Providing Treatment to People Who Categorically Deny Their Sexual Offending Behavior

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Outline

- What do I mean by "denial"?
- Why is/is it important?
- Possible approaches to treating deniers
- Deniers Programs & Outcomes
  - Overcoming denial
  - Setting aside denial: A program for Categorical Deniers

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Rider: the intellect

Elephant: emotions, impulses

Path: environment

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Why is Emotional-Self Regulation Important

- 3 considerations:
  - Emotional (feeling) brain
  - Rational (thinking) brain
  - External conditions/environment
- What affects the emotional brain?
  - Trauma – PTSD, Complex PTSD
  - Emotional experiences
  - Moral gaps versus equalization

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Self-Regulation Failures

- **Under-regulation**
  - Failure to exert control, absence of self regulation
- **Mis-regulation (poor coping)**
  - Exerting control that can lead to an undesirable response e.g. Use of alcohol
- **Inappropriate goal setting**
  - Acquisitional as opposed to inhibitory goals, linked to positive affect at goal achievement

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Your experiences of Denial?

Think back to an occasion when you denied something even though you knew you had really done it.

- Why do we deny it?
- What are we protecting?
- What emotions and thoughts are behind this decision?
- What might you lose?
- Why not become honest later?

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Types of Denial

1. Partial Denial: harm, frequency, need for treatment, sexual intrusiveness, sexual intent
2. Minimization: number of times, sexual desire, degree of: sexual intrusiveness, of harm caused
3. Categorical Denial: falsely accused, mistaken identity, told by lawyer to plead guilty, retribution by victim or relative for some other thing

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Lie Detection – How Do We Know?

1. FBI, CIA, and DEA, not much better than chance in telling liars from truth-tellers (Adelson, 2004)
2. Eyewitness research – memory is a reconstructive process highly affected by the degree of stress experienced (Loftus, 2010)
3. Polygraphs (NIH): There is no evidence that any pattern of physiological reactions is unique to deception. (American Psychological Association, 2004; Lacono & Ben-Shakar, 2019; National Research Council, 2003**)**
4. Rates at which people are able to detect lies are still well below the legal standard of "beyond a reasonable doubt." (Brennan & Magnussen, 2023)

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How to Beat a Lie Detector Test

- Answer questions vaguely or using only yes-or-no answers.
- Respond firmly and without hesitation.
- Sneak little white lies into the control questions.
- Don't admit to anything relevant.
- Maintain an even breathing rate the entire time.
- Clench your sphincter muscle while answering questions.
- Think of something stressful when telling the truth.

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Most Effective When…(Gannon et al., 2019)

Condition 1	Condition 2	Better Outcome
Group	Individual & Combined	Group
Expert Supervision	No Supervision	Expert Supervision
Arousal Conditioning Available	Arousal Conditioning Not Available	Arousal Conditioning Available
Polygraph used	Polygraph not used	Polygraph not used

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Why do we lie/deny?

- All people lie/deny:
  - To avoid hurting others
  - When they feel the truth is threatening
- Excuse-making is both psychologically and physically, beneficial

(Dodge, 1993; Schlenker et al., 2001)

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Why lie/deny?

- Taking full responsibility for failures or negative actions, increases risk for depression
- Excuses help to avoid: loss of self-esteem and shame
- Offenders, of all types, who make excuses for their crimes are at lower risk to reoffend. (Maruna, 2001, 2004)
- Hanson pointed out, "Offenders who minimize their crimes are at least indicating that what they did was wrong".

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Current view on the function of denial in sexual offenders

- Drive to preserve self-esteem
- Drive to avoid negative external consequences
- Drive to preserve power and dignity in correctional settings

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Research into function of denial

- Ware et al (2020) found categorical deniers were more shame-prone compared to admitters.
- Also demonstrated that lower self-esteem associated with likelihood of being a denier
- Ware et al (2023):
  - Admitters more afraid of losing support and experiencing consequences of offending

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What do I mean by "Shame" and how is it different than Guilt?

Tangney & Dearing (2002)

- Guilt is a condemnation of a specific behaviour – *I am an ok person who did a bad thing*
- Shame involves a global negative evaluation of the self – *I did a bad thing because I am a bad person*
- Guilt is a motivator for change
- Shame is a blocker to change

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Some reasons why people experience shame

- Low self-esteem
- Need for perfection
- History of abuse or neglect
- Mental health conditions, such as anxiety or depression
- Stigma and labelling by others

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How to reduce shame & increase guilt

- Separate them as a person from their behavior
- Enhance their sense of self-worth
- Increase their self-efficacy
- Enhance coping & mood management
- Help them to be self-compassionate
- Teach them to practice self-forgiveness
- Show them how to learn from mistakes

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Relationship between denial and recidivism

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Does Denial Predict Recidivism?

- Kennedy & Grubin (1992): deniers were no more likely than admitters to reoffend
- Simourd & Malcolm (1998): denial unrelated to actuarial risk in 178 newly incarcerated offenders

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Does Denial Predict Recidivism?

Hanson and Bussiere's (1998) and Hanson and Morton-Bourgon's (2005) meta-analyses: Neither denial/minimization nor admission were effective predictors of recidivism

- Hanson & Bussiere (1998) - N=762, 6 studies
  - Denial of sexual crime: Median *d* = .03; *r* = .02
- Hanson & Morton-Bourgon (2005) – N=1,780, 9 studies
  - Denial of sexual crime: Median *d* = -.02; Mean = .02

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Does Denial Predict Recidivism?

- Nunes et al (2007): Denial predicts (small) in low-risk incest offenders
- Harkins et al (2010): Denial in high-risk sex offenders is a protective factor
- Konopasek and Nelson (2015): Small association of non-deceptive polygraph with recidivism
- Hogue (2013): Denial is a messy term and mixed findings – 2 studies denial related to higher recidivism, 4 studies opposite

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Why Treat Deniers?

- Some will be high-risk
- Unethical and professionally irresponsible not to
- Not legally appropriate or therapeutically sensible
- Evaluation by others (parole boards, case managers, victims)

But how to do it?

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Issues for Consideration

Resistance to Enter Treatment

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Treatment Refusal Rates

- Across all areas of medicine, including psychotherapy, between 1/3 and 1/2 of patients do not comply with the treatment that is recommended or prescribed to them (Melamed & Szor, 1999).
- Sex offender treatment refusal rates in HMPS treatment establishments averaged 52%, range between 8% and 76%. (Mann et al., 2013)

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Resistance in Sexual Offenders

(Mann et al., 2012; Brown & Tully, 2013)

- Lack of trust in professionals
- Bad experiences
- System undermines treatment
- Reactance to pressure to enter treatment
- Lack of insight into own problems
- Concern about lack of sensitivity to cultural issues
- Refusers concerned that entering treatment = guilty
- Lack of knowledge of treatment effectiveness
- Possible side effects
- Stigmatization & Safety concerns

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Conclusions - Mann et al., 2013

More than half of refusers expressed a desire to enter treatment that has a broader aim than addressing offending only

A significant proportion of resistance could be reduced by some simple strategies.

- E.g.,
  - Provide information about treatment
  - Focus on building trust
  - Involve and inform non-treatment staff
  - Establish a Therapeutic Alliance

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Features that Enhance Treatment Effectiveness	Features that Reduce Treatment Effectiveness
• Empathy	• Aggressive Confrontation
• Warmth	• Rejection
• Respect	• Manipulative/Lack of boundaries
• Genuineness	• Lack of interest
• Supportive	• Critical
• Directive	• Sarcastic
• Flexible	• Hostile/Angry/Rigid
• Encourages Participation	• Cold/Unresponsive
• Rewarding	• Dishonest
• Attentive	• Judgmental
• Trustworthy	• Authoritarian
• Use of humor	• Defensive
• Emotionally Responsive	• Nervous/Uncomfortable

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Therapist Features Related To Significant Treatment-Induced Changes

- Warmth
- Empathy
- Rewarding
- Directive

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Results of Regression Analyses

Index of change	Therapist feature	R^2	F ratio	p<
Victim blame	E+W+R+D	.41	5.09	.003
	E+W	.34	8.01	.002
	R+D	.39	10.01	.001
Minimizes aspects of offense	E+W+R+D	.61	10.70	.001
	E+W	.55	18.17	.001
	R+D	.33	7.4	.002
Denies responsibility	E+W+R+D	.32	3.51	.02
	E+W	.25	5.20	.02
	R+D	.22	4.41	.02

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Treatment Strategies

Three approaches have typically been used in sex offender treatment:

- Confrontational approach
- **Motivational approach**
- Unchallenging approach

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Criminogenic Issues in Sex Offenders

Sexual factors
- sexual preoccupation
- sexual interests in children
- Sexual interest in violence

Relationship problems
- lack of intimacy
- insecure attachment
- emotional loneliness

Cognitive factors
- emotional congruence with children
- hostility towards women
- lack of concern for others
- offence supportive attitudes

Self-regulation issues
- emotional dysregulation

Low self-esteem/shame

31 Adapted from: Mann et al., 2010

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Two Approaches to Treating Denial

1. **Targeting denial**
2. **Setting aside denial: A Program for Categorical Deniers**

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Treating Deniers – Overcoming Denial

- Schlank & Shaw (1996) preparation program: victim empathy and RP components
  - ½ admitted offence
- O'Donohue & Letourneau (1993): 7 x 1.5 hour sessions: cognitive restructuring, education about therapy, possible consequences of denial
  - 65% changed status to admitting
- Brake & Shannon (1997): Pre-treatment program; 21 individual sessions; Face-saving, motivation about change, explanations of purposes of denial, reframing, & victim empathy
  - Reduction in denial for 58% of participants

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Treating Deniers – Overcoming Denial

Marshall (1994)

- 15 Rapists, 66 Child Molesters
- Challenged by other group members & therapist in a supportive manner

N=81	Deniers	Minimizers	Admitters
Pre-treatment	31%	32%	37%
Post-treatment	2%	11%	86%
χ^2 (2, N = 81) = 43.85, p < .001			

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Treating Memory Losses Related To Denial

The Marshall Memory Method (described in *Recovering Memories of the Offense in "Amnesic" Sexual Offenders*) (Marshall et al., 2005)

- Commonly heard in treatment:
  - "*I blacked out*" due to epilepsy, head trauma, drugs and alcohol
  - "*I don't remember that time of my life.*"
- Serves to diminish responsibility and shame for some
- How to address:
  1. point out the benefits of recalling – better understanding of RFs; stakeholders' views on denial
  2. Describe how memory works (neural network) and the effect of spreading activation
  3. Repeatedly go back to the time around the event and try to remember details unrelated to event. As those details become clearer, activation will spread to the event
- Of 22 using technique, 73% (16) displayed robust recall at initial disclosure

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A Program for Categorical Deniers

Content, Therapeutic Process, and Outcome

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Why a Program for Categorical Deniers?

- Taking up beds that could be used for those interested in treatment
- Typically detained until the end of their sentence
  - As a result, are often released angry at the system and less cooperative with parole supervisors
  - Costs system extra $
- Demotivate other potential treatment participants

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Rockwood Categorical Denier Program

- Categorical deniers **who refuse to participate in regular treatment program**
- 4 months (+/-)
- Sessions: 2 x 2 ½ hours/week
- Participants: 8 offenders (+/-)
- 1 therapist
- Mix of all types of offences in same group

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Approach

- Avoid discussion/challenge of offence
- Address the criminogenic/dynamic issues relevant to the offending
- Encourages the development of a positive lifestyle that does not involve offending

Premise: *you must have been doing things at the time that convinced others that you were capable (had motive & opportunity) of committing a sexual offence? We will help you to never put yourself in a situation where you can again be "falsely accused".*

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Rockwood Categorical Deniers Program

MOTIVATION & ENGAGEMENT	PRIMARY TREATMENT	FUTURE LIFE
1. *LEAD-UP TO CHARGES 2. AUTOBIOGRAPHY	3. *EMPATHY 4. *PROBLEM ANALYSIS	5. GOOD LIFE PLANS 6. SELF-MANAGEMENT PLANS 7. SUPPORTS 8. RELEASE/FUTURE PLANS
	GOALS & OPTIONAL EXERCISES	

• Becoming comfortable in a group setting
• Establishing Trust
• Enhancing Self-Esteem
• Reducing Shame
• Improving Coping & Mood Management
	Group & Individual exercises on:
	• Enhancing Relationship Skills & Knowledge
	  • Intimacy & Attachment
	  • Loneliness & Jealousy
	  • Communication
	• *Enhancing Healthy Sexuality Skills & Knowledge
		• Increasing Self-Regulation
		• Planning for the Community (if in prison)
		• Optional exercise – warning signs for self & others

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Challenges Not Completely Unique To Deniers

- Denial of any problem
- Suspicion about therapist and underlying reason for group
- General disinterest in participating in therapy
- Problematic group behavior
- Poor participation
- Fear of being judged
- Lack of faith in system support for denier group
- Therapist managing own reactions to preposterous stories

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Some Examples of Categorical Denier's Disclosure/Lead Up Exercises?

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Example of a Denier Lead-Up Account: 1

- 35-year-old high school teacher
- Never married, infirmed mother lives with him
- Struggling financially so decides to tutor on the side
- Tutors a number of students
- Potential student comes alone to ask for help
- He insists on meeting parents at some point
- She avoids this, calls him once to pick her up
- He says unless he meets her parents he will not tutor her any further
- He eventually fires her as a student
- She reports him to police for sexual assault

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Example of a Denier Lead-Up Account: 2

- 45-year-old enforcer for bike gang, long history of violence and many non-sexual arrests
- Married with 2 children, wife growing tired of lifestyle
- Goes to biker bar one night alone
- Woman he knows asks him to go outside to smoke drugs
- He suggests going to his car as it is cold out
- She sits on his lap and does "shotguns" into his mouth and they kiss
- He says they had consensual sex
- He beat her severely after the sex
- She reports him to police for sexual assault

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Example of a Denier Lead-Up Account: 3

- 40-year-old speech therapist
- Married with 2 children
- Describes relationship with wife as perfect
- Reports perfect childhood and adulthood with no issues at all
- Son of local police chief, member of many civic clubs
- Sees himself as highly intellectual & very concerned about reputation
- Provides speech therapy to children in his office at an agency
- Shuts and locks door when doing therapy, won't allow parents in
- 5 boys independently accuse him of sexual assault during tutoring sessions

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Example of a Denier Lead-Up Account: 4

- 38 years-old, was married, now separated
- Owned very successful restaurant in major city
- Has nice car, condo, lives the "high life"
- Restaurant popularity fades, so he works harder
- Wife gets job to help with bills, suggests selling restaurant
- He persists and works even harder, rarely home
- Wife eventually leaves, restaurant fails, he's bankrupt
- Living alone in basement apartment, depressed
- Friends take him to strip club to cheer him up
- They leave, he befriends stripper and invites her out after her shift
- He requests they stop at his place to feed his cat
- Offers her wine and they make out, leading to sex

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Does it Work?

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Deniers' Program Outcome - 1

Description

- Started 1998
- 56 Participants to mid 2005
- Average 8 participants per year

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Features of Categorical Deniers

Compared to offenders in our regular program

- **Overall lower risk to reoffend**
- Have fewer prior sex offences
- More likely to be rapists (40%)
- More likely to target females
- More likely to have unrelated victims

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Type of Release

	Frequency	Percent
Warrant of Expiry	**21**	**52.5**
Statutory Release	16	40.0
Day Parole	3	7.5
Total	40	100.0

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Worst Post-Treatment Failure

	Frequency	Percent
No failures	35	87.5
breach or revocation	4	10.0
sexual	**1**	**2.5**
Total	40	100.0

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Deniers' Program Outcome II

Description

- Updated 2012
- 109 Participants to 2012
- Average 7.79 participants per year

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RELEASE TYPE	
End of Sentence	**25.6%**
Statutory Release (2/3)	56.1%
Day Parole	8.5%
Other	9.8%
TOTAL	100%

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Worst Post-Release Failure	
No Failures	78.0%
Breach/Revocation/Suspension	16.0%
Non-Sexual Non-Violent	1.2%
Violent	1.2%
Sexual	**2.5%**
TOTAL	100%
Mean time at risk: 3.47, SD=2.26, Range 1 month to 8.89 years 54	

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Olver et al., 2020 (Sexual Abuse Journal) 8-year fixed follow-up

Treatment Program	Reoffence Rate	
Untreated (N=104)	20.2%	
Treatment As Usual (N=616)	10.7%	
Rockwood Program (N=381)	4.2%	
Odds Ratio: Rockwood vs.	Untreated	.17***
	TAU	.37***

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Cost Savings to the Justice System

	Calculation	Total	Total (2020 $)
Savings	61 reoffenders prevented	$12,200,000	$24,400,000
Cost of SOTP	381 x $3,000	$1,143,000	
Total Savings	**= Savings–Cost of SOTP**	**$11,057,000**	**$23,257,000**

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Cost Savings Per 100 Treated

Program	Expected rate of reoffending	Actual rate of reoffending	Cost savings per 100 treated
Main SOTP	20.2%	4.2%	$2,900,000
Preparatory program	5.0%	1.0%	$800,000
Categorical deniers program	**13.5%**	**2.5%**	**$1,850,000**

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Suggestions for Practice

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FAQs About the Deniers Program

- Can I adapt out a categorical denier within a regular treatment program and use this approach?
- What should I do if a group member appears to be moving towards admitting to their crimes?
- What if the denier has other non-sexual issues that need to be addressed? For example, substance abuse issues.
- When treatment group is completed, can we say the denier is "Treated"?
- Is this approach "colluding" with the denier?
- What are some of the challenges we will face in running a deniers group?

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How We Deal with Deniers

- Triage appropriately
  1. Admitters = Regular program
  2. Partial Deniers
     - Agree to Treatment = Regular program
     - Refuse Treatment = Categorical Deniers program
  3. Categorical Deniers = Categorical Deniers program
- Use information on treatment refusal to inform approach to overcoming resistance (e.g., offer a positive future life)
- If able, offer a motivational preparatory program
- If able, offer a Categorical Deniers program

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SUMMARY

- Many possible approaches to treating deniers
- Low self-esteem and shame are strong drivers of denial
- Some denial may be overcome by employing a positive, supportive, approach to therapy?
- Rockwood approach to categorical deniers appears to be effective
- It does not appear to be necessary to overcome denial
- Categorical Deniers program engages men who otherwise would have not entered treatment and appears to reduce their risk

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