

EXAMINATION OF THE RELATIONSHIP BETWEEN DENIAL/ MINIMIZATION AND RECIDIVISM AMONG SEXUAL OFFENDERS

*Dr. TAKAHASHI Masaru **

I. INTRODUCTION

Many researchers and clinicians have reported that sexual offenders often deny the offence and minimize their responsibilities. The prevalence of denial fluctuates depending on how denial is defined and measured (whether including only absolute denial or also partial denial) and at which stage of criminal justice the denial is measured (at the time of arrest, at trial, after a conviction becomes final, after placement in a correctional institution). In addition, it may be influenced by the state of the judicial system in a country or region and the cultural norms over accepting responsibility and pleading guilty.

Denial and minimization by a sexual offender are attracting the attention of criminal justice practitioners and researchers. The reason is that denial is often regarded as one of the important factors in making decisions related to correction, such as whether or not to enter the offender to a treatment programme and whether or not to permit parole from a prison. For instance, taking as an example the entry to a treatment programme in a group setting, some maintain that sexual offenders should be excluded from treatment programmes in consideration of the impact on other participants, and some insist that they should be included in treatment programmes as much as possible to reduce the recidivism rate (Ware, Marshall, & Marshall, 2015). Studies examining the current status and issues of approximately 1,400 treatment programmes for sexual offenders across the United States and Canada have reported that treatment of deniers significantly differs by country or region (McGrath et al., 2010).

Does denial or minimization predict future offences among sex offenders? It is pointed out that some practitioners engaged in criminal justice regard that denial by a sexual offender would increase the likelihood of recidivism (Blagden, Winder, Gregson, & Thorne, 2011; Hood et al., 2002; Lund, 2000). The validity of this view has significant meaning for the psychological intervention to prevent recidivism among sexual offenders. This is because the aforementioned question can be rephrased as “Can we say that denial/minimization would be the target of intervention supported by empirical evidence?” In light of the need principle, a reduction in the recidivism rate cannot be expected without setting a dynamic risk factor that is related to recidivism and that can be changed by intervention as the preferential target. Therefore, the question, “Does denial/minimization by a sexual offender predict future recidivism?” would be important. However, only a limited number of studies have empirically examined the relevance between denial/minimization and recidivism by a sexual offender (Hanson & Morton-Bourgon, 2005; Harkins, Howard, Barnett, Wakeling, & Miles, 2015; Hood et al., 2002; Langton et al., 2008), and the relationship between them has not become sufficiently clear.

Based on the above, the purpose of the present research is to examine the relationship between denial/minimization and reoffending by a sexual offender. First, the prevalence rate of denial/minimization of sexual offenders is investigated. Then, we examine whether or not denial/minimization would predict recidivism even after controlling for potential confounders such as charged offence type and empirically known risk factors.

* Principal Specialist, Tokyo-Nishi Juvenile Classification Home, Ministry of Justice, Japan. Author's Note: This paper is extracted from an award-winning article of the same name published in the peer-review journal *The Japanese Journal of Psychology*, 88(5), 460-469.

II. METHOD

A. Participants

A total of 1,791 male participants who received convictions of imprisonment for cases involving sexual offences and whose conviction were finalized during one year from July 1, 2008 to June 30, 2009 were extracted. Among them, those who were serving time in correctional facilities after 5 years had passed since finalization of their convictions and those who died during the imprisonment were excluded, resulting in 1,484 people being covered by the study. "Sexual offence" in this study shall refer to rape, forcible indecency, kidnapping for indecency, rape at the scene of robbery, and molester and camera voyeurism prohibited by ordinances (all of which include attempts).

The average age of all participants was 37.44 years ($SD = 13.25$). In addition, 753 persons were sentenced to probation due to these cases (hereinafter referred to as "Probation Group"), and 731 persons were imprisoned and then released from the prisons (hereinafter referred to as "Prison Sentence Group"). Participants were classified into 7 types, focusing on "charged offences and mode of crimes for sexual offences" (whether including rape or forcible indecency, or either molester or camera voyeurism in case of violation of ordinances), "age of victim" (whether those under 13 years of age were included in the victims), and "whether or not there were accomplices" (whether a single offender or not) (details omitted).

B. Variables

1. Demographic Information

Age at the time of offence, employment status, marital status, and types of offence were collected.

2. Denial/minimization

Study has been conducted from the aspect of whether or not the statement of the person is consistent with the damage situation or objective evidence using the finalized conviction records, etc. and coding has been performed to indicate whether or not the person corresponded to five modes of denial based on the conclusion stage of the trial. Those who fall into any of the modes were classified into the "denial/minimization" group, and those who did not fall into any of them were classified into the "non-denial" group.

3. Risk Factors

In studying the relationship between denial/minimization and recidivism, it is necessary to control the risk factors for recidivism. Therefore, with reference to Static-2002 (Hanson & Thornton, 2003), a representative risk assessment instrument for sexual offenders, research has been conducted within the information obtained on factors which have been demonstrated to be relevant to the recidivism of sexual offenders. Specifically, this should include the following four (4) areas and nine (9) items of recidivism risk factors: "continuation of sexual offences" (age of first sexual delinquency/offence, previous sexual offence), "deviation of sexual interest" (male victims, victims under the age of 13, previous offence due to public indecency which is one of the non-contact sexual offences), "relationship with victims" (unacquainted victims) and "general criminality" (previous offence of actual punishment restricting freedom, previous offence due to violent offence other than sexual offence, whether the case has occurred during a probation period, etc.).

4. Recidivism

Recidivism at the time of five years after finalization of the conviction was coded. In addition, depending on the content of recidivism, any recidivism and sexual recidivism were identified. The follow-up period until the recidivism (the period during which recidivism is possible in society) differs between the Probation Group and the Prison Sentence Group. In other words, while the follow-up period for the Probation Group can be uniformly set as five years after finalization of the conviction, the length of follow-up period for the Prison Sentence Group varies since the date of release from the penal institution varies for each person.

5. Analytic Procedure

First, the percentage of all participants corresponding to the "denial/minimization" group and the recidivism status for each group were confirmed. Next, a logistic regression analysis was conducted using recidivism as a dependent variable for the Probation Group. The reason why the analysis was limited to the Probation Group here was that the effect of psychological intervention on denial/minimization can be controlled, because a follow-up period of 5 years could be secured for everyone who had not attended a specialized treatment programme in a penal institution. Specifically, any recidivism or sexual recidivism was

used as the dependent variable, and the existence or non-existence of denial/minimization (0 = none, 1 = yes) was forcibly entered into a model as a covariate in the first block. Then, social demographics and recidivism risk factors were put into the model by the variable reduction method using the likelihood ratio test.

III. RESULTS

A. Prevalence of Denial/Minimization and Recidivism Status

Among all participants, the “denial/minimization” group consisted of 242 people (16.3%) of which 27 people (1.8%) fell into absolute or total denial category. Table 1 shows the recidivism status by group and indicates that the recidivism rate was significantly higher in the “non-denial” group than in the “denial/minimization” group ($\chi^2(1) = 17.43, p < .001$; $\chi^2(1) = 19.47, p < .001$).

Table 1 Recidivism status by Denial Group

	Denial/minimization group ($n=242$)	Non-denial/minimization group ($n=1,242$)	<i>p</i> -value
Any recidivism	10.7%	22.6%	<.001
Sexual recidivism	5.0%	15.7%	<.001

Looking at the recidivism status of each of Probation Group and Prison Sentence Group, first of all, 80 (10.6%) people among 753 people in the Probation Group who could be followed up for five years in society corresponded to the “Denial/Minimization” group, and 7.5% in the “Denial/Minimization” group and 18.3% in the “Non-Denial” group committed any recidivism, with 1.3% in the “Denial/Minimization” group and 11.7% in the “Non-Denial” group committing sexual offence recidivism. In all cases, the “Non-Denial” group had a significantly higher recidivism rate than the “Denial/Minimization” group ($\chi^2(1) = 5.85, p = .016$; $\chi^2(1) = 8.28, p = .004$).

On the other hand, 162 (22.2%) people among 731 people in Prison Sentence Group corresponded to the “Denial/Minimization” group. As mentioned above, in the Prison Sentence Group the follow-up period varies depending on the participant. The mean follow-up period (the average number of days after deducting the period of service in a penal institution from the period when the case was finalized to five years thereafter) was 1,006.79 days ($SD = 479.12$). Looking at the recidivism rate, 12.3% in the “Denial/Minimization” group and 27.8% in the “Non-Denial” group committed any type of offence, and 6.8% in the “Denial/Minimization” group and 20.4% in the “Non-Denial” group committed sexual recidivism. In all cases, the “Non-Denial” group had significantly higher recidivism rate than the “Denial/Minimization” group ($\chi^2(1) = 16.28, p < .001$; $\chi^2(1) = 16.24, p < .001$).

The relationship between existence or non-existence of denial and any or sexual recidivism was examined for seven types of sexual offenders for the Prison Sentence Group and the Probation Group, respectively, and no significant relationship was found in all types.

B. Logistic Regression Analysis

To control and examine the differences in baseline characteristics between the “Denial/Minimization” group and the “Non-Denial” group, a logistic regression analysis was conducted for the Probation Group while putting recidivism risk factors as covariates. Table 2 shows the final results of logistic regression analysis with all types of recidivism as the dependent variable. After having entered the denial/minimization variable, nine risk factors, socio-demographic factors and sexual offender types were put into the model, in the end a model containing five explanatory variables in addition to denial/minimization was adopted. AUC was .73 (95%CI = .68-.77), indicating an acceptable level of prediction accuracy. Among the models, those including victims who were not acquainted with the participant had the highest adjusted odds ratio. On the other hand, since the adjusted odds ratio for age at the time of offence was statistically significant and less than 1, the odds for recidivism become lower with increasing age. The adjusted odds ratio with denial/minimization crosses one (1) at the upper and lower limits of the 95% confidence interval, and denial/minimization did not contribute to the prediction of any form of recidivism even after risk factors were adjusted.

Table 2 Logistic regression analysis targeting any recidivism

	OR	95%CI	
		Lower	Upper
Denial/minimization	.50	0.20	1.22
Age	.98 **	0.96	0.99
Unemployment	2.23 **	1.36	3.66
Prior sexual offence	2.53 **	1.66	3.88
Including stranger victim	3.63 **	1.53	8.64
Case during probation period, etc.	3.43	0.87	13.63

Note. OR=Odds Ratio. CI=Confidence Interval. Nagelkerke's $R^2=.14$, * $p <.05$. ** $p <.01$.

As shown in Table 3, when using sexual recidivism as the dependent variable, a model including four explanatory variables in addition to denial/minimization was adopted. The entire model indicated reasonable prediction accuracy of AUC=.77(95%CI=.73-.82). Again, the adjusted odds ratio with denial/minimization was not significant and did not contribute to the prediction of sexual recidivism.

Table 3 Logistic regression analysis targeting sexual recidivism

	OR	95%CI	
		Lower	Upper
Denial/minimization	0.18	0.02	1.33
Unmarried	1.87 *	1.13	3.11
Prior sexual offence	4.12 **	2.46	6.88
victim age under 13	2.13	0.93	4.86
Stranger victim	6.90 **	1.61	29.57

Note. OR=Odds Ratio. CI=Confidence Interval. Nagelkerke's $R^2=.19$, * $p <.05$. ** $p <.01$.

IV. DISCUSSION

A. Relationship between Denial/Minimization and Recidivism

While the risk of recidivism among denying sexual offenders is perceived as high, the results, contrary to these general perceptions, showed that denial/minimization does not contribute to the prediction of all recidivism even after controlling for potential confounders such as known recidivism risk factors.

Here, empirical studies have shown that factors that are generally considered to be related to recidivism do not necessarily predict recidivism. Regarding the accuracy of prediction, a great deal of research have found that prediction by the actuarial risk assessment instrument is more accurate than unstructured clinical judgment based on experience and intuition (e.g., Gendreau, Little, & Goggin, 1996; Mori, Takahashi, & Kroner, 2017). Of course, while practitioners take into account not only the recidivism risk but also various legal and practical factors in decision-making, the present study has revealed that it is not appropriate to uniformly determine that a person is at high risk of sexual recidivism based on only the existence of denial/minimization.

Why doesn't denial contribute significantly to prediction of recidivism, contrary to the intuition of many practitioners? Lord & Willmot (2004) interviewed sexual offenders who initially denied the offence but later admitted guilt, and analysed the interviews. As a result, it was reported that approximately 70% of sexual offenders cited "fear of losing support from family and friends" as the reason for continuing denial. In addition, Ware & Mann (2012) pointed out multiple reasons for denial by sexual offenders, such as (a) to maintain freedom, status, and interpersonal relationships with familiar others, (b) to protect self-esteem that had already been hurt and to reduce the feeling of shame, and (c) to continue to commit crimes and the desire to maintain deviant fantasies and sexual stimulation. As just described, the functions of denial are diverse, and therefore it is expected that variation is also seen in the relationship with recidivism risk. For example, as shown in (b), the denial of trying to avoid a sense of shame, further decline in self-esteem and blame from

others may become a motivation to avoid recidivism (Ware et al., 2015). On the other hand, as indicated in (c), in the case of a person who continues to deny because he/she wants to continue committing the crime, denial may work to increase the risk of recidivism. In fact, Nunes et al. (2007) found that denial led to an increase in the recidivism rate if limited to those whose victims were family members and pointed out that some insisted that they were innocent because of an aim to approach the victim.

It is also anticipated that the motives and functions may differ between those who at the arresting stage and those who continue the denial at the correction facility. For example, denial before finalization of a conviction may be primarily motivated by the risk of losing freedom and status due to criminal penalties, as pointed out by (a) in Ware & Mann (2012) above. On the other hand, denial after finalization of a conviction may be motivated by another reason. For example, Mann, Webster, Wakeling, & Keylock (2013) pointed out that denial by sexual offenders held in penal institutions might be motivated by stigma because other inmates knew that they are sexual offenders and they fear being attacked.

Overall, while denial/minimization does not significantly predict recidivism of a sexual offence, there is a possibility that the impact on recidivism may vary due to differences in the functions of denial/minimization. In the future, it is considered that further exploration on whether the functions of denial/minimization differ depending on the stage of criminal justice and whether the relationship with recidivism varies depending on the difference of denial/minimization functions will become useful in interpreting the results of this study.

B. Implications for Psychological Intervention for Deniers

The results of this study are considered to bring suggestions for the understanding of, and how to deal with, deniers in psychological interventions for sexual offenders.

Ware et al. (2015) introduces three approaches for psychological interventions for a person denying an offence, such as firstly exclusion of the deniers from treatment programmes, secondly implementation of a treatment programme that aims to overcome the denial, and thirdly implementation of a treatment programme not directly confronting the denial, while only the deniers are covered and intervention is conducted for other major factors related to offences. Here, the second approach is divided into two types, one that involves intervention for the deniers before implementing a full-scale treatment programme, and the other that addresses the denial throughout the regular treatment programme also involving those who admit to the charges.

Ware et al. (2015) expressed that the first approach causes the loss of opportunity to reduce risk of recidivism and discuss contrivances aimed at incorporation into the intervention even if there was a denial. In fact, given that the number of risk factors of recidivism varies depending on those among deniers, it is not appropriate to exclude the deniers from the treatment programme uniformly.

Here, if denying sexual offenders are entered into the treatment programme, the next issue is whether or not the overcoming of denial should be set as the main intervention goal. In light of the results of this study, that denial is not a risk factor of recidivism, aiming at denial overcome is inconsistent with the need principle of "setting the recidivism risk which is strongly related to the future crime and can be changed by intervention as a target of intervention." Therefore, it may become necessary to prioritize other crime-inducing factors that have been clarified by previous studies as a target. For example, Marshall, Thornton, Marshall, Fernandez, & Mann (2001) advocated a treatment programme for those with absolute denial only, and "setting aside" concerns about denial and emphasizing other crime-inducing factors as the target of intervention, and tried to contrive a way to introduce it with a reduced sense of refusal to the treatment programme. While there may be some debate as to whether overcoming denial should be set as the main intervention goal, facing the denial in a confronting manner in the early stages of intervention before the treatment relationship has been established is undesirable, because it is highly likely to encourage premature dropout from the treatment programme. However, a concern is understandably pointed out about whether the treatment programmes that do not directly deal with such denials are appropriate from the perspective of "acceptance of responsibility" (Levenson, 2011). Failure to actively address denials is inappropriate if it results in conveyance of a wrong implicit message that there is no need to change, and it is realistic to gradually take up the topic surrounding denial, taking appropriate occasion in the course of conducting interventions focusing on other crime-inducing factors. However, this is exactly a case of "it is easy to say and difficult to do", and there is no doubt that the therapist is required to have considerable experience and

skill. In any case, since there are not enough studies to conclude what is the best approach for denying sexual offenders, further study is needed.

It should be noted that the items to be considered and the way of approach will be different between absolute deniers and partial deniers. For example, Levenson (2011) stated, in discussing the ethical dilemma surrounding psychological interventions for absolute deniers, that not providing the absolute deniers with the opportunities offered to others by excluding them from the treatment programme can be considered unethical, and on the other hand, providing the treatment programme for a problem in which "I have no problem" is insisted may also be pointed out as unethical. We need to deal with this carefully, since we cannot deny the possibility that some of the absolute deniers may actually be innocent, but there is also an aspect that the persons responsible for providing psychological intervention for convicted sexual offenders must practically deal with the absolute deniers in some way.

As just described, in considering psychological interventions for absolutely denying sexual offenders, there are various other issues to consider, not limited to psychological viewpoints. Nonetheless, in order to prevent recidivism of sexual offenders and not to create further victims, it is highly necessary to consider denial from a behavioural science perspective and clarify the various aspects of denial.

C. Limitations and Future Directions

This study has some methodological limitations, which will be pointed out together with future study topics.

First, while this study conducted encoding of denial/minimization based on official records at the stage of conclusion of trial of conviction, one of the limitations is that the measurement is restricted to a single point of time. Not only the rate of denial/minimization but also the functions of denial may differ at each stage of criminal justice, such as the arrest stage, the trial stage, and the punishment stage. It is desirable to code denial/minimization at various stages of criminal justice, and to closely examine the function and the relationship with recidivism. For example, it would be useful to examine the relationship between changes in denial/minimization through psychological intervention and recidivism.

Secondly, the only source of information for this study was official records. Regarding the encoding of denial/minimization, the procedure using official records is essential from the viewpoint of contrasting with the recognized facts, but it is not sufficient. It is expected that understanding of the phenomenon of denial and minimization will be promoted by using multiple methods such as self-reporting and clinician's evaluation. Furthermore, sexual offences are considered to involve many unreported cases, and we cannot exclude the possibility that recidivism is underestimated relying only on official records.

Thirdly, prisoners who were incarcerated at the time of the recidivism investigation had to be excluded from the analysis, which becomes a barrier to the generalization of the results. However, based on the results that the "denial/minimization" group had a lower recidivism rate of 15.5 percent for all types of recidivism and 13.6 percent for sexual recidivism than the "non-denial" group in the Prison Sentence Group, even if all of those who received prison sentences were analysed with the same follow-up period, it would be difficult to imagine that the results would be the opposite. In the future, it will be desirable to conduct the analysis with the same follow-up period, including the released inmates with relatively long sentences.

Fourthly, detailed examination according to the recidivism risk score and the types of sexual offenders is also desirable. Among previous studies, some suggest that the relationship between denial and recidivism may vary depending on recidivism risk score and sexual offender type (Harkins, Beech, & Goodwill, 2010; Langton et al., 2008; Nunes et al., 2007). If clear relationships are established between denial/minimization by such recidivism risk scores and between sexual offender types and recidivism, the results will suggest whether it is necessary to change the approach to denial/minimization depending on the level of recidivism risk score. Therefore, I would like to make this a future study subject.

Fifth, there is a high need to consider the relationship with recidivism by establishing a longer follow-up period, which is another topic for the future.

REFERENCES

- Barbaree, H. E. (1991). Denial and minimization among sexual offenders: Assessment and treatment outcome. *Forum on corrections Research, 3*, 30-33.
- Blagden, N., Winder, B., Gregson, M., & Thorne, K. (2011). Working with denial in convicted sexual offenders: A qualitative analysis of treatment professionals' views and experiences and their implications for practice. *International Journal of Offender Therapy and Comparative Criminology, 57*, 332-356.
- Gendreau, P., Little, T., & Goggin, C. (1996). A meta-analysis of the predictors of adult offender recidivism: What works! *Criminology, 34*, 575-608.
- Hanson, R. K., & Morton-Bourgon, K. E. (2005). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. *Journal of Consulting and Clinical Psychology, 73*, 1154-1163.
- Hanson, R. K., & Thornton, D. (2003). *Notes on the development of the Static-2002* (User Report No. 2003-01). Ottawa, ON: Solicitor General Canada.
- Harkins, L., Howard, P., Barnett, G., Wakeling, H., & Miles, C. (2015). Relationships between denial, risk, and recidivism in sexual offenders. *Archives of Sexual Behavior, 44*, 157-166.
- Hood, R., Shute, S., Feilzer, M., & Wilcox, A. (2002). Sexual offenders emerging from long-term imprisonment. A study of their long-term reconviction rates and of parole board members' judgements of their risk. *British Journal of Criminology, 42*, 371-394.
- Langton, C. M., Barbaree, H. E., Harkins, L., Arenovich, T., McNamee, J., Peacock, E. J., ... & Marcon, H. (2008). Denial and minimization among sexual offenders posttreatment presentation and association with sexual recidivism. *Criminal Justice and Behavior, 35*, 69-98.
- Levenson, J. S. (2011). "But I didn't do it! Ethical treatment of sexual offenders in denial. *Sexual Abuse: A Journal of Research and Treatment, 23*, 346-364.
- Lord, A., & Willmot, P. (2004). The process of overcoming denial in sexual offenders. *Journal of Sexual Aggression, 10*, 51-61.
- Lund, C. A. (2000). Predictors of sexual recidivism: Did meta-analysis clarify the role and relevance of denial? *Sexual Abuse: A Journal of Research and Treatment, 12*, 275-287.
- Mann, R. E., Webster, S. D., Wakeling, H. C., & Keylock, H. (2013). Why do sexual offenders refuse treatment? *Journal of Sexual Aggression, 19*, 191-206.
- Marshall, W. L., Thornton, D., Marshall, L. E., Fernandez, Y. M., & Mann, R. (2001). Treatment of sexual offenders who are in categorical denial: A pilot project. *Sexual Abuse: A Journal of Research and Treatment, 13*, 205-215.
- McGrath, R., Cumming, G., Burchard, B., Zeoli, S., & Ellerby, L. (2010) *Current practices and emerging trends in sexual abuser management: The safer society 2009 North American Survey*. Brandon, Vermont: Safer Society Press.
- Mori, T., Takahashi, M., & Kroner, D. G. (2017). Can unstructured clinical risk judgment have incremental validity in the prediction of recidivism in a non-Western Juvenile Context? *Psychological Services, 14*, 77-86.
- Nunes, K. L., Hanson, R. K., Firestone, P., Moulden, H. M., Greenberg, D. M., & Bradford, J. M. (2007). Denial predicts recidivism for some sexual offenders. *Sexual Abuse: A Journal of Research and Treatment, 19*, 91-105.

Ware, J., & Mann, R. E. (2012). How should “acceptance of responsibility” be addressed in sexual offending treatment programs? *Aggression and Violent Behavior, 17*, 279-288.

Ware, J., Marshall, W. L., & Marshall, L. E. (2015). Categorical denial in convicted sex offenders: The concept, its meaning, and its implication for risk and treatment. *Aggression and Violent Behavior, 25*, 215-226.