

Denial and Minimization among Sex Offenders: Assessment and Treatment Outcome

For clinicians and professionals working with sexual offenders, it comes as no surprise that many offenders deny their offences. Denial is generally regarded as a main impediment to successful therapy and, as a consequence, most treatment programs exclude offenders who steadfastly deny their offence.

With denial, the offender often concludes that he has no problems and that there is no reason for him to enter treatment. Even if the offender admits to an offence, he is very likely to distort the truth by minimizing the frequency, severity and variety of his criminal sexual behaviour.

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In a non-random⁽¹⁾ survey, 114 incarcerated rapists were divided into those who admitted to the offence for which they had been convicted (41%) and those who denied it (59%).

Both groups presented justifications which were intended to support their denial or to minimize responsibility for the offence. For example, among those who denied their offence, 31% reasoned that they had not committed an offence because the victim provoked them by being seductive. About one third of those who denied their offence (deniers) and one quarter of those who admitted their offence (admitters) argued that their victims meant "yes" even though they said "no." Of the deniers, 69% claimed that their victims eventually relaxed and enjoyed the rape. The same argument was put forward by 20% of the admitters. Sixty-nine percent of the deniers and 22% of the admitters alluded to the victims unsavoury sexual reputations as excuses for their crimes. Seventy-seven percent of admitters and 84% of deniers excused their behaviour by attributing it to alcohol intoxication, while 40% of deniers and 33% of admitters explained their crimes by pointing to emotional problems caused by an unhappy childhood or current marital conflict.

Similar findings have been reported for child molesters. A recent Canadian study⁽²⁾ of child molesters focused on the thematic content and logical structure of the excuses of child molesters. More than 250 justificatory statements were taken from the records of 86 child molesters referred for psychiatric assessment and submitted to analysis. Twenty-one distinct excuses and six themes in these excuses were identified. The authors were able to devise an "excuse syntax" to define the structures of the offenders' reasoning about their sexual improprieties.

These denials and distortions compromise both the accurate assessment and the effective treatment of these offenders. Therapists depend on offenders' truthful descriptions of events leading to past offences in order to determine which behaviours need to be targeted in therapy. In assessing progress in therapy, the therapist depends on faithful accounts of the offender's ongoing fantasies and sexual behaviours.

Since the results of assessment often have important consequences for sentencing, parole decisions and child custody and access disputes, offenders often lie about their offences as a self-protective strategy. While denial of the offence, cover-up of the facts and suppression of responses during assessment are conscious components of the offenders' denial, there may also be aspects of this denial that offenders do not purposefully control and of which they are at best only marginally aware.

Denial and minimization are the results of a psychological process involving distortion, mistaken attribution, rationalization and selective attention and memory. The process serves to reduce the offenders' experiences of blame and responsibility for their offences. It also seems to be successful since only 14% of sexual offenders report being remorseful for their offence.⁽³⁾

Denial and minimization are both products of the same self-serving cognitive processes, but they differ in two ways. First, denial and minimization represent different degrees of the process. Whereas denial is extreme and categorical, minimization is graded. Second, denial usually concerns either the facts in the case or whether or not the offender has a problem that needs treatment. Minimization, on the other hand, concerns the extent of an offender's responsibility for the offence, the extent of their part in offending and the degree of harm their victims have suffered.

We have developed the following typology of denial and minimization, presented here in brief, that is applicable to both child molesters and rapists.

Denial

Denial of the facts can take different forms. First, offenders may deny that they committed the offence at all, claiming that they never had sexual relations with the victim. They may rationalize the fact that they have been convicted in a court of law by saying that they were framed, that the victims or the police were out to get them.

Second, they may claim that although they did have sexual relations with the victims, it was not an offence because they consented or did not resist, or because the victims somehow received some emotional benefit from the sexual experience or because the offenders were tricked into believing that the victims were older.

Finally, offenders will admit to the act they are alleged to have committed but deny that the interaction was sexual in nature. For example, they may claim that they were touching the victims for some legitimate reason (e.g., applying skin medication to a child) or that the assault was non-sexual.

Minimization

Minimization can take three basic forms. Offenders will minimize the harm done to their victims, the extent of their previous offensive behaviour and the extent of their responsibility for the offences.

In minimizing victim harm, offenders will argue that the victim will recover and not suffer any long-term effects, that the victim had so many previous partners that the offence was of no consequence or that the benefits the victim received from the experience outweigh the harm.

In minimizing the extent of their previous offensive behaviour, offenders may underestimate the numbers of their past victims, the frequency of their past offences, the degree of force they have used and the intrusiveness of the offensive behaviour they have committed.

Offenders minimize their own responsibility for their offences in three ways: attributing blame to the victim, making external attributions and making irresponsible internal attributions. Offenders may absolve themselves of any blame by attributing their behaviour to external or situational factors, such as alcohol intoxication, stressful circumstances, social pressure or provocation. Offenders will absolve themselves of blame by pointing to non-sexual personal problems which led to the offence, such as their past victimization, their deprived childhood, their hormones or sex drive. In this category, some offenders will make religious references involving the devil or Satan.

Perhaps the most important way in which offenders absolve themselves is by blaming the victim. Offenders will claim that the victim was sexually provocative or that the victims made them angry and therefore deserved their fate.

Assessment and Treatment

Based on the above typology of denial and minimization, we have developed the Denial and Minimization Checklist for use in the Warkworth Sexual Behaviour Clinic. The checklist, designed for use with both child molesters and rapists, is completed by group therapists after each disclosure of offences made by men in the therapy program. On the checklist, the therapist indicates whether or not the offender denies the offence. If so, the therapist indicates the appropriate subcategory of denial. If the offender accepts that he has committed a sexual offence but minimizes it, the therapist indicates how the offender does this by checking the appropriate subcategories.

According to our use of the checklist, there is only one kind of denial checked for each man, but there can be several forms of minimization for each offender.

Table 1 presents the frequency of each type of denial and minimization in a group of child molesters and rapists. Between 50% and 60% of the offenders in these groups deny that they are sexual offenders. The vast majority of the remainder minimize their offences in some way. Very few describe their offences in a way that accepts responsibility for the offence and its consequences.

Table 1

Tableau 1**Déni de la réalité et minimisation par les pédophiles et les violeurs prenant part au traitement à la clinique des comportements sexuels de Warkworth**

	Pédophiles (n=15)	Violeurs (n=26)
Déni de la réalité	10 (66 %)	14 (54 %)
déni de toute interaction	3	3
déni du caractère sexuel de l'interaction	0	4
déni de la nature délictuelle de l'interaction	7	7
Minimisation	5 (33 %)	11 (42 %)
de la responsabilité		
blâme rejeté sur la victime	0	2
circonstances externes	4	10
facteurs internes dont le délinquant n'est pas responsable	1	7
de l'importance de l'infraction		
fréquence	0	0
nombre de condamnations antérieures	0	0
recours à la force	1	9
effet de perturbation	0	9
du mal infligé		
aucune séquelle à long terme	0	5
Aucun déni de la réalité ou minimisation	0 (0 %)	1 (4 %)

Because of the high percentage of denial in our offender population, we have had to design our therapy to take denial into account. Rather than excluding from treatment offenders who deny their offences, we focus on denial in our first stage of therapy.

This treatment is accomplished in the context of group therapy. Each offender gives an initial disclosure to the group. In response, the group therapist gives an account of the official version of the offence based on the police reports and victim statements. Then, the group is asked to list the discrepancies between the inmate's version and the official version. The offender is asked to account for the discrepancies, while the group is encouraged to challenge the offender on his account of the discrepancies.

The group therapist provides the offender and the group with reasons why offenders might deny their offences, including shame, avoidance of legal consequences and fear of losing the love and support of friends or family. The offender may give several subsequent disclosures, with the group and therapist challenging him on each account.

Work on each inmate may extend over several hours of group therapy, with a typical duration of six hours.

After the final disclosure of each inmate, the therapist completes the denial and minimization checklist with respect to the specific information contained in the most recent disclosure.

Of the 41 offenders presented in Table 1, 40 required treatment targeting denial and minimization. Of these, three men dropped out of treatment and did not complete a final disclosure. For all three, the reason for dropping out of treatment was a continuing and steadfast denial of the offence.

Table 2 presents both pre- and post-treatment checklist results for those who initially denied their offences. Table 3 presents checklist results for those who initially minimized their offences.

Table 2

Table 2

**Denial and Minimization at Pre- and Post-treatment
Among Men Who Denied Their Offences Before Treatment**

	Pre-treatment (N=22)	Post-treatment (N=22)
Denial	22	3
Denial of any interaction	14	1
Denial interaction was sexual	16	2
Denial interaction was offence	15	1
Minimization	0	15
Of Responsibility	0	5
Victim blame	0	2
External attributions	0	1
Irresponsible internal attributions	0	4
Of Extent		15
Frequency	0	1
# previous convictions	0	1
Force used	0	15
Intrusiveness	0	15
Of Harm		1
No longterm effects	0	1
No Denial or Minimization	0	4

Table 3

**Minimization at Pre and Post Treatment
Among Men Who Minimized Offences Before Treatment**

	Pre Treatment (N=15)	Post Treatment (N=15)
Minimization	15	12
Of Responsibility		5
Victim Blame	15	0
External attributions	1	1
Irresponsible internal attributes	14	5

Of Extent	9	11
Frequency	0	1
# previous convictions	0	0
Forced used	9	11
Intrusiveness	9	10
Of Harm	5	0
No long-term effects	5	0
No Denial or Minimalization	0	3

Of the 22 men who initially denied their offences but who completed treatment, three continued to deny their offences after treatment. Of the remainder, 15 accepted that they had committed a sexual offence but minimized the offence. Four who initially denied their offence(s) gave a final disclosure that accepted full responsibility for their offence(s).

Of the 15 men who initially minimized their offences, 12 continued to do so after treatment but with fewer instances of minimization. Of the 15 minimizers before treatment, three gave a final disclosure with no significant minimization.

All of the men who completed treatment also responded to the Multiphasic Sex Inventory (MSI), a 300-item questionnaire specifically designed to assess denial, minimization, cognitive distortions and treatment motivation among sexual offenders. The scoring of the questionnaire is not obvious or apparent, and the test is designed to minimize the offender's ability to fake "good" responses.

Table 4 presents the average scores before and after treatment on the subscales of the MSI. Changes in the subscale scores from pre- to post-treatment were statistically significant in five of the six scales. The direction of the changes indicates decreased denial and minimization and increased treatment motivation.

Table 4

Average Scores on Subscales of the Multiphasic Sex Inventory (MSI) Before and After Treatment		
Subscales	Pre-treatment	Post-treatment
Social/Sexual Desirability	26.09	29.75
Sexual Obsessions	2.86	5.70
Scale	8.61	5.00
Cognitive Disortations and Immourality	5.45	5.68
Justifications	3.70	1.97
Treatment Motivation	3.88	5.50

While not conclusive, these results indicate that denial and minimization among sexual offenders are amenable to treatment. Without treatment targetting such cognitions, offenders should not be excluded from treatment on the basis of denial and minimization. Further, targetting denial and minimization

should be the first stage of treatment, to increase motivation for treatment and set the stage for further assessment and treatment.

(1)*D. Scully and J. Marolla, "Convicted Rapists' Vocabulary of Motive: Excuses and Justifications," Social Problems, 31 (1984): 530-544.*

(2)*N.L. Pollock and J.M. Hashmall, "The Excuses of Child Molesters," Behavioral Sciences and the Law, 9 (1991): 53-59.*

(3)*J.S. Wormith, "A Survey of Incarcerated Sexual Offenders," Canadian Journal of Criminology, 25 (1983): 379-390.*