

Addressing Denial and Promoting Accountability in Sexual Offending Treatment

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<https://dcj.colorado.gov/boards-commissions/sex-offender-management-board>

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Learning Objectives

- Promoting evidence-based rehabilitation of those who commit sexual offenses
- Ensuring the safety of people who have been victimized

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Denial

- Failure to accept responsibility for sexual offending behavior
 - No internal locus of control
- Types
 - Categorical
 - Partial

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Denial from a RNR Perspective

- Denial is not a risk factor (Hanson & Morton-Bourgon, 2005)
 - Included as an item in dynamic risk scale (e.g., SOTIPS)
- Denial is a responsivity factor
 - Connected to treatment attrition (Olver et al., 2011)

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Denial in Treatment Research

- Options
 - Exclude
 - Specialized program like denier's treatment
 - Address in sexual offending treatment
 - No research on specific types of interventions (Ware et al., 2015)
- Goals
 - Accept responsibility before or during treatment, or
 - No requirement to accept responsibility

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Impact of Denial on Victims

- Restorative practices emphasize interest in offender accountability (Koss, 2014)
- Failure to satisfactorily take accountability caused further trauma for intra-familial victims (Paige & Thornton, 2015)

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Colorado SOMB Data

- SOMB PDMS data (Oct 2019 to Nov 2022). N=1,481.
- Denial definitions in the SOMB Adult Standards and Guidelines:
 - No Denial: accepts full responsibility, does not place blame elsewhere
 - Low Denial (level 1): accepts most responsibility, places some of the blame elsewhere
 - Moderate Denial (level 2): accepts some responsibility, places most of the blame elsewhere
 - High Denial (level 3): accepts no responsibility, denies committing unlawful sexual behavior

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Distribution of Denial Level at Beginning & End of Treatment

Table 1. Client Denial Level Beginning & End Treatment

Denial Level	Beginning (N=1,481)	End (N=1,472)
None	281 (19%)	550 (37%)
Low	634 (43%)	659 (45%)
Moderate	368 (25%)	183 (12%)
High	198 (13%)	80 (5%)
Total	1481 (100%)	1472 (100%)

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High (Categorical) Denial

- Outcomes
 - 65% of clients progressed to a lower level of denial
 - 35% had high denial at the end of treatment.

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Association with Risk Categorization

- High denial vs. lower levels of denial
 - Not associated with static risk
 - Associated with higher dynamic risk

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Treatment Strategies Utilized

- | | |
|---|---|
| • Use of a denier's intervention as prescribed by the SOMB Standards and Guidelines | • Decreasing stigma and shame |
| • Use of the group process | • Focusing on distorted thought patterns related to the offense |
| • Use of a polygraph exam | • Supporting client motivation |
| • Addressing victim impact | • Use of client support systems |
| • Developing a therapeutic relationship | • Addressing client trauma history |
| | • Providing psychoeducation |

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SOMB Standards and Guidelines

- 3.500 Acceptance of Responsibility and Accountability
 - Use protective factor language rather than deficit-based language
 - Accountability intervention for those in Level 3 – Accepts no responsibility (i.e., categorical denial)
 - 90 days with possible extension based on clinical indicators
 - Purpose not to determine the guilt or innocence of the client
 - Discharge may recommend other non-sex offense-specific treatment interventions for consideration by the Court
