

# DENIAL and DISTORTED THINKING

---

## OVERVIEW:

Denial is a common characteristic of sex offenders. During their initial involvement with the criminal justice system, most sex offenders partially, or totally, deny their sexually deviant behavior, motives and/or need for treatment. Clinicians and probation officers are charged with making dispositional decisions and treatment recommendations, some of which are contingent upon an offender's ability to admit and take responsibility for his offending dynamics and the resulting consequences.

In this section the concept of denial as a normal defense mechanism and its prevalence in sexual offenders is discussed. The types and degrees of denial often observed in sex offenders are delineated. Strategies to decrease denial and increase accountability in offenders are provided.

## OBJECTIVES:

Participants in this training module will learn to

- ◆ Understand the concept of denial as a normal coping mechanism.
- ◆ Understand the concept of denial on a continuum rather than dichotomous entity.
- ◆ Utilize strategies designed to diminish the degree of their denial.

## Recommended Readings

McGrath, R., (1990). Assessment of sexual aggressors: Practical clinical interviewing strategies. *Journal of Interpersonal Violence*. 5, (4), 507-519.

Salter, A., (1988). Offender denial (Chapter 8) in *Treating Child Sex Offenders and Victims: A Practical Guide*.

## DENIAL:

It is important to recognize that, in certain situations, the ability to deceive oneself can be helpful.

Denial is a normal human defense mechanism and coping strategy used to avoid facing problems, uncomfortable feelings, or anticipated consequences. There is some evidence that when there is nothing a person can do to change the threat they face, they are better off denying the danger. Doing so helps a person alleviate anxiety and remain calm. Denying problems, however, can be detrimental to one's physical and psychological well being. For sex offenders, denial can be an impediment to their ability to enter and/or progress through treatment and an obstacle for the recovery of those who've been harmed by their behavior. Typically, the longer the denial, the harder it is to break through. In order to "come clean" the offender in denial must not only admit he is responsible for the abuse, he must also admit he has lied about it, (probably to several people). Some offenders have so much invested in maintaining denial that they will never admit to their offenses.

Denial is also a systemic issue. While offenders often hold attitudes/beliefs, or engage in defense mechanisms, that support the maintenance of their own denial, their denial is often supported by

external support systems as well, including socio-cultural myths and values. Some examples of cultural myths include:

- Males can't control their sexual urges.
- "No" means "yes" (i.e., females are simply reluctant or afraid to admit they want sex).
- Male dominance/female submissiveness are the appropriate gender roles.
- Sex is a male's right and a female's duty.
- Women and children are property.
- Males are perpetrators and females are victims (i.e., males are never sexually abused and females never perpetrate).

Probation agents and therapists will be more effective in assisting offenders to accept responsibility for their problems if they are aware of their own myths about sexual behavior and ensure that their perspectives do not externalize responsibility.

The legal or criminal justice system may contribute to, and reinforce, an offender's denial. Persons accused of a crime are told that anything they say can and will be used against them. Plea-bargaining is a common practice, which allows an offender to receive less stringent sanctions if he acknowledges that he is guilty of a less serious crime than that for which he has been charged. This reflects an adversarial system in which the defendant may be punished more severely for his honesty and reinforced for minimizing his abusive behavior.

The fact that offenders deny their behaviors and motives is based in a rational, human tendency. The content of their denial however, may not appear rational at all. Often the offender will admit to some behaviors and deny others, even when there is no apparent explanation for this. For some reason the offender believes that to admit certain aspects of an offense, or to admit certain behaviors, is more problematic, even when, in reality, the opposite may be true. Perhaps for some offenders this is a means to maintain a modicum of control when they are feeling so out of control. P.O.'s and clinicians must be mindful of this tendency, to avoid the pitfall of believing that, since an offender has been truthful about some things, he is likely being truthful about everything.

Denial is not a dichotomous attribute. Offenders are not either in or out of denial. Denial exists on a continuum, ranging from absolute denial that there is any problem whatsoever to complete admission of the offending pattern and its precursors, acceptance of all the resulting consequences, and an awareness of the risk to reoffend.

### **TYPES OF DENIAL:**

According to Salter (1988), there are three patterns or stages of denial. The first and perhaps the most common type of denial is denial about the events which preceded an offense. This includes denial of planning and fantasy or denial of motive. Sexual offending is part of a deviant cycle of behavior and thinking. Sex offenders think about offending before they engage in the behavior. An individual, who admits he has committed an offense but denies that he has fantasized, planned, or wanted to engage in such behavior, is denying reality. The rare exception to this may be the acutely psychotic offender, whose thinking is so disturbed that one cannot expect him to be rational in his awareness of his thought processes.

The second pattern or stage of denial is denial or minimization of the deviant behavior itself. This can take many forms, including an outright denial of any abusive behavior. In this case an offender may suggest or act as if something simply did not occur or report that it must have been perpetrated by someone else. Another form of this pattern is minimization of the behavior. Often an offender will admit to some aspects of the offense but deny others. For instance the incest offender may admit to fondling the breasts and genitals of a child but deny inserting his penis into her vagina. Typically sex offenders have a history of other sexually deviant behavior that has not been reported. This is clearly supported by research. An offender, who comes to the attention of the criminal justice system, often has a number of prior deviant episodes, which he may be reluctant to disclose. In fact, the offense which surfaces and brings the offender to your doorstep, is likely just the “tip of the iceberg”. P.O.’s and therapists can assume more behavior than is evident at face value. Most sex offenders have a history of deviant sexual acting out which began long before they faced legal charges. In addition, though offenders in denial will try to convince you that the victim is exaggerating or making things up, it is very common for victims to minimize the behavior perpetrated against them in a sexual assault. This is due to their own shame and denial. Nevertheless, the victim’s statement and account of the crime can be one of the most useful tools in identifying the offender’s points of denial/minimization. Offenders engaging in this pattern of denial may also try to rationalize their behavior, blame someone else, or suggest that the behavior was not deviant (e.g., “It was not a rape, she consented.”)

The third pattern of denial is denial of the consequences or significance of the behavior. Offenders may deny there is a current problem, suggesting that they have resolved whatever issues led up to the offense or that they have learned their lesson and “it won’t happen again.” Some offenders imply that their only problem was alcohol, drug use, or stress and that they do not need treatment for sexual deviancy. Some offenders expect that they will be able to resolve their offending patterns quickly and easily and deny that change is a sometimes lengthy, and often very painful, process. One example of this type of denial came from an offender, who, becoming frustrated with the difficulty he was facing in an outpatient sex offender program, reported that he never expected to face such serious consequences for abusing his two daughters. When asked what he expected might happen if he was caught, he responded, “I thought I would get a good talking to from my wife”! The individual, who uses religious beliefs as a defense and reports that he is a changed man now that he has “found God,” is simply looking for an easy out. So too, is the individual who suggests that sheer willpower is sufficient to prevent him from reoffending. This individual not only fails to acknowledge the difficulty of changing patterns of thinking and behavior, but also is likely to deny the possibility of relapse and thereby ignore warning signs that he is at risk to reoffend.

Offenders also fail to recognize the serious harm caused by their behavior. They may suggest that the abuse was “no big deal” and demonstrate an extreme insensitivity to the harm caused and the ongoing pain that victims or family members are experiencing. This insensitivity may reflect a combination of issues, including distorted thinking, deficits in empathy, and denial.

## **THE ROLE OF THE PROFESSIONAL:**

Both the probation agent and the treatment professionals involved with a case must be mindful of the fact that it is **not** their role to determine guilt or innocence. The determination of guilt is a legal issue that should be left to the courts. While it is natural to assume that a small percentage of offenders who make their way into the criminal justice system have been wrongfully accused

or convicted, it is not appropriate for supervising agents or therapists to attempt to determine which, if any, of the persons referred for criminal sexual behavior, are indeed innocent of the offenses for which they have been charged or convicted. Nor is it appropriate for these same professionals to force someone to admit guilt. It is very appropriate, however, to support and encourage an offender to be honest and to point out the potential consequences of their choices.

There is no absolute evidence that offender's who deny their offenses are more likely to reoffend. Denial is, however, viewed as one of the main obstacles to treatment completion. According to a study conducted by the Sexual Abuse Clinic of Portland, Oregon, (Maletsky, 1991), an offender who wholly denied allegations of sexual abuse was three times as likely to fail treatment than the offender who even partially admitted his involvement in the offense. Research also indicates that persons who fail treatment reoffend at a higher rate than those who complete, (Epperson, Kaul, & Huot, 1995). In addition, research from the Minnesota Department of Corrections on a small sample of offenders who entered Alford<sup>1</sup> and Norgaard<sup>2</sup> Pleas, suggests that these offenders may be at very high risk to reoffend. Seven of the eight offenders in the sample who entered a Norgaard Plea had reoffended within five years of their release. While a causal relationship cannot be assumed, certainly it is important for therapists to seriously consider the level of risk posed by offenders who maintain a significant amount of denial.

The role of the professional in evaluating offender denial is critical. Treatment providers, supervising agents and other professionals involved in the case need to assess the level of risk an offender poses and the type of treatment and structure needed to appropriately manage this risk. They must also determine treatment amenability, facilitate the offender to take responsibility for their behavior and understand its consequences, assess an offender's progress, and evaluate the appropriateness of family reunification. Accomplishing these tasks is contingent on determining the level and type of denial exhibited by an offender. Treatment planning for sex offenders depends upon a thorough scrutiny of the events precipitating past sexually deviant acts. This is virtually impossible if the offender is denying having engaged in deviant behavior. Many treatment providers refuse to treat sex offenders in denial, claiming that there is nothing to treat if the offender is unwilling to admit he has a problem, or that the offender in denial is too great a risk to treat in a community-based program. Establishing admission criteria is the prerogative of the treatment provider. If a program is not designed to work with offenders in varying degrees of denial, program staff should not accept such clients, nor be pressured by others to do so.

## **STRATEGIES FOR INTERVENTION:**

Probation agents and treatment providers can be a catalyst for offenders to progress toward admitting and taking full responsibility for their offending patterns. A study by Dr. Howard Barbaree of Queen's University (Barbaree, 1995), indicates that denial and minimization among sexual offenders are amenable to treatment. Dr. Barbaree recommends that targeting denial and minimization should be the first stage of treatment. Some treatment providers will provide programming to offenders who deny their offenses. Typically, the type of programming provided to this population is considered pre-treatment and often includes a psychoeducational approach. This approach allows the offender to acquire information about offending dynamics, defenses, sexuality, etc., with the expectation that he will benefit from the learning process and begin to lower his defenses. Often there is a grace period, after which an offender is expected to have demonstrated progress on working through his denial or face more restrictive, legal consequences. If this approach is considered, it is important that the offender understands how

much time he will be allowed and what the recommendations will be, if he fails to progress in psychoeducational/pre-treatment programming.

It is sometimes difficult to distinguish between denial and distorted thinking. The Attributional Theory of human behavior describes a phenomenon known as the actor-observer bias. According to this theory, the actor, i.e., the person engaging in the behavior, tends to attribute their negative behavior to the environment (external factors), whereas the observer tends to attribute the actor's negative behavior to the actor (internal factors). It is quite common for sex offenders to report that the victim misunderstood his intentions (e.g., He was only trying to bath her and his hand slipped) or that the victim initiated the sexual encounter. Assessment and treatment of offenders in denial must therefore, target both the motivational aspects of their denial and their cognitions. An educational approach may be useful in addressing the latter. By providing offenders with accurate information about sexual development and behavior, victims' experiences, etc., therapists can facilitate changes in the way offenders perceive events and process information. Since distorted thinking is a critical component of every offender's sexual assault cycle, most treatment programs include a cognitive therapy component.

Denial may reflect different motivational factors for different offenders. An individualized assessment can provide the key to identifying offender's motives and allow for the development of treatment strategies that address these issues. For example, in the offender diagnosed with an avoidant or paranoid personality disorder, denial may reflect fear or a lack of trust. In the offender with clear antisocial or narcissistic tendencies, denial is likely to reflect a desire to avoid consequences and/or rebelliousness. Trying to establish a sense of safety in the interview setting that will allow the avoidant offender to let his guard down may facilitate disclosure in this type of client. Setting firm boundaries and stressing the negative consequences of withholding and the positive consequences of disclosing may be more useful with the antisocial offender.

Although the therapeutic relationship may facilitate the offender to forgo his denial and begin to admit his guilt, an often more powerful tool is peer support and peer pressure. This is provided the first time a sex offender enters a therapy group and listens to other more experienced group members relay the descriptions of their offenses. The shame, fear, and sense of isolation the offender may be experiencing, is often depleted when he recognizes that other offenders are able to discuss similar deviant behaviors and thoughts. Since the expectation of the group is that the offender is there because he has committed a sexual offense, the pressure inherent in this process often motivates him to "fess up", as failing to do so is likely to bring a less favorable reaction from the group.

A frontal assault on an offender's denial may only serve to rigidify his defenses. Typically it is more useful to approach denial in a forthright manner, but one that allows the offender to save face. While some degree of pressure is likely to be helpful to motivate an offender to disclose, excessive pressure may backfire. If an offender feels shamed or coerced into admitting something, they may do so but later recant the information, or simply dig their heels in further and become more entrenched in their denial. Face-saving strategies might include allowing the offender to take a "time-out" and return to an issue at a later time, having other members share information about their own past struggles with denial and describe how they worked through it, and paper-pencil assignments and questionnaires. Offenders will often disclose information on paper that they are less willing to discuss face to face.

Denial can be facilitated or decreased by social/family support systems. The family system, or some of its members, may deny the offender's behavior or motives. This is often a mutually supportive process whereby the offender contributes to the maintenance of the family's denial and vice versa. It is important for professionals to recognize that even when offenders appear honest in supervision or treatment sessions, they may be withholding information from others outside this setting. It is not uncommon for an offender to try to keep the parts of the system (i.e., probation agent, treatment professionals, family members, etc.) from interacting, since he may have given the probation or treatment professionals the impression that he has been open and honest with family members, when indeed he has provided them with very distorted information. Educating and informing family members, and seeking their alliance, may be an effective strategy to engage the offender to give up his denial. Maintaining open lines of communication between the professional team will alleviate the likelihood that individual team members will be duped by the offender's dishonesty.

### **PLETHYSMOGRAPH AND POLYGRAPH TESTING:**

Plethysmograph testing can prove useful in illuminating deviant arousal patterns. This may facilitate the offender to confront his deviant fantasies and admit to behaviors and arousal patterns not previously detected. For instance, an offender convicted of raping an adult female submitted to plethysmograph testing and was found to have a moderate level of arousal to pre-pubescent females. He was eventually able to discuss his prior sexual acting out with young girls. Likewise, the child molester, convicted of molesting three boys between the ages of 10 and 13, was tested, and showed an attraction to adult males as well. While no offenses were revealed against adult males, the test results facilitated this offender to admit his homosexual orientation, which he had feared acknowledging even more than his behavior toward young male children. The use of plethysmograph testing with sex offenders is covered elsewhere in this manual in greater detail.

If other methods have failed to assist the offender in moving beyond denial, or to further assure offender honesty throughout the therapy and supervision process, the therapist or supervising agent may want to consider use of the polygraph. One of the benefits of polygraph testing is that the **potential** use or threat of the polygraph raises the offender's anxiety level and sometimes motivates the offender to "come clean" before the polygraph test is conducted. Polygraphy is designed to measure physiological reactions, which commonly occur in response to the emotions of fear or conflict associated with lying.

There are three types of polygraph tests typically administered to sex offenders. The first type is used to assess honesty regarding a specific behavior. While the results of this type of polygraph are sometimes admissible in court, the treatment provider must bear in mind that it is not the domain of assessment or treatment to determine guilt or innocence. The offender, who denies the offense and passes the polygraph, has still been determined guilty by virtue of his plea agreement or conviction.

Secondly, the polygraph can be useful in the early stages of treatment for acquiring accurate information about offender's sexual histories. Accurate information is critical for assessing risk factors and developing treatment plans. Polygraph testing can also be very useful, and is more commonly used by treatment and probation personnel, as a maintenance tool to verify that the offender has not engaged in inappropriate behavior while in treatment or under supervision. For

the offender who is aware that this practice will be part of his treatment and supervision, the threat of polygraph testing may also help him control his behavior and increase his tendency to be honest in treatment. It may thus, act as a deterrent to committing new crimes, as offenders will perceive that they have a greater chance of detection with the use of routine polygraph testing. The use of polygraph testing with sex offenders is covered in more detail in another chapter in this manual.

## **REINFORCING AND MEASURING PROGRESS:**

Offenders typically enter the supervision and treatment process with some degree of denial. Progress can be measured by the degree to which they progress along the continuum toward openness and acceptance of responsibility for their behavior, its precipitants and consequences. This is a gradual process that does not occur in one giant step. Agents and treatment providers can point out and reinforce progress along this continuum, while communicating the expectation that more will come.

While admitting to sexually deviant behavior, its precipitating thoughts and motives, and the harmful consequences that result, is typically a sign of progress, this may not always be the case. Some offenders, deficient in boundaries and lacking conscience, are excessively open. They have no shame or guilt about the behavior they have perpetrated and fail to recognize the pathological nature of their openness. For this type of offender, their degree of honesty or openness is an inappropriate measure of treatment progress.

When feeling stressed, human beings have a tendency to revert to old patterns of behavior. Even after considerable progress in treatment, offenders who used denial as a coping strategy early in treatment are at risk to use denial from time to time during and after treatment. All members of the treatment and supervision team, the offender, and his support system, can be educated to be on guard for this tendency.

- 1) Alford Plea: Offender pleads guilty without admission of guilt; a no-contest plea.
- 2) Norgaard Plea: Offender pleads guilty but claims not memory of the offense. Typically memory loss is attributed to alcohol/drug use.

## **STRATEGIES FOR WORKING WITH OFFENDERS IN DENIAL:**

- Explain the purpose of the interview and the possible outcomes. If conducting a pre-sentence investigation, inform the offender about who will have access to the report and how it is likely to be used. Explain to him that the court is typically more likely to consider probationary options for offenders who are willing to admit responsibility for their offenses than those who are not. Inform him that admitting responsibility also increases his likelihood of being accepted into a treatment program, which the judge may consider as an alternative to prison. Make sure he understands that the role of the probation officer at pre-sentence is to inform the court and make appropriate recommendations, but that the final disposition of the case is in the hands of the judge.
- If conducting a supervision interview, inform the offender that you are in a position to make ongoing decisions and recommendations about his case that will impact the degree of freedom and privileges he is allowed. Communicate a willingness to be supportive as long as

the offender is honest and willing to follow the supervision contract. Explain to him the risks/potential consequences of being uncooperative.

- Present yourself as a competent authority figure that is both knowledgeable about sexual offenders and has the power to influence court decisions and the offender's freedom. While coercing an offender to be honest isn't appropriate, some degree of pressure might be both helpful and necessary.
- Use your authority and communication skills to maintain control of the interview. Do not fall prey to the offender's attempt to engage in arguments about his guilt or innocence. Stand firm that this is a legal issue and that his guilt has already been determined by the courts. If he wants to contest this he should address it with an attorney. The agent should insure that the focus of the interview is related to disposition planning and/or supervision issues.
- Communicate a willingness to listen and an understanding of offending dynamics. This will help facilitate rapport and encourage disclosure.
- Allow the offender to save face by giving him time to come back to an issue, avoiding punitive/shaming responses. If the offender has lied, communicate an expectation that he will be more disclosing and reinforce progress.
- Use written assignments and questionnaires. Offenders will often disclose information on paper that they are less willing to discuss face to face.
- Communicate a straightforward but respectful approach. Let the offender know that you want to "get down to business" and will be as direct and honest with him as you expect him to be with you.
- Start with easy, safe questions that will help to establish rapport and elicit cooperation.
- Ask open-ended questions, such as, "*What happened next?*", "*When did you first..?*", "*How did you...?*", etc., rather than "*Did you ever?*", "*Was that the first time?*".
- Focus on the behavior, not the cause. How/when/where/what questions are likely to elicit information about the offender's behavior and modus operandi. Why questions are more clinical and may compound defensiveness and externalization of blame.
- Assume more behavior than is evident at face value. Most sex offenders have a history of deviant sexual acting out which began long before they arrived at your doorstep. In addition, though offenders in denial will try to convince you that the victim is exaggerating or making things up, it is very common for victims to minimize the behavior perpetrated against them in a sexual assault. This is due to their own shame and denial.
- Discuss the use of the polygraph. One of the benefits of the polygraph is that the potential use of the polygraph raises the offender's anxiety level and sometimes motivates the offender to "come clean" before the polygraph test is conducted.
- Explore the appropriateness of psychoeducational programming. Many treatment providers refuse to treat sex offenders in denial, claiming that there is nothing to treat if the offender is unwilling to admit he has a problem, or that the offender in denial is too great a risk to treat in a community-based program. Establishing admission criteria is the prerogative of the treatment provider. Some treatment providers however, will provide programming to offenders who deny their offenses. Typically, the type of programming provided to this population is considered pre-treatment and often includes a psychoeducational approach. This approach allows the offender to acquire a considerable amount of information about offending dynamics, defenses and sexuality, etc., with the expectation that he will benefit from the learning process and begin to lower his defenses. Often there is a grace period, after which an offender is expected to have demonstrated progress on working through his denial or face more restrictive, legal consequences. If this approach is considered, it is important

that the offender understands how much time he will be allowed and what the agent's recommendations will be, if he fails to progress in psychoeducational/pre-treatment programming.

According to Robert McGrath (1990), interviewing is a skill that can be improved. **Practice effective interviewing strategies.** Role playing is a helpful means to practice interviewing. Video tape role-plays or live interviews. Watching and critiquing oneself can help identify strengths and weaknesses. Having someone else observe the interview or critique the video is another way to increase one's awareness and develop one's skills. Review suggested interviewing strategies prior to conducting an interview and try to improve one or two skills each time. Observe the experts. Find out who does a particularly good job of interviewing offenders in denial and watch them in action. By improving your skill at interviewing offenders in denial, you are likely to improve your interviewing skills in general.

## REFERENCES

Abrams, S. *Polygraphy: A new beginning.*

Barbaree, H. (1995). Denial and minimization among sex offenders: Assessment and treatment outcomes. In *Selected Readings on Sex Offenders from a conference on intervention with sex offenders* (pp. 39-42).. Toronto: Correctional Service of Canada.

*Integration of polygraph testing with sex offenders*, Colorado Department of Corrections.

Cotter, L.P. (Spring, 1996). Further reflections on denial, *The ATSA Forum*, Arlington, MA; New England Forensic Associates, 8, 1, 3.

Goleman, D., (March, 1987 ). Who are you kidding? *Psychology Today*, pp.24-30.

Kaul, J, Huot, S., Epperson, D. (1993). *Sex offenders released in 1988 from Minnesota Department of Corrections institutions.* St. Paul, MN: Department of Corrections.

Maletsky, B. (1991). *Treating the sexual offender.* Newbury Park, CA: Sage Publications.

McGrath, R., (1990). Assessment of sexual aggressors: Practical clinical interviewing strategies. *Journal of Interpersonal Violence.* 5, (4), 507-519.

Salter, A. (1988). *Treating Child sex offenders and their victims: A Practical guide.* Newbury Park, CA: Sage Publications.

*Sex offender treatment, Jackson County, Oregon.* (1991). Department of Corrections, Medford, OR.

Winn, M. Denial assessment format.