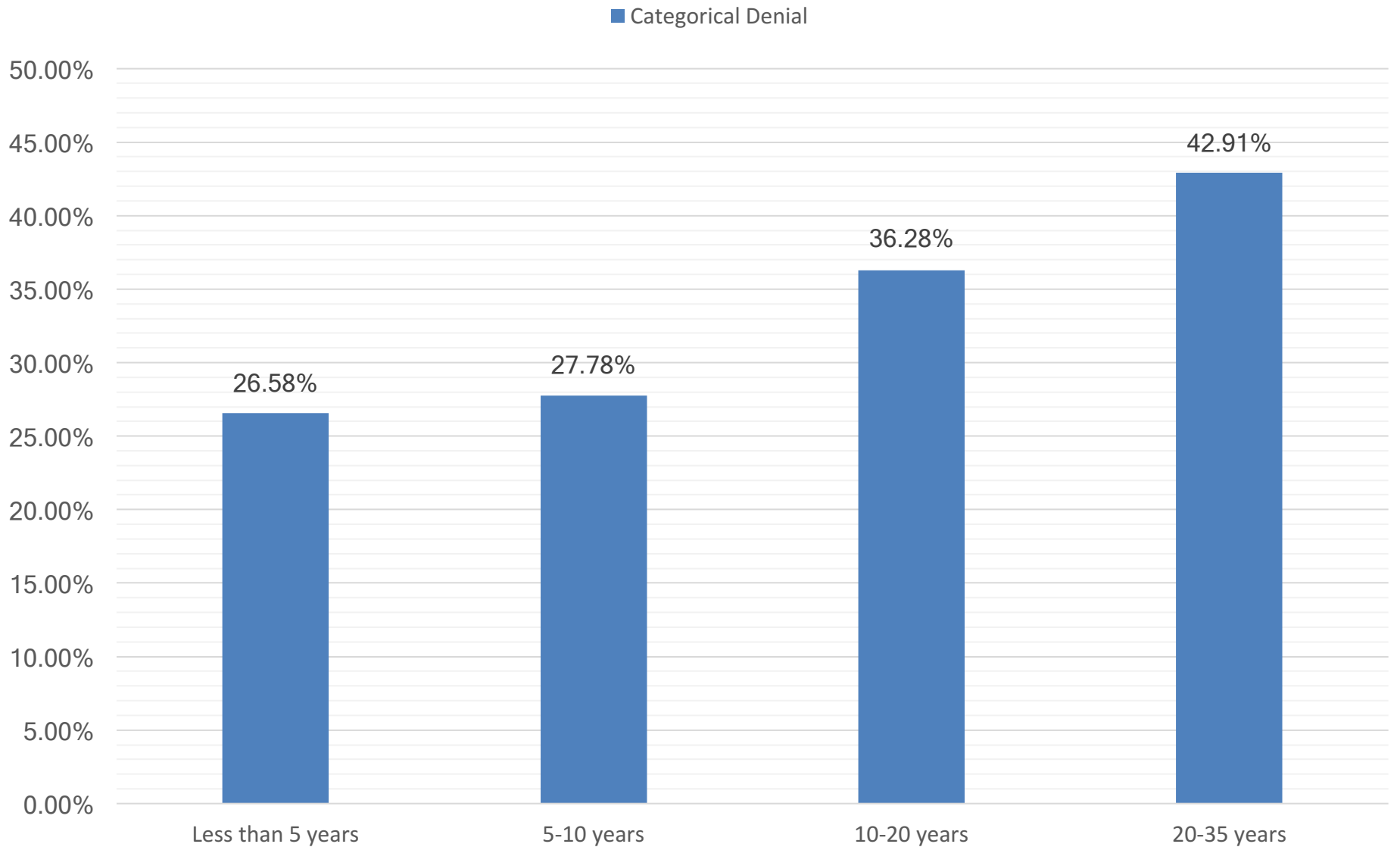
Levels of Responsibility Across Sentence Type



Levels of Responsibility Across Sentence Length



Percentage of Denial Across Time Served



Denial related to support networks & engagement

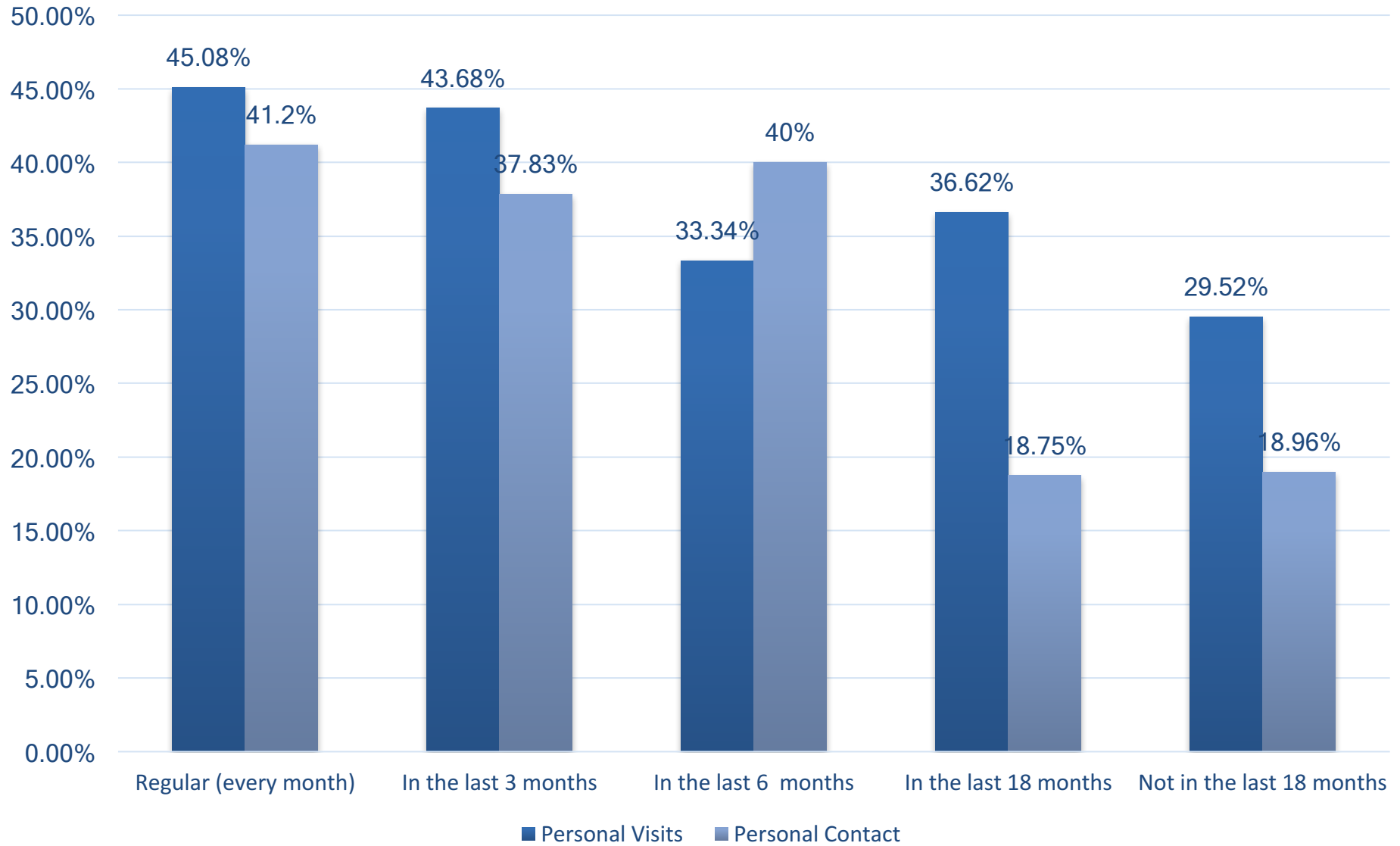
Support networks

- Relationship status ✓
- Personal visits ✓
- Personal contact (letter and phone) ✓
- Legal visits ✗
- Legal contact (letter and phone) ✗

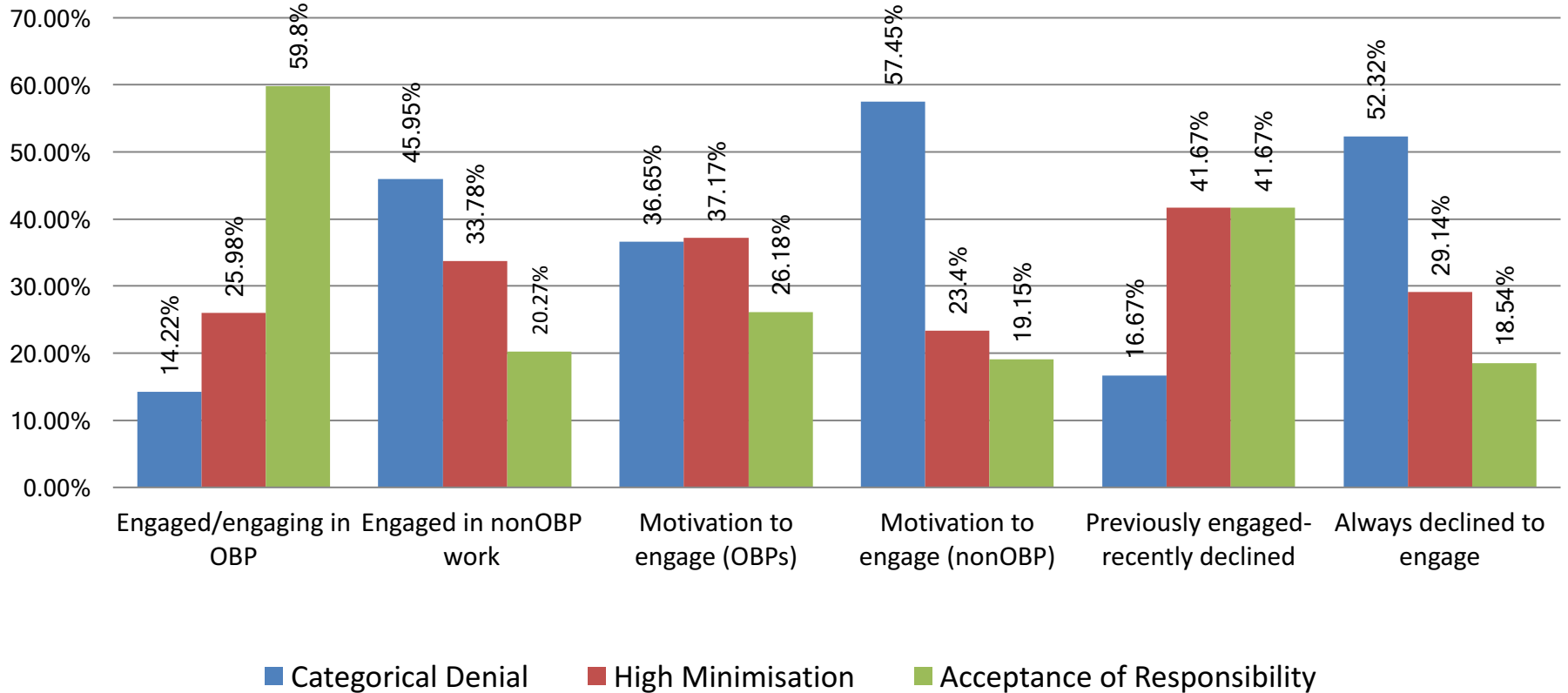
Sentence Information

- Workshop attendance ✗
- Education attendance ✗
- Volunteer work ✗
- Sentence planning attendance ✗
- OBP engagement ✓

Percentage of Denial Across Contact with Support Network



Denial and Engagement



Denial related to offence information and risk

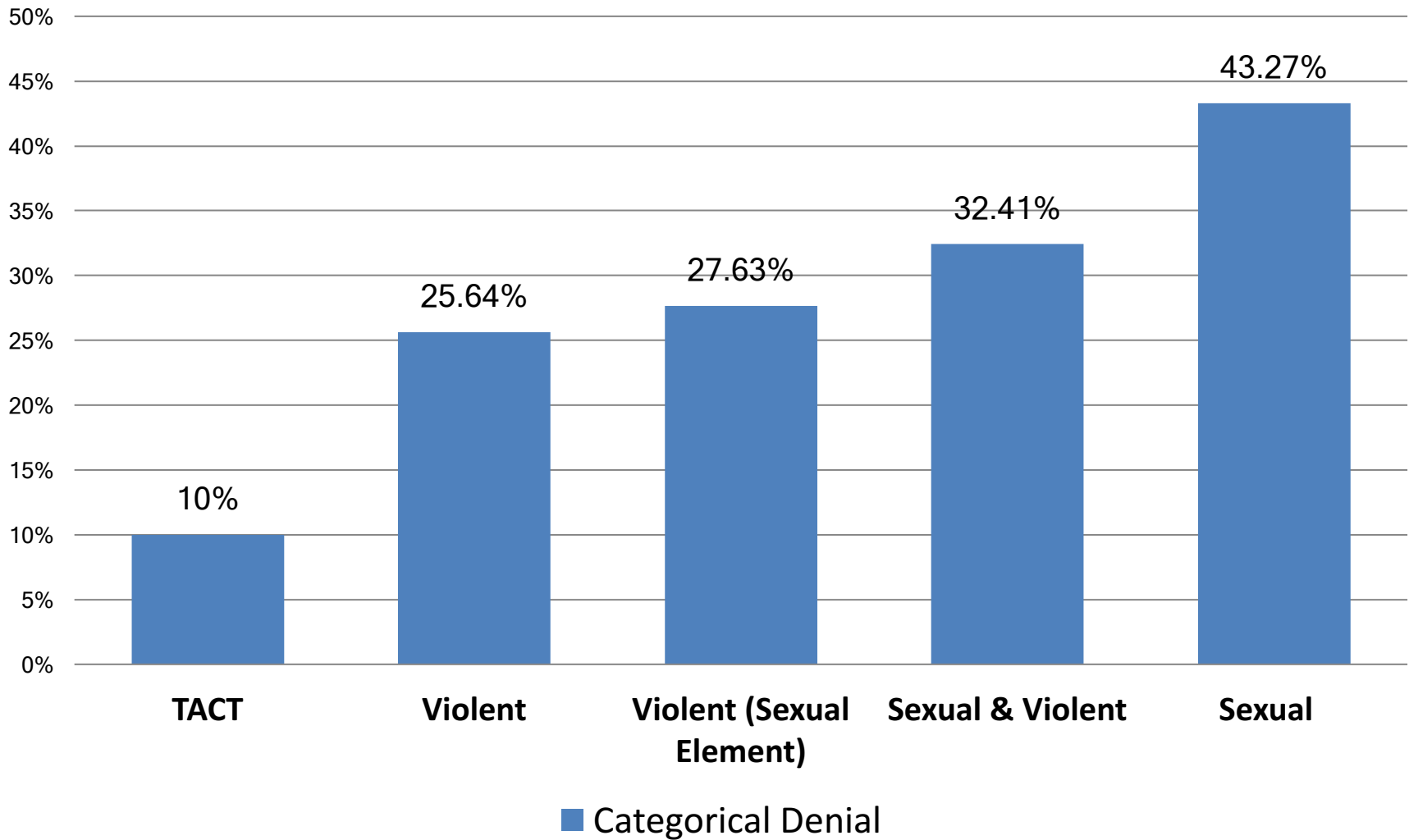
Offence information

- Offence type ✓
- Persistent offender ✓
- Historical offence ✓
- Co-accused ✗
- Victim age ✓
- Relationship to victim ✓
- Victim gender ✗

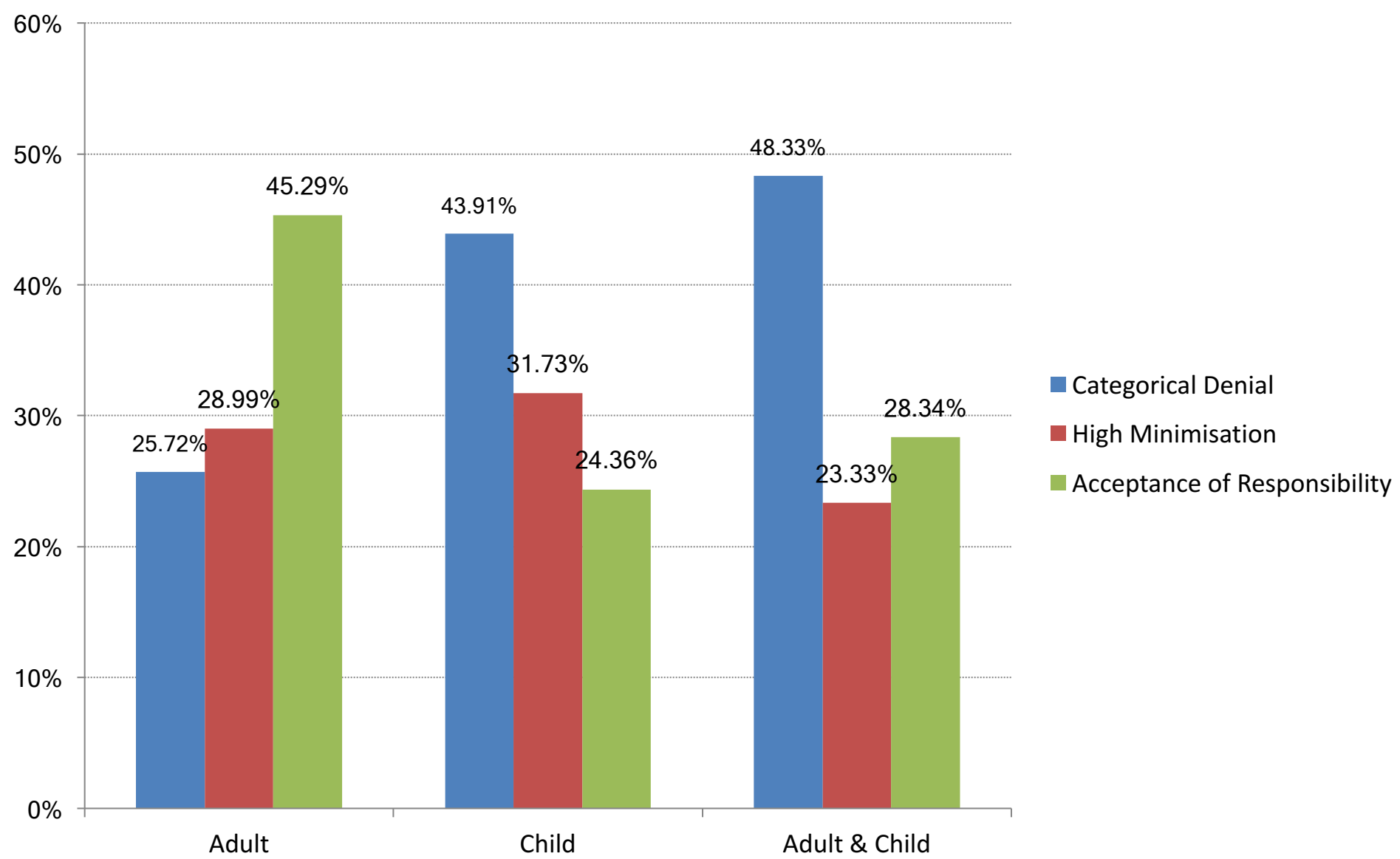
Risk Level

- RM2000 (S) ✓
- OGRS ✓
- OGP ✓
- OVP ✗

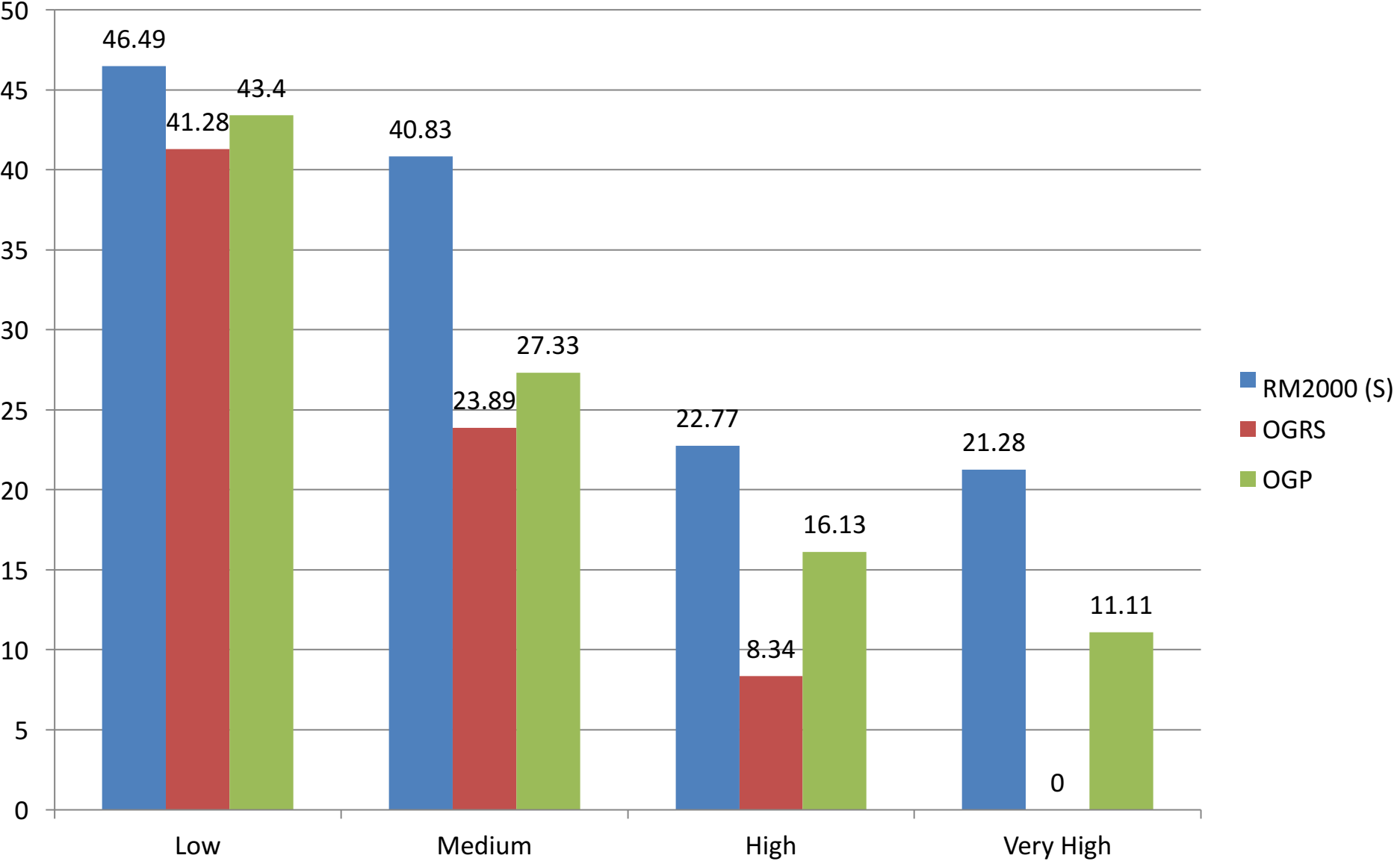
Percentage of Categorical Denial Across Offence Types



Level of Denial Across Victim Age Groups



Levels of Denial Across Risk Levels



Recommendations

Greater staff awareness

Greater promotion of the benefits of engagement and Offending Behaviour Programmes

Increase opportunities for 'non-threatening', non-offence focussed contact with CMT

Better understanding the appropriateness of deniers located within the High Secure Estate

Enhancing support given to families, their involvement in an individual's sentence and improve links with the establishment

Managing/address the social factors that influence denial

Actively challenge negative attitudes towards certain offence types to address issues around 'offence hierarchy'

Subsequent training

(Clare & Mason, 2014)

What not to do...

Be confrontational

See confession as the 'ultimate goal'

Make assumptions

Be judgemental

See denial as bad

See deniers as all the same

Think that people can't change

Not give people every opportunity to engage (even if they haven't engaged for years before)

Present a negative view of someone's future

Reinforce negative views of themselves

Reinforce negative views about sex offenders

Subsequent training

(Clare & Mason, 2014)

What to do...

- Talk about denial & be supportive
 - Create a safe environment
 - Promote change & build rapport
 - Be understanding
 - Talk about
 - general problems in their lives
 - the time of their conviction
 - topics they feel comfortable with
 - things that are good about themselves
 - Ask the extra question
 - Acknowledge that people change
 - Praise honesty
 - Try and build confidence and self esteem
- Set targets to help them work on the things you think are making talking about their offending more difficult
 - Use Old Me/New Me terminology ('New Me' can be more positive and may have made changes to his life compared to the 'Old Me' at the time of his conviction)
 - Keep consistency in Case Management Team
 - Use support volunteers (Wayfinders) who can offer peer advice, and who can talk about the benefits of being open and honest
 - Remember: Every Contact Matters!



HMP Wakefield

2014 HMCIP Report

S43 Promising work had begun to assess the level of denial in the population, which would ultimately lead to suitable interventions. This work on denial in the absence of a National Offender Management Service national strategy was particularly welcome. (Pg 17)

S4.6 ...Many prisoners were at some level of denial and there continued to be no broader strategy to address this; however, the prison had introduced a research project to assess the whole population to identify levels of denial (see attitudes, thinking and behaviour). This was a very positive initiative. (Pg 51)

S4.15 ... OSs worked hard to encourage prisoners in denial to undertake planned work, and there were early signs of some positive developments in this area although more needed to be done to address this issue. (Pg 52)

Summary

There is a lack of evidence indicating that denial needs to be focused on or leads to increased recidivism

Denial varies across different groups of offenders with different functions & roles

Denial varies across different groups of offenders with different functions & roles

Engage in an approach that protects against shame & stigma but facilitates engagement in change.

For more information:

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