OFFENSE DENIAL AND SEXUAL REOFFENDING

and

TREATMENT CONSIDERATIONS FOR SEX OFFENDERS IN DENIAL


Brake, S. {1996} "PRE-TREATMENT" OF OFFENDERS IN DENIAL. THE FORUM: Newsletter of the Association for the Treatment of Sexual Abusers, p.3. Discussion article advocating therapeutic interventions intended to reduce denial through “pre-treatment” of offending.

Brake, S.C. & Shannon, D. {1997} USING PRETREATMENT TO INCREASE ADMISSION IN SEX OFFENDERS in THE SEX OFFENDER: NEW INSIGHTS, TREATMENT INNOVATIONS AND LEGAL DEVELOPMENTS, Civic Research Press, pp. 5-1—5-16. Describes a program for deniers, which resulted in a “significant reduction of denial in 58% ” of offender participants.


Hanson, R.K. & Morton-Bourgon, K. {2004} PREDICTORS OF SEXUAL RECIDIVISM: AN UPDATED META-ANALYSIS. Retrieved from Canadian government Internet site www.psepc-sppcc.gc.ca/publications/cirrectuibs/pdf/200402_e_pdf. Hanson’s follow-up to his 1998 analysis examined 95 different empirical studies involving more than 31,000 adult and juvenile sexual offenders reaffirmed even more strongly the prior findings that offense denial did not contribute to sexual offense recidivism.


Langstrom, N. & Grann, M. {2000} RISK FOR CRIMINAL RECIDIVISM AMONG YOUNG SEX OFFENDERS. Journal of Interpersonal Violence, 15, pp. 855-871. A follow-up of adjudicated JSOs in Sweden found there to be no relationship between denial of sexual offense and recidivism.


Maletzky, B.M. (1996) EDITORIAL: DENIAL OF TREATMENT or TREATMENT OF DENIAL. Sexual Abuse: A Journal of Research and Treatment, 8 (1), pp. 1-5. Discussion article centering on the controversy of refusing services to sexual offenders in denial. In addition, Maletzky reports his clinical follow-up data on adult males thus: “Men who admitted crimes at entry into treatment were more successful than those who denied... Still, the vast majority of men who did not admit, yet completed a behavior/cognitive group and individual treatment program, were successful at not relapsing.”


Michaud, J. (December 21, 2003). ATSA LIST-SERVE POSTING. Reported on a “denier’s program” he and Roger Graves have conducted for the past three or four years and reported a consistent rate of around 68% of the participants ultimately admitting to a sexual offense and requesting treatment.

Pangalos, L. et. al. SEX OFFENDERS SAY THE DARNDEST THINGS: DENIAL AND MINIMIZATION AMONG JUVENILE SEX OFFENDERS IN TREATMENT. Poster Session, 18th. Annual 1999 Research and Treatment Conference of the Association for the Treatment of Sexual Abusers, September 22-25, 1999, Lake Buena Vista, FL. A study of 50 JSOs indicated that 36% of subjects initially denied any involvement in the sexual offense, all but one subject came to admit involvement as treatment progressed with full disclosure occurring on average within the first 9 therapy sessions. Authors note: “These results support the hypothesis that it is not necessary to exclude from treatment offenders who initially deny any and all involvement with the victim.”


Ryan, G. & Jones, D. SUMMARY: NATIONAL ADOLESCENT PERPETRATOR NETWORK MEETINGS, May 31 & June 1, 1985, p.13. Reports Smith’s research demonstrating “The non-re-offenders were more likely to refuse to discuss the offense initially.”


Schlank, A.M. & Shaw, T. {1997} TREATING SEXUAL OFFENDERS WHO DENY—A REVIEW in THE SEX OFFENDER: NEW INSIGHTS, TREATMENT INNOVATIONS AND LEGAL DEVELOPMENTS, Civic Research Press, pp. 6-1—6-7. The authors discuss nature and dynamics of offender denial and report on the success of their own denier treatment program and programs of others.

Schneider, S.L. & Wright, R.C. (2004) UNDERSTANDING DENIAL IN SEXUAL OFFENDERS: A REVIEW OF COGNITIVE AND MOTIVATIONAL PROCESSES TO AVOID RESPONSIBILITY. Trauma, Violence & Abuse, 5, pp. 3-20 While stating that it is not yet clear whether there is or is not a relationship between denial and recidivism, they go on to state “Accountability and offender denial are inversely related and should be approached as treatment targets rather than treatment obstacles. … requiring that offenders must be out of denial before starting
treatment is tantamount to requiring them to (at least partially) cure themselves before they can receive treatment.” (pp. 3 & 7)


Steen, C. {1995} TREATING THE DENYING SEX OFFENDER. Internet resource, 12-03-1995. Author notes: “Many total deniers do eventually admit during treatment. Denial, therefore, is an important issue to be addressed in therapy... I believe those who do not admit can still benefit from therapy.”


Weinrott, M. {1998} RECIDIVISM AMONG JUVENILE SEX OFFENDERS: ARE FAVORABLE OUTCOMES ONLY FAVORABLE WHEN THERAPY MATTERS? Presentation at Child Abuse Action Network, Augusta, ME, August 1998. Reported that in contrast to what has been commonly thought, factors such as denial of offense or sexual intent... either have not been empirically associated with sexual recidivism or have simply not been investigated.

Winn, M.E. (1996) THE STRATEGIC AND SYSTEMIC MANAGEMENT OF DENIAL IN THE COGNITIVE/BEHAVIORAL TREATMENT OF SEXUAL OFFENDERS. Sexual Abuse: A Journal of Research and Treatment, 8, pp. 25-36. Presents a rationale for working with denial as a component of pre-treatment, identifies types of denial and offers several interventions to address the function and maintenance of denial in the offender and his family.


Worling, J.R. & Curwen, T. {2001} ESTIMATE OF RISK OF ADOLESCENT SEXUAL OFFENSE RECIDIVISM. [Manual] SAFE-T Program, Thistletown Regional Centre. Reviews the empirical literature on JSO recidivism and concludes there is no evidence supporting the belief that denial increases risk for reoffending. Also see below.