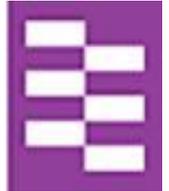




National Offender
Management Service

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Treatment and Management of Deniers

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Outline

- Explore general issues highlighted by denial research
- The views of the worker
- The function of denial
- Why someone goes from denial to admittance
- The categorical denier
- Impact on group dynamics
- Conclusions.

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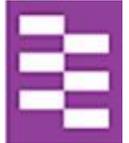
The current picture

- Prison Sex Offender Treatment Programmes (SOTP) do not currently take categorical deniers
- There are currently 3 Community SOTPs –
 - Thames Valley Sex Offender Groupwork Programme (TV-SOGP)
 - Northumberland Sex Offender Groupwork Programme (N-SOGP)
 - Community Sex Offender Groupwork Programme (CSOGP)
- CSOGP is the only groupwork treatment programme that will take up to 2 men considered to be in complete denial
- NOMS are currently developing a new suite of sex offender treatment programmes to replace the existing ones. Our understanding is that deniers will be eligible to attend treatment programmes in the future.

Denial – some of the issues

- Large numbers of deniers: Barbaree (1991) and Marshall (1994), independently examined incarcerated convicted sex offenders. Both studies reported similar rates of categorical denial (31% and 35% respectively)
- 30 -35% of the prison population deny offences (Blagden et al 2014)
- Defining denial: There is much ambiguity regarding denial – either dichotomous (in denial or not) or seen along a continuum (minimisations, excuses, etc).

Denial – some of the issues



- Denial is defined in the ATSA treatment manual as “the failure of sexual abusers to accept responsibility for their offenses.” Association for the Treatment of Sexual Abusers (ATSA; Practice Standards and Guidelines 2001) It is characterized as an obstacle to treatment progress and compliance with treatment requirements
- Treatment Programmes place high emphasis on offenders taking full responsibility for their crimes. Ware and Mann (2012) point out that one of the difficulties faced by treatment providers is that acceptance of full responsibility (including overcoming denial) is most often an initial treatment target.

Denial and risk

- Hanson and Morton-Bourgon (2005) conducted two large scale meta-analyses and found that the majority of sex offenders who deny having offended appear to be at no greater risk to reoffend than those who admit (Hanson & Morton-Bourgon, 2005)
- A number of other studies have also sought to clarify the relationship between denial and reoffending in both adult (Harkins et al., 2010; Langton et al., 2008; Nunes et al., 2007; Thornton & Knight, 2007) and juvenile sex offenders (Ryan & Miyoshi, 1990; Smith & Monastersky, 1986). Consistent with the findings of Hanson and his colleagues, these studies found no overall effect of denial on sexual recidivism
- Within the crime desistance literature (Maruna 2001-2004) offenders who stop offending are more likely to have made excuses for their offences, including denying they committed the offence.

The dilemma – what to do with deniers?

It has been argued that reducing denial is not an appropriate marker for progress (Marshall et al 2001, Maruna 2001)

and

Denial has been found to be unrelated to recidivism

but

As Levenson (2011) highlights; should we exclude men from treatment on the basis of their denial or offer treatment to someone who says they do not have a problem?

(Q) What do you think should be done with deniers?

Workers' views about denial



Maletzky (1996) has suggested that “to deny a crime is natural; to deny treatment to those who deny it is a crime itself”

But..... how do those who work with sexual offenders feel about that?

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Workers' views

Blagden, Winder, Gregson and Thorne (2011) conducted in-depth interviews with treatment providers working with sex offenders in the United Kingdom. The findings showed the following themes:

- Frustration – not being able to move the offender from denial to admittance
- Time consuming/laborious
- Inconsistent – no clear guidance on working with deniers
- Rewarding – if workers observed a shift in offender's denial stance
- What works best with deniers is: building rapport and trust using the 'drip drip' approach / motivational interviewing

Personal Beliefs about Denial

- Workers often considered those in denial to be 'higher' risk
- Most offenders in denial felt they should be excluded due to their impact on other participants
- Offenders in denial often seen as not ready for treatment or too difficult to work with.

Lincolnshire staff experiences

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“It feels like concrete...it makes you feel frustrated and angry with them and this can bleed through into your interviews”

“When I’m about to go into supervision I have that feeling of dread and trepidation. I think ‘how can I get rid of them?’, ‘what am I going to hear this time?’ ‘what a waste of space; if he’s unwilling to work in the community, he should have stayed in prison”

“It’s time consuming and exhausting. But you have to work out what the denial is about”

“As a worker, I find denial challenging but think ‘I’ll get there eventually and I’m not going to let you off the hook’. And it can be rewarding if you get the shift”

“I don’t see denial as a frustration. It’s about accepting there’s some stuff he can’t do, and focusing on his other needs in order to build up trust. It depends on what the denial is about – tackle it differently”



Consider.....

Maybe it's the therapist/clinicians who need to rethink the offender's denial – maybe their own issues for example self-doubt, frustration, anger, and/or feeling incompetent that impedes the treatment

As Schneider and Wright (2004) note: “Denial is best viewed as a source of rich clinical information about the offender's view of the world rather than as an obstacle that interferes with treatment”.

Function of denial

Think about a time you have done something you wished you hadn't, and kept it to yourself.

What stopped you from telling someone?

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Function of denial

A number of studies explore the function that denial serves. The common themes identified are:

- Shame
- Protecting self-esteem
- Rejecting the sex offender label
- Maintaining a coherent sense of identity
- Fear
- Dealing with the chaos caused by arrest & conviction
- Reducing the risk of physical/mental abuse (custody)
- Wanting to continue offending.

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Darren

What do you think were the reasons why you initially said you didn't commit the offences?

“A lot of it was blurred and the denial was about not believing that I did it. I locked everything away. I seemed to put a barrier up and not believe the situation I was in. I had pushed everything to the back of my head. I thought ‘that’s not me as a person’; it was hard to believe I had done that. I was ashamed and embarrassed, and that was a barrier”.

Case Study: Andrew

- Andrew was given a custodial sentence for internet offences
- He was married and had 2 young daughters. His family was very important to him. Andrew was very ashamed of what he had done
- Andrew admitted committing the offences but initially denied a sexual motivation. He started treatment in custody.

Case study: Peter

- Peter received a life sentence for 2 rape offences against sex workers
- He had grown up in an 'Armed Forces' family, and Peter was also a Forces man. This gave him a strong sense of identity
- He was not in a relationship at the time of offending but was seeing his children regularly
- He denied committing one of the offences, and did not initially acknowledge a sexual motivation for the other
- He started treatment in custody.

Case study: Martin

- Martin has a conviction for internet offences which he committed while in a relationship with a long-term partner
- The relationship ended when he was arrested. He also lost his job at that point
- Martin received a community sentence and has been very open about his offending and his motivation to offend.

Exploring the function of denial with men - techniques



- TNA Interview
- Introduce the 'Denial Continuum'
- Masks
- Bringing the topic of denial out into the open
- Discuss the function of denial within the group.

Men who come out of denial

There have been a small number of studies (Blagden, Thorne & Gregson, 2011; Lord & Willmot, 2004) which have highlighted why men may move from denial to admittance:

- Initial benefits of denial (possibility of acquittal) start to lessen
- Family support
- Wanting to change
- Creation of a new identity e.g. 'new me' who can reject the old label of the denying sex offender
- Achieving redemption
- Denial becoming more painful than opening up
- A cost/benefit analysis where the benefits of admitting outweigh the benefits of outweighing denial.

An observation..... In Blagden et al, 2011 study, all of the men who moved from denial to admittance had been through a group based treatment programme and highlighted that a supportive and open environment in which trust was fostered enabled disclosure of their offending.

Walter

“I felt really bad about what I’ve done. It’s been locked away in a chest in my head. You’ve helped me unlock some of it. It feels much better [to have taken responsibility]. I couldn’t have done it without the group.”

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Case studies:

Peter and Andrew

- Peter received a life sentence for 2 rape offences against sex workers. He had grown up in an 'Armed Forces' family, and Peter was also a Forces man. This gave him a strong sense of identity. He was not in a relationship at the time of offending but was seeing his children regularly. He denied committing one of the offences, and did not initially acknowledge a sexual motivation for the other. He started treatment in custody.
- Andrew was given a custodial sentence for internet offences. He was married and had 2 young daughters. His family was very important to him. He was very ashamed of what he had done. Andrew admitted committing the offences but initially denied a sexual motivation. He started treatment in custody.

Working with men who are moving away from denial - techniques

- Developing discrepancy
- Assumptive questioning
- Using the group to obtain different perspectives
- Doubling statements
- Offender Manager role
- 'One step removed' techniques.

What about those who don't?



The 'categorical denier'

- Categorical deniers – often see a high level of grievance/hostility, usually directed at the criminal justice system. Anxiety, uncertainty, and feelings of isolation often underlie this often confrontational stance (Blagden et al 2014).
- Treatment providers often perceive absolute deniers as disruptive and resistant and this can lead to removal from the programme (Ware, Mardrop outs or shall, and Marshall 2015)
- Treatment effectiveness – Beckett, Beech, Fisher, and Fordham (1994) completed a large scale review of sex offender treatment effectiveness and found no differences in treatment gains made by deniers compared to non-deniers
- Other studies support these findings – deniers and non deniers made similar progress on treatment targets such as loneliness, self esteem, deviant sexual interests (Vanhoeck and Van Daele 2011).

Categorical deniers

Should we challenge categorical denial?

- The acceptance of responsibility is often an initial treatment target in programmes. Challenging denial when the therapeutic alliance is in its early stages is likely to lead to the participant seeing the worker as confrontational or hostile (Ware and Mann 2012)
- Marshall (2001) designed a programme for deniers only. Men were encouraged to identify problems in their lives that may have led them to a position where they were accused and convicted of a sexual offence. This helped the therapist to identify treatment needs. The content of a conventional sex offender programme was adapted to in order to address the treatment needs without requiring the man to admit.
- Denial serves to protect self esteem and self image so full disclosure (particularly before an individual is ready for it) is likely to be damaging (Kelly 2000).

“Beware of stripping a patient who can’t bear the chill of reality” (Yalom 1991).

Scott

What did you think of completing the exercises in the hypothetical?

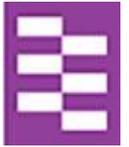
“It was hard, I’m not going to lie. I didn’t discard it and I tried my best to give you what I could. I didn’t want to sit there and give you nothing. By looking at things in a hypothetical way, it can help you to see things from a different perspective. It makes you think.”

Case study: Richard

- Richard was convicted of downloading child exploitation material and received a community order
- Richard denied a sexual motivation and said he had accessed the material while in the process of hacking into the sites in order to close them down
- He did not want to be seen as a sex offender. He lost his partner, home and job after his arrest.

Case study: Mark

- Mark committed a number of offences against his daughters and stepdaughters, and received a custodial sentence.
- When the offences came to light, he was in a relationship which ended as a result.
- Mark has always denied any part in these offences and maintains he was wrongfully convicted.
- Some of his daughters believed him, as did his siblings. He has remained in contact with them.



Working with categorical denial - techniques

- Building genuine rapport and finding a connection
- Hypotheticals
- Case study
- Interviewing in role
- Allowing opportunity to say more
- Exploring how he came to be accused
- Encouraging offenders to identify elements of their behaviour which they regret.

Impact on group dynamics

Putting deniers onto mainstream programmes: some of the issues.....

- In the Blagden, Winder, Gregson, and Thorne (2011) study professionals delivering treatment programmes felt categorical deniers should be excluded due to their impact on other participants' motivation and engagement (particularly those who were seen as close to admitting)
- There is a possibility of hostility from other group members who may feel the denier is undermining the group or 'getting away' with not disclosing (Cooper 2007)
- Marshall (1994) designed a rolling programme that mixed deniers with non-deniers. 31% of participants were considered to be in categorical denial. Denial was not directly challenged but Marshall aimed to establish an alliance with each group member and worked towards addressing treatment goals. All 81 participants completed the programme and 85% had fully admitted to all aspects of their offending.

Our experiences of mixing deniers and non-deniers.....

Andy

What was it like for you, someone who takes responsibility for his offending, to be on a group with someone who does not?

“Quite difficult – they view you as a sex offender and don’t view themselves as one. It feels like they are judging you; that they are better”

“I felt sorry that they couldn’t admit to it. I felt they were losing out by not joining in”

In your view, does it work to have men who deny their offences to be on the same group as men who take full responsibility?

“It gives them a chance to change their position if they see other people being open”

“They could get something out of it, even if they don’t admit it”.

Darren

What led to you being able to take responsibility?

“I think it was the people around me helping; they didn’t judge or be nasty to me. They helped me to open up more and feel comfortable. Nigel (Offender Manager) gave me a kick up the backside and that was important. I needed to be able to say it.”

“I couldn’t lie when people were being so open. It did happen and I needed to say that to move on”.

Case study: Martin

Martin has a conviction for internet offences which he committed while in a relationship with a long-term partner. The relationship ended when he was arrested. He also lost his job at that point. Martin received a community sentence and has been very open about his offending and his motivation to offend.

Case study: Peter

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Achieving positive group dynamics - techniques

- Certificate of Understanding and Group Agreement
- Opening exercises
- Comfort / Stretch / Panic Model
- 1:1 sessions
- Challenging unhelpful comments/questions e.g. throwing lifelines
- Return to function of denial and masks
- Gaining group members' perspectives
- Inviting ex-group members to discuss the benefits of admitting.

Conclusion

- We are all working with denial - continuum
- Function of denial – why would you not deny a sexual offence?
- As workers, we need to pay attention to our own issues regarding deniers and denial and consider more carefully the function of denial for the individual
- Some techniques seem to work better
- You can still address treatment needs without disclosure.

Final thought: Martin

“Offenders may deny and minimise throughout the programme, but nevertheless they are hearing the messages, learning about victim suffering, learning techniques for self control, and learning about the processes that lead to offending”.