Denial and Minimization: 
Conceptualization, Measurement, and Relevance for Treatment and Risk

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How should denial and minimization be defined and assessed? Does it interfere with treatment? Should it be considered in risk assessment? In this symposium three papers will address important questions about the assessment of denial/minimization and its potential relevance to sexual offender treatment and recidivism. The first paper will review conceptualizations and measures of denial/minimization in the research literature. The second paper will examine potential motivations for and functions of denial/minimization. The third paper will explore the relationship between denial, risk, and treatment adherence. Together these papers (a) present new findings and perspectives regarding denial/minimization; (b) highlight implications for research, theory, and practice; and (c) identify priority areas for future research.

What do you Mean by Denial? A Review of Definitions and Measures

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Sexual offenders who deny their offenses often face negative consequences. For example, they may be excluded from treatment programs or refused early release, based on the assumption that denial hinders treatment and increases the risk of sexually reoffending. However, empirical research on the link between denial/minimization and recidivism is mixed (e.g. Nunes et al., 2007; Langton et al, 2008; Harkins, Howard, Barnett, Wakeling, & Miles, 2015). Such inconsistent findings in the literature may be due, at least in part, to variability in the conceptualization and measurement of denial/minimization. The purpose of this presentation is to review the definitions of denial/minimization in the most commonly used measures, as well as evidence for the construct validity of these measures.

We found considerable variability in the conceptualization of denial/minimization. Some studies have used a categorical and narrow definition of denial. For example, in a study conducted by Nunes et al. (2007), offenders who denied committing all of their sexual offenses were classified as *deniers*, whereas offenders who admitted to any of their sexual offenses were classified as *admitters*. Denial has also been conceptualized as a
continuous and multifaceted construct. For example, in the Comprehensive Inventory of Denial – Sex Offender Version (CID-SO; Jung & Daniels, 2012), denial is defined as varying degrees of denying committing the sexual offense, the seriousness of the offense, the impact the offence had on the victim, and the need for treatment.

In terms of construct validity, some measures have demonstrated high correlations with other measures designed to assess denial/minimization. For example, Jung and Daniels (2012) found that scores on the CID-SO were significantly correlated with scores on the Sex Offender Acceptance of Responsibility Scales (Peacock, 2000). However, beyond the intercorrelations between measures designed to assess denial/minimization, there is little to no evidence that the measures are associated with independent valid indicators of denial/minimization. Therefore, it is unclear whether these measures are really assessing the construct of denial, or are perhaps also or instead tapping into other constructs such as cognitive distortions. Researchers should work towards increasing the precision and clarity of conceptualizations and measurement of denial/minimization, and evaluating the construct validity of measures designed to assess denial/minimization. This work would facilitate more informative research on whether and how denial/minimization should be addressed in assessment and treatment aimed at reducing sexual recidivism.

Learning Goals and Objectives:
- Describe the different definitions of denial/minimization found in the research literature.
- Describe the various measures designed to assess denial/minimization.
- Review construct validity evidence available for measures designed to assess denial/minimization.
- Consider implications for theory, research, and practice.
- Propose strategies for future research on measurement of denial/minimization.

Denial and Its Functional Purpose for the Offender

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Denial is considered a major concern by many treatment providers and is a core treatment target in many programs. Yet, denial has not been supported in the empirical literature as a criminogenic need. Therefore, rather than construing denial as a criminogenic factor, this presentation contends that denial may be more productively approached as a responsivity factor. According to the risk, need, and responsivity principles (RNR; Andrews & Bonta, 2010; Andrews, Bonta, & Wormith, 2011), the responsivity principle holds that treatment should be tailored to have the best chance of getting through to the offender and certain offender characteristics may present as obstacles for offenders to engage in treatment. The responsivity component of the model is understudied, yet a very important principle for developing effective treatments for offenders. In light of the associations found between
denial and treatment motivation (Jung & Nunes, 2012), a different type of engagement may help to increase the benefits of treatment for offenders exhibiting denial. Of particular note is the utility of denial or excuse-making in the non-offender literature, where it is recognized that denial is a defense mechanism that serves a functional purpose.

This presentation examines the functionality of denial. Specifically, the association between denial and the reduction of anxiety or distress will be presented, using several datasets. Contemporary research has defined denial in various ways, including both a dichotomous concept and a multifaceted one. Evidence will be shared that defines denial in these various denotations. These analyses reveal that the use of denial by an offender is associated with a greater tendency to feel personal unease and discomfort in reaction to the emotions of others, a lower likelihood that he feels remorse for his actions, a reduction in self-reported anxiety, and a decreased inclination to harm oneself. In light of the functional use of denial, rather than eliminate denial, treatment providers could facilitate change (e.g., replace or transform denial) among denying offenders to a more prosocial and functional anxiety-reducing behavior, which both promotes accepting some degree of responsibility and reducing overall feelings of anxiety. This study highlights that offenders should not only be assessed for criminogenic needs, but also on responsivity constructs to determine how one should engage and treat the offender. Appropriate assessments should be conducted to determine the most appropriate level of service, criminogenic needs that should be targeted in treatment, and responsivity factors to determine the most effective treatment approach and identify any adjunctive interventions (Jung & Dowker, in press).

**Learning Goals and Objectives**

By the conclusion of this session, attendees will learn that:

- Denial can be construed as a responsivity variable, rather than a specific criminogenic need addressed in treatment.
- Denial serves as an obstacle to treatment and is associated with treatment rejection.
- Denial serves a functional purpose for the offender and is difficult to remove without addressing its utility for the offender.
- Data supports that denial is associated with reduced distress, reduced anxiety, and lower inclination towards self-harm.
- Treatment providers may benefit from assessing denial as one of the responsivity factors to consider prior to treatment.
Denial, Level of Risk, and Amount of Treatment among Sex Offenders

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Understanding of the role of denial has implications on treatment management and outcome enhancement. There are contradictory findings in the literature over the impact of denial on impeding program participation. Some researchers believe that sexual offenders who fail to acknowledge their offence are not amenable to treatment (McGrath et al., 2010), while recent research suggests that failure to accept responsibility for the current offense does not impede treatment progress (Marshall, Thornton, Marshall, Fernandez, & Mann, 2001), and does not necessarily increase risk of reoffending (Harkins, Howard, Barnett, Wakeling, & Miles, 2010; Nunes et al., 2007). However, in spite of these inconsistencies in research findings, within the criminal justice system denial has a tremendous influence on important decisions regarding the offenders’ management. Many treatment programs set acceptance of responsibility as the criteria for inclusion in program (Blagden, Winder, Thorne, & Gregson, 2011). Also, denial can negatively impact parole eligibility and those in denial are less likely to be offered early release (Hood, Shute, Feilzer, & Wilcox, 2002). For the most part, these decisions presume that denial can impede treatment attendance and increase the risk of reoffending. Recent evidence suggests that this pattern is more complex and that denial may have a different relationship with risk of sexual reoffending for those at different risk levels (Harkins, Beech, & Goodwill, 2010; Nunes et al., 2007). The above findings signify the importance of research on denial and treatment for those with different risk levels. To date, there has been little effort to investigate the impact of denial on the number of hours of treatment attendance among individuals with different risk levels. This study examined the relationship between acceptance of responsibility, level of risk, and treatment progress among sex offenders. Acceptance of responsibility was measured by whether offenders denied responsibility of the sexual offence at the time of assessment. Level of risk was measured using Static-99R, and treatment completion was measured by the total number of hours each sex offender spent in treatment. Regression analysis will be used to examine the relationship between denial, level of risk and amount of treatment received. We expect to find that acceptance of responsibility and level of risk will not influence the number of hours spent in treatment among sexual offenders. The implications of differential amounts of treatment as a function of denial and risk will be discussed.

Learning Goals and Objectives:

- Review literature on the role of denial in treatment management of sex offenders
- Report and interpret our findings from the current study;
- Discuss whether denial should have an impact on the amount of treatment sex offenders receive; Implications of the study on treatment management of sex offenders;
• Propose strategies for future research on association between denial and treatment completion.

References