Categorical denial in convicted sex offenders: The concept, its meaning, and its implication for risk and treatment

Jayson Ware, a,b,⁎ W.L. Marshall, c L.E. Marshall d

a Corrective Services of NSW, Sydney, NSW, Australia
b University of NSW, Sydney, NSW, Australia
c Rockwood Psychological Services, Kingston, ON, Canada
d Waypoint Centre for Mental Health Care, Penetanguishene, ON, Canada

ABSTRACT

Although denial takes many forms, in this review we have restricted our concerns to those sex offenders who claim to not have committed a sexual offense. We refer to these offenders as “categorical deniers”. The literature on the incidence of categorical denial, the characteristics of these offenders, and the many purposes denial seems to serve are all given consideration. We then examine the relationship of categorical denial to future risk taking into consideration the relationship of future risk to the meaning denial has for these men. Next we consider three different approaches treatment providers have taken to categorical deniers. These involve: 1) a decision to exclude them from treatment; 2) attempts to overcome denial (either by involving them in a pre-treatment program, or embedding them within a regular program); and 3) the provision of a program exclusively for deniers. Evidence for all of these approaches is limited and not yet impressive enough to allow for conclusions as to their value. Finally, we suggest that future studies include larger numbers of deniers and differentiate offender types.

© 2015 Elsevier Ltd. All rights reserved.

Contents

1. Incidence of categorical denial 216
2. Characteristics of deniers 216
3. The purpose of denial 217
4. Denial and the risk to reoffend 218
5. Treatment of categorical deniers 220
6. Approaches to treatment with deniers 221
   6.1. Excluding deniers 221
   6.2. Treatment aimed at overcoming denial 221
      6.2.1. Pre-treatment approaches 222
      6.2.2. Overcoming denial within conventional programs 222
   6.3. Treatment where denial is not challenged 223
7. Conclusions 224
References 224

Numerous reports indicate that sex offenders characteristically either deny various aspects of the official records (i.e., victim reports, crime scene data, police reports, details of judicial proceedings), or minimize their responsibility, or in other ways present exculpatory accounts of their offenses (Abel et al., 1989; Barbaree, 1991; Happel, Joseph, & Auffrey, 1995; Maletzky, 1991; Marshall, Anderson, & Fernandez, 1999; Thakker, Ward, & Navathe, 2007). Among these various attempts to diminish their responsibility, some sex offenders categorically deny having ever committed an offense (Blagden, Winder, Gregson, & Thorne, 2014; Brake & Shannon, 1997; Marshall et al., 1999; Schlank & Shaw, 1996).
Several authors (Barbaree, 1991; Happel et al., 1995; Laffan & Sturm, 1994; Winn, 1996), in an attempt to make sense of the array of notions related to the present issue, have argued that it is best to view categorical denial (i.e., the offender claims to be entirely innocent) as lying at one extreme of a continuum of dissimulation with the other end being anchored by “mildly problematic minimizers”. The common failing to distinguish these various terms has led to confusing and sometimes contradictory results. Addressing categorical denial as separate from these other features, might serve to shed greater light on the effects of denial and hopefully encourage more careful research.

There is, it seems, a complex set of responses by convicted sex offenders in terms of the way they present their view of their offenses. We will restrict our review to those sex offenders who categorically deny having committed any offense. This restricted focus is not to suggest that categorical denial is the most important of the various aspects of a failure to take responsibility, although it does present one of the most controversial issues in terms of how clinicians should respond to the problem.

Of course it is possible, and even likely, that some of these offenders may be innocent. Since 1989, when the United States’ courts began allowing DNA evidence, 873 cases of wrongful convictions have been documented (Gross & Shaffer, 2012) and a substantial number of these have involved men convicted of a sexual offense (Ross, Tredoux, & Malpass, 2014). While it seems unlikely that all sex offenders who categorically denying having offended are in fact innocent, we must nevertheless proceed with caution in dealing with these convicted men. Whether or not these offenders are actually guilty or not, those responsible for providing sex offender treatment must deal with categorical deniers in some way.

There have been two earlier reviews of the issues surrounding denial among sex offenders. Cooper (2005), for example, attempted to make sense of the literature but she included more general features of denial rather than just categorical denial. While we admire Cooper’s attempt, and note that she made many good points, her review was quite brief and she did not address the relationship between denial and risk to reoffend. Yates (2009) similarly provided a relatively brief review and spent much of her consideration on detailing a schema-based therapy for overcoming all aspects of denial and related minimizations. In this paper, we will attempt a more comprehensive review by first identifying the incidence of categorical denial among sex offenders, the purpose it seems to serve, the risk these offenders present to reoffend, and how treatment providers have responded to them.

1. Incidence of categorical denial

The confusing use of the term “denial” throughout the literature makes it difficult at times to identify how many sex offenders in the majority of studies were actually categorical deniers. For example, in their otherwise useful consideration of this issue, Lord and Willmot (2004) included in their notion of “total denial”, those sex offenders who agreed they had sex with the victim but denied it was a crime; that is, they claimed the victim either explicitly or implicitly gave his/her consent. Maletzky (1991, 1996) distinguished levels of denial among the most controversial issues in terms of how clinicians should respond to the problem.

Of course it is possible, and even likely, that some of these offenders may be innocent. Since 1989, when the United States’ courts began allowing DNA evidence, 873 cases of wrongful convictions have been documented (Gross & Shaffer, 2012) and a substantial number of these have involved men convicted of a sexual offense (Ross, Tredoux, & Malpass, 2014). While it seems unlikely that all sex offenders who categorically denying having offended are in fact innocent, we must nevertheless proceed with caution in dealing with these convicted men. Whether or not these offenders are actually guilty or not, those responsible for providing sex offender treatment must deal with categorical deniers in some way.

There have been two earlier reviews of the issues surrounding denial among sex offenders. Cooper (2005), for example, attempted to make sense of the literature but she included more general features of denial rather than just categorical denial. While we admire Cooper’s attempt, and note that she made many good points, her review was quite brief and she did not address the relationship between denial and risk to reoffend. Yates (2009) similarly provided a relatively brief review and spent much of her consideration on detailing a schema-based therapy for overcoming all aspects of denial and related minimizations. In this paper, we will attempt a more comprehensive review by first identifying the incidence of categorical denial among sex offenders, the purpose it seems to serve, the risk these offenders present to reoffend, and how treatment providers have responded to them.

1. Incidence of categorical denial

The confusing use of the term “denial” throughout the literature makes it difficult at times to identify how many sex offenders in the majority of studies were actually categorical deniers. For example, in their otherwise useful consideration of this issue, Lord and Willmot (2004) included in their notion of “total denial”, those sex offenders who agreed they had sex with the victim but denied it was a crime; that is, they claimed the victim either explicitly or implicitly gave his/her consent. Maletzky (1991, 1996) distinguished levels of denial among the extensive range of sex offenders he had seen at his community clinic over many years. He described 31% of his mixed group of sex offenders as completely denying they had committed a crime. Other researchers have also examined rates of denial at outpatient clinics. Barbaree and Marshall (1988) for example, reported that 25% of their outpatient group of child molesters categorically denying having offended. Nunes et al. (2007) found that 28% of a mixed group of sex offenders attending a community clinic denied having committed a crime.

In these studies of outpatients, it is not always clear who among the clients had been convicted. It seems likely that the rates of denial will be highest among those sex offenders who are awaiting trial and this appears to be what has been observed. For example, Baldwin and Roys (1998) and Haywood, Grossman, Kravitz, and Wasyliw (1994) found higher rates of denial among sex offenders who had been accused but not yet convicted (57% in the former study; 40% in the latter) than was true of convicted offenders. Hunter and Figueredo (1999) found that adolescents accused of a sexual offense, but who were not involved in a judicial court process, were less likely to admit their offenses than those who were being prosecuted. Apparently rates of denial differ depending on when in the judicial process offenders are assessed.

However, in studies of convicted sex offenders some 25% to 30% deny having committed an offense. Barbaree (1991) and Marshall (1994), independently examined incarcerated convicted sex offenders. Both studies reported similar rates of categorical denial (31% and 35% respectively). A comparable study of incarcerated sex offenders (Hood, Shute, Feiler, & Wilcox, 2002) identified 33% as categorical deniers. Interestingly, in each of these three studies, there were no differences in rates of denial across sex offender types (i.e., rapists, intrafamilial and extra-familial child molesters). However, Thornton and Knight’s (2007) report showed marked differences in reoffense rates between rapist deniers and child molesters who denied committing an offense. It may be, therefore, that the issue of differential rates of denial across different types of offenders has not yet been fully explored. Other researchers (Gibbons, de Volder, & Casey, 2003) have found somewhat lower rates (21%) of categorical denial among incarcerated offenders although they did not distinguish among offender types.

Two studies of treatment programs that included deniers along with admittees (Harkins, Beech, & Goodwill, 2010; Langton et al., 2008) examined rates of denial after the sex offenders had completed treatment. In these two studies the rates of denial post-treatment were quite low (i.e., 7%) and this was true despite the use of a procedure for identifying denial that included, in addition to categorical denial, various attempts by offenders to minimize aspects of their crimes. Evidently the relevant treatment programs described by Harkins et al. and Langton et al. were effective in eliciting an acceptance of responsibility. Marshall (1994) reported significantly reduced rates of categorical denial as a result of treatment (from 31% prior to treatment to 2% after treatment).

All these reports suggest that different rates of denial may be observed as a function of when the offenders are assessed with the apparent effects of treatment being a reduction in denial at least in the three studies identified here. However, since treatment does not usually begin until the judicial process is complete (this is certainly true for incarcerated offenders), it may be that the form denial takes, and the purposes it serves once an offender is in treatment, may differ from earlier forms of denial. To this date the literature has failed to address these possibilities.

More careful research is required, therefore, in order to identify rates of categorical denial among sex offenders. Some of the issues that need a careful focus, in addition to clearly stating the definition of denial, include: distinguishing outpatient from incarcerated samples; the particular type of offenders; whether the offenders are studied prior to or after conviction; and whether the evaluations are completed prior to or after treatment. We look forward to reading future research that attempts to clarify how often, and under what circumstances, categorical denial occurs.

Now that we have established the boundaries of our topic we need to consider the characteristics (if any) that distinguish categorical deniers and what purposes categorical denial may serve the offender.

2. Characteristics of deniers

In an attempt to identify features that might distinguish these clients, Baldwin and Roys (1998) compared the IQ and age of deniers and admittees among a group of child molesters. The categorical deniers were found to have lower IQ and to be younger than those clients who admitted to having offended. In another comparative study, Kennedy and Grubin (1992) noted that among their sample, the deniers were more likely to be non-Caucasian. Contrary to the findings of these two
دانلود مقاله

http://daneshyari.com/article/94510

امکان دانلود نسخه تمام متن مقالات انگلیسی
امکان دانلود نسخه ترجمه شده مقالات
پذیرش سفارش ترجمه تخصصی
امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
دانلود فوری مقاله پس از پرداخت آنلاین
پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات