Are categorical deniers different? Understanding demographic, personality, and psychological differences between denying and admitting sex offenders

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Abstract

The purpose of this study was to establish whether there were demographic, personality, or psychological differences between a sample of 40 incarcerated sex offenders in categorical denial and 37 sex offenders admitting responsibility in an Australian minimum-security unit. Categorical deniers had lower IQs, were older, and were more likely to be child molesters. Criminogenically, there were no differences between categorical deniers and those who admitted their offences in relation to Static-99 risk scores. Psychologically, offenders denying their offences were significantly more shame-prone, and likely to use externalization as a method of impression-management. They were also more compulsive than those admitting their offences, but less antisocial and sadistic, when compared on personality indices. The study is limited by the small sample size however implications for further research and the treatment of categorical deniers are discussed.

The majority of sexual offenders deny some aspect of their offending when first entering prison (Barbaree, 1991; Schneider & Wright, 2004). It has been found that around 30% to 35% of the incarcerated sexual offender population deny outright that they have committed an offence (Hood, Shute, Feilzer, & Wilcox, 2002; Kennedy & Grubin, 1992). Assessment of risk of re-offending is complicated by the denial and these offenders are often deemed ineligible or unsuitable for treatment (Blagden, Winder, Thorne & Gregson, 2011; Ware, Marshall & Marshall, 2015). The incidence of categorical denial amongst sex offenders appears highest when the offender has initial contact with courts or professionals (Maletzky, 1996), yet some will continue to maintain their categorical denial despite all interventions and this may persist throughout their entire incarceration or sentence (Langton et al., 2008; Laws, 2002). There is conceptual ambiguity regarding denial in sexual offenders (Vanhoeck & Van Daele, 2011). For instance, denial can be regarded as a dichotomous construct (offenders are either in denial or not) or considered a spectrum/continuum of behaviours. The latter includes partial denials/minimizations ("It wasn't that bad,"), denials regarding planning ("It wasn't planned"), responsibility ("It's not my fault"), and excuses/justifications ("It was the alcohol"). Although most of these 'partial denials' would be permitted at the commencement of treatment, categorical denial is often the organising principle of treatment (Blagden et al, 2014). Categorical denial is the form of denial that excludes participation in treatment and so the most important form of denial in forensic clinical practice.This particular group of sex offenders remains poorly understood and it is not clear if and how these deniers differ from those who admit responsibility (Ware, Marshall, & Marshall, 2015).

Large scale meta-analyses has found no overall effect for denial as predictor of sexual recidivism (Hanson and Morton-Bourgon, 2005; Mann, Hanson, & Thornton,

2010). Despite this finding 91% of treatment programmes in the US included "offender responsibility" as a treatment target. While meta-analyses tend to find denial not consistently predictive of future reoffence, there have been studies that have found an effect. Nunes et al (2007) found low risk (only incest) deniers more likely to recidivate, though denial did not add to the prediction of recidivism when the PCL-R and RRASOR were already considered. Recently there has been evidence to suggest that denial may actually work as a protective factor for some sexual offenders. Marshall, Marshall and Kingston (2011) reported denial to be negatively related to items on three risk instruments (STATIC-99, VRS-SO, STABLE 2000), suggesting that denial may actually signal a lower chance of reoffending. Harkins, Beech and Goodwill (2010) found that high risk high denial offenders were less likely to recidivate than low risk low denial sexual offenders. Harkins et al (2015) examined the relationship between denial, risk, and sexual recidivism among different types of sexual offenders. Denial of responsibility predicted lower levels of sexual recidivism, independent of risk level. For specific offender types, denial of responsibility was not significantly associated with sexual or violent recidivism. While denial may not have an effect on recidivism, it has been argued that denial still represents an important responsivity factor and one which is important to understand (Levenson et al, 2014).

There have been a number of attempts to establish whether there are criminogenic, demographic, or personality factors that distinguish categorical deniers from admitters. Baldwin and Roys (1998) compared 65 denying and 47 admitting child molesters during court evaluations, finding that the deniers had significantly lower IQ scores and tended to be older but did not differ in type of crime, victim gender, or reason for evaluation. Kennedy and Grubin (1992) noted that among their sample of 102 recently incarcerated sex offenders, the 34 categorical deniers were

more likely to be non-Caucasian and convicted of sexual offences against adults. Nugent and Kroner (1996) also found that the 49 rapists at initial assessment in prison were more likely to categorically deny than the 49 child molesters. In contrast, at an outpatient clinic, Langevin (1988) was unable to distinguish deniers from admitters on measures of IQ, age, and ethnicity. Haywood, Grossman, Kravitz, and Wasyliw (1994) similarly reported no differences in age, race, or education between 27 deniers and 32 admitting child molesters assessed in an outpatient evaluation centre. Birgisson (1996) also compared 30 deniers and 72 admitting child molesters at an outpatient clinic finding no significant differences in race, age, marital status, socioeconomic status, type of offence, gender of victim, or length of previous treatment experience.

Categorical deniers have consistently been found to minimize psychopathology, deny psychological problems, and score higher on measures of defensiveness than admitters (Baldwin & Roys, 1998; Birgisson, 1996; Grossman & Cavanaugh, 1990; Haywood & Grossman, 1994; Nugent & Kroner, 1996). There is some evidence of differences in personality characteristics between deniers and admitters. Lanyon and Lutz (1984), Grossman and Cavanaugh (1989), and Baldwin and Roys (1998) all used the Minnesota Multiphasic Personality Inventory (MMPI; Hathaway & McKinley, 1943) to examine differences in deniers and admitters being assessed for court in outpatient clinics. Although the samples were small and limited mostly to child molesters, and there were differences in how denial was defined, the deniers consistently reported significantly *less* psychopathology on a number of the clinical scales even when response biases were controlled for. Birgisson (1996) found that deniers scored significantly *lower* on neuroticism than admitters on the Eysenck Personality Questionnaire (EPQ; Eysenck & Eysenck, 1975). Birgisson argued that

this reflected an attempt by deniers to present as emotionally stable. Xureb et al (2017) found that maladaptive personality traits did not generally correlate with acknowledging responsibility, and only had small positive correlations with minimization of harm (Xureb, Ireland, Archer & Davies, 2017).

There has been an absence of studies examining whether there are other psychological differences between categorical deniers and admitters (Ware, Marshall, & Marshall, 2015). Ware and Mann (2012) suggested that feelings of shame or low self-esteem can evoke defensive reactions and given that some sex offenders score high on measures of shame (Sparks, Bailey, Marshall, & Marshall, 2003) and low on measures of self-esteem (Marshall, Anderson, & Champagne, 1997) they should then be expected to engage in defensive strategies including categorical denial. Shame has also been identified as a barrier to disclosure of child sexual abuse (Easton, Saltzman & Willis 2014). Furthermore, given that some sex offenders have been found to have inadequate coping styles, categorical denial might reflect a coping strategy employed by the individual (Marshall, Cripps, Anderson, & Cortoni, 1999),

Whilst not explicitly examining differences between categorical deniers and admitters, research that has examined the function or purpose of categorical denial may indicate other possible psychological differences. Lord and Wilmot (2004) and Blagden et al. (2011) interviewed ex-categorical deniers and through qualitative analysis established that the main purpose or function of their denial was to reduce negative consequences. These consequences included the stigma of being labeled a sex offender, feelings of shame and guilt, the fears of losing support of family, or being negatively judged. Similarly, Mann, Webster, Wakeling, and Keylock (2013) found that incarcerated sex offenders who denied their offense indicated that they feared the stigma and shame associated with being identified as a sex offender among

other prisoners. The experience of shame has been conceptually linked to denial. Harder and Lewis (1987) argue that when experiencing shame, the self is pictured as unable to cope, viewed as an object of scorn and/or disgust, and perceived as rejected by observers. The experience of shame engenders feelings of being small, worthless, and "often motivates denial, defensive anger and aggression" (Tangney & Dearing, 2002, p. 2). There is thus a qualitative difference in the experience of shame and guilt. When sexual offenders experience shame the self becomes an object of self-scrutiny and the motivation is to externalise blame (Bumby, Marshall, & Langton, 1999). Shame can therefore be a destructive, self-focused, negative emotion (Blagden, Lievesley, & Ware, 2016).

Ware, Marshall, and Marshall (2015) deduced that the evidence remains unclear as to how categorical deniers differ from those who admit responsibility. They suggested that inconsistent definitions of categorical denial, small sample sizes, and research occurring at initial pre-sentence or court-related assessments when the incidence of denial is at its highest, have hampered research efforts to date. They also noted that there has been no consideration regarding categorical denial within the different sex offender groups, such as child molesters and rapists, who may differ significantly in the rates of, or reasons for, categorical denial (see Polaschek & Gannon, 2004).

The purpose of this study was to clarify whether there were demographic, personality, and psychological differences between categorical deniers and admitting sex offenders, and to examine whether these factors could discriminate between deniers and those who admit their offences. In contrast to previous studies where denier samples included those who accepted partial responsibility or only denied current or recent sex offences (e.g., Baldwin & Roys, 1998; Harkins et al, 2015),

categorical deniers within this study denied *all* current and historical sexual convictions and had maintained their denial throughout a period of incarceration. To add to existing research, a range of psychometrics measuring psychological issues hypothesised to differ between categorical deniers and admitters were used.

The following hypotheses were made:

H1: Categorical deniers would be significantly older than offenders who admit their offences

H2: There would be no significant differences in crime-related (e.g., victim profiles) or personality factors between categorical deniers and admitters.

H3: Categorical deniers would score higher on measures of defensiveness, shame, and guilt than those who admit their offences

Method

Participants

Seventy-seven adult male sex offenders incarcerated within a minimum security prison unit primarily housing sex offenders in Sydney, Australia participated in this study. Of the total sample, 40 categorically denied committing any current or past sexual offences. These sex offenders were in the assessment phase of a treatment program for categorical deniers in which there is no attempt to overcome the denial (see Marshall, Thornton, Marshall, Fernandez, & 2001; Ware & Marshall, 2008). The remaining thirty-seven sex offenders all admitted committing sexual offences and were in the assessment phase of moderate intensity sex offender treatment program (Ware & Bright, 2008). Data was collected over a 40-month period given the small number of categorical deniers.

Measures of personality

Millon Clinical Multiaxial Inventory-III (MCMI-III)

The MCMI-III is a 175-item self-report inventory of DSI-IV related personality disorders and clinical syndromes. Internal consistency of the scales is estimated to be between .67 and.90 using Cronbach's alpha and test-retest reliability between .84 and .96 over a period of 5 to 14 days (Millon, 2006). The MCMI has validity, personality patterns, clinical syndrome, and personality pathology and severe syndromes indices. Scores of 60-74 suggest that an individual is likely to possess traits or some symptoms, 75-84 suggest clinically significant personality traits of syndromes; and 85 and above suggest personality disorder or prominence of syndrome. MCMI test results on sexual offenders showed them to be passive-aggressive and more depressed and less narcissistic compared to control groups (Chantry & Craig, 1994; Langevin et al., 1988). Given that this study was only concerned with personality trait differences, only the Moderate Personality Disorder Scales (11 subscales), and Severe Personality Pathology Scale (3 subscales) were used.

Measures of psychological differences

Balanced Inventory of Desirable Responding (BIDR)

The BIDR (Paulhus, 1984) is a 40-item questionnaire with 7-point Likert-type scales for each item. The BlDR was designed to assess two components of socially desirable responding: Self-Deception (20 items) and Impression Management (20 items). Self-Deception measures the extent to which the respondent actually believes his or her positive self-reports while Impression Management measures the extent to which the

respondent consciously portrays him- or herself as socially desirable. Mathie and Wakeling (2011) reported the BIDR to have good internal consistency with sex offenders ($\alpha = 0.74$ for the self-deception factor and $\alpha = 0.84$ for the impression management factor). Within this study the Cronbach alpha was 0.77 for self-deception, 0.79 for impression management, and 0.72 for total scale. Concurrent validity has been demonstrated with other measures of social desirability (.71-.80).

Test of Self-Conscious Affect for Socially Deviant Populations (TOSCA-SD)

The TOSCA-SD (Hanson & Tangney, 1996) was designed specifically for use with incarcerated individuals and other "socially deviant" populations. It measures traits of shame-proneness, guilt-proneness, externalization, and detachment/unconcern. The TOSCA-SD comprises of 13 brief scenarios which are each followed by four emotional response alternatives. Participants rate their likelihood of responding in each manner indicated. Scores for each of the 13 scenarios are averaged to create a score for each subscale.

The TOSCA-SD has demonstrated reliability and validity with sex offenders. Tangney, Stuewig, Mashek, and Hastings (2011) reported that the TOSCA-SD guilt scale was highly correlated to other similar constructs (e.g., externalisation of blame) and inversely correlated with the PCL-R Factor 2 score. Hanson (1997) also reported Cronbach's alpha of .92 for guilt and .88 for externalisation of blame. Internal consistency for the TOSCA-SD for this sample was adequate across all traits. Cronbach's alpha for shame was .76, guilt was .88, externalisation was .74, and detachment t was .82.

Social Self-Esteem Inventory (SSEI)

The SSEI (Lawson, Marshall, & McGrath, 1979) is a 30-item scale assessing self-confidence in social situations. The 30 items are rated on a 6-point Likert scale in terms of how accurately they describe the respondent. The normative mean is 130 (*SD* = 21). The SSEI has been shown by the original authors to be reliable (test-retest reliability, r = .88) and it has satisfactorily discriminated child molesters from controls (Marshall, Anderson, & Champagne, 1997; Marshall, Champagne, Brown, & Miller, 2007). Cronbach's alpha for the SSEI in this study was .76.

Miller Social Intimacy Scale (SIS)

The SIS (Miller & Lefcourt, 1982) is a 17-item questionnaire concerning the frequency and intensity at which the respondent engages in intimate contacts within relationships (friendships as well as romantic involvements). There are 17 items scored on a 10-point Likert-type scale (total scores 17-170). The normative mean score on this measure is 140, as reported by the original authors, who also report adequate internal consistency (α = .86 to .91) and test-retest reliability (r = .96). Cronbach's alpha for the SIS in this study was .75. The SIS has been used in a variety of research related to sexual offender treatment (e.g. Looman, Abracen, DiFazio, & Maillet, 2004; Marshall, Champagne, Brown & Miller, 1997).

Procedure

Participants were approached by the author or a research assistant during the assessment phase of the treatment programs and invited to participate in the study. All programs were facilitated between 1 July 2010 and 31 December 2013. Participants were informed that, if they consented to participate, the researchers would use the results of the standardized pre-treatment assessments, information from within their

case management files, and would administer a small number of additional psychometric tests. It was made clear that the decision whether or not to participate would not, in any way, affect their treatment and that they could withdraw from the research at any time and that there would be no negative consequences resulting from their participation or non-participation. All participants provided written consent upon agreeing to take part. Of the 98 sex offenders invited to participate, 77 agreed to do so (response rate of 80% for the deniers and 77% for the admitters).

Results

Differences between categorical deniers and admitters on criminmogenic and demographic variables

Table 1 presents demographic data for the categorical deniers and admitters with the two groups differentiated into rapist and child molester samples. Independent samples *t*-tests and chi-square analyses were used to establish whether the deniers were significantly different from the admitters on criminogenic and demographic variables. On average, deniers were significantly older (M = 52.73 years; SD = 10.74) than admitters (M = 46.03 years; SD = 13.22), $t(75) = 2.45$, $p = .017$, $d = 0.56$. There was an over-representation of offenders with child victims among deniers, while this was not the case among those who admitted their offences, with the size of this effect being moderate, $\chi^2(1) = 5.90$, $p = .015$, $\varphi = 0.28$. However, there were no effects of denial status on offenders' relationships with their victims, $\chi^2(3) = 2.58$, $p = .461$, $\varphi = 0.19$, or victim sex, $\chi^2(1) = 1.23$, $p = .267$, $\varphi = 0.13$. These results are consistent with H1 and H2.

< INSERT TABLE 1 HERE >

Personality Differences

To test the hypotheses that there were personality differences between categorical deniers and admitters, a one-way (Group: Deniers vs. Admitters) between-groups multivariate analyses of covariance (MANCOVA) with age and IQ as covariates was conducted. Each of the 14 personality dysfunction subscales were entered as individual dependent variables. Owing to the small sample size, we conducted a post-hoc power analysis to calculate observed power in the analysis using GPower 3.1 (Faul et al., 2009). Using the smallest of our observed effect sizes for main effects (see below), power was calculated as being 79.15%, which is only marginally below the suggested minimum of 80% (Cohen, 1992). Preliminary assumption testing was conducted to check for normality, linearity, univariate and multivariate outliers, homogeneity of variance-covariance matrices, and multicollinearity, with no violations reported. Descriptive statistics are presented in Table 2.

There was no multivariate main effect of Group, Wilks' $\lambda = 0.73$, $F(14, 45) = 1.21$, $p = .301$, partial $\eta 2 = 0.27$. However, this was neither surprising nor dissuading in relation to examining individual univariate comparisons between the two groups, as the dependent variables are conceptually distinct categories (Huberty & Morris, 1989). Examining these univariate comparisons using sequential Bonferroni adjustment for multiple comparisons (Abdi, 2010), deniers scored significantly higher in relation to compulsive personality traits ($F(1, 58) = 10.07$, $p = .002$, partial $\eta^2 = 0.15$), but significantly lower than those who admitted their offences in relation to antisocial ($F(1, 58) = 7.78$, $p = .007$, partial $\eta^2 = 0.12$), and sadistic ($F(1, 58) = 8.99$, p

= .004, partial η^2 = 0.13). There were no significant differences between the groups on any of the other trait categories. These results provide partial but inconsistent support for H2.

< INSERT TABLE 2 HERE >

Psychological differences

Means and standard deviations for the psychological measures are shown in Table 3. A one-way multivariate analysis of variance was conducted to establish whether deniers and admitters quantitatively differ on the following measures:

1. Static-99 risk
2. IQ
3. Desirable responding (self-deception and impression management subscales)
4. Self-conscious affect (TOSCA subscales of shame- and guilt-proneness, externalization, and detachment)
5. Social self-esteem
6. Social intimacy

There was a significant multivariate effect, indicating some degree of difference between the two groups across these measures, Wilk's $\lambda = 0.66$, $F(10, 51) = 2.61$, $p = .012$, partial $\eta^2 = 0.34$. Examining each of the between-groups contrasts, significant differences were present in relation to IQ (with deniers scoring lower (M = 97.06; SD = 17.85) than admitters (M = 107.36, SD = 10.10), $F(1, 60) = 7.36$, p = .009, partial $\eta^2 = 0.11$), shame-proneness (with deniers scoring higher (M = 2.65; SD

= 0.55) than admitters (*M* = 2.31, *SD* = 0.67), *F*(1, 60) = 4.83, *p* = .032, partial η^2 = 0.07), and externalizing self-consciousness (with deniers scoring higher (*M* = 2.26; *SD* = 0.63) than admitters (*M* = 1.86, *SD* = 0.62), *F*(1, 60) = 6.24, *p* = .015, partial η^2 = 0.09). Each of these effects were moderate in size. There were no other significant differences between the two groups on any of the other measured variables.

< INSERT TABLE 3 HERE >

Predicting group membership

The above named psychometric variables (minus Static-99 risk score, which was found to be unrelated to group membership) were simultaneously entered as predictors in a binary logistic regression, directed at predicting membership of the 'denier' and 'admitter' categories. Our sample size of 77 corresponds to approximately 6.5 observations per predictor variable, which is above Vittinghoff and MacCulloch's (2007) minimum recommendation of 5 observations per predictor.

The logistic regression model was statistically significant, $\chi^2(13) = 31.081$, *p* = < .001. The model explained 52.7% (as determined by Nagelkerke's R^2 statistic) of the variance in offender denial status, and correctly classified 79% of the cases within our sample. A number of variables within the model were significantly associated with membership of the 'denial' classification. The odds of denial group membership statistically *decreased* by 5.6% for each unit increase in IQ (OR = 0.94, *p* = .037, 95% CI [0.89, 0.99]), and by 4% for each unit increase in social intimacy (OR = 0.96, *p* = .026, 95% CI [0.93, 0.99]). In contrast, the odds of denial group membership significantly *increased* by 6.4% with every unit increase in social self-esteem (OR = 1.06, *p* = .018, 95% CI [1.01, 1.12]), by more than ten-times with every unit increase

in shame-proneness (OR = 10.09, p = .011, 95% CI [1.71, 59.43]), and by 50% with each unit increase in impression management (OR = 1.50, p = .003, 95% CI [1.15, 1.97]). These findings are broadly supportive of the findings reported above, and are consistent with H3.

Discussion

This study sought to examine the potential for demographic, personality, and psychological differences between categorically denying sex offenders, and those who admit responsibility for their offences. Sex offenders were categorized as being in categorical denial only if they denied responsibility for *all* current and historical sexual convictions, and had maintained their denial throughout their incarceration. Only a small number of significant differences were identified between the two groups. Consistent with H1, categorical deniers were significantly older than admitters, replicating previous work by Baldwin and Roys (1998). Contrary to H2, categorical deniers were more likely to be child molesters than rapists, and had lower IQ scores. However, in line with previous studies(Baldwin & Roys, 1998; Birgisson, 1996; Grossman & Cavanaugh, 1990; Lanyon & Lutz, 1984), this study found a number of personality differences. That is, deniers scored significantly higher than admitters in relation to compulsivity, but significantly lower in relation to antisocial and sadistic personality traits. Previous research has linked various compulsive behaviours and denial. For example, Chaney and Dew's (2003) study on online experiences of sexually compulsive men found that denial helped participants to minimize and rationalize the consequences of their online sexual activity. Deniers scored significantly lower on anti-social and sadistic, which may help to explain why

some deniers recidivate at lower levels (Harkins et al., 2015). Interestingly, categorical deniers did not score significantly higher on self-deception scales (Lanyon & Lutz, 1984).

In support of H3, there were significant differences on shame-proneness (with deniers scoring higher), and externalizing self-consciousness (with deniers scoring higher). In the regression model, membership of the categorical denial group was significantly predicted by higher scores on measures of shame-proneness, impression management, and social intimacy. The results suggest that deniers are more likely to experience shame-proneness than admitters. Previous research (e.g. Blagden et al., 2014; Mann et al., 2013) has found that incarcerated sex offenders who denied their offense indicated that they feared the stigma and shame associated with being identified as a sex offender among other prisoners. However, this potentially points to the benefits of denial, particularly as they were found to be significantly less likely to be anti-social and sadistic. For example, resistance to being labeled a "sexual offender" is likely to have positive implications for the offender, in that adopting and internalizing such a label leaves the individual with an impaired ability to achieve self-respect and affiliation with mainstream society (Maruna et al., 2009). This "golem effect" (low expectation of people leads to poor outcome) has been linked to recidivism (for nonsexual offenders; see Maruna et al., 2009; Chiricos et al., 2007).

Therefore, it may be that denying is a way of expressing shame, and engaging in dissonance reduction as a way of reducing negative affect (Gosling, Denizeau & Oberle, 2006), also enables the latitude for portraying desirable identities (Blagden et al., 2011; 2014). Through portraying these personally meaningful positions, sex offenders in denial of their crimes may be more likely to live up to them. There is some empirical evidence for this position. Harkins, Beech, and Goodwill (2010), for

example, found evidence of denial as a protective factor for high-risk offenders. Further, Blagden et al. (2014) placed emphasis on understanding the relational and reconstructive properties of denial as important for understanding denial in individuals with sexual convictions more fully. It has been found that self-narratives shape future behavior as people tend to act in line with the stories they present about themselves (Friestad, 2012; McAdams, 1985). Indeed, identity transformation has been linked to redemption, which can be construed as a negative past being reconstrued as a positive (Göbbels, Ward, & Willis, 2012; McAdams, 2006).

Interestingly, impression management predicted group membership of denial. However, this corresponds with the relational understanding of denial, as impression management and 'performing roles' are not without consequence, but rather they contribute to self-identity (Burkitt, 2008). That is, the enacting of the 'moral' or 'desirable' selves often espoused by deniers (Blagden et al., 2014; Ware & Mann, 2012) can assist with promoting self-esteem and self-appraisals (Harter, Waters, & Whitesell, 1998).

Implications for Practice

Traditionally the first role for the clinician in working with individuals with sexual convictions has been to 'break down' or 'break through' the denial of their offences (Northey, 1999). However, given the function of denial, its role in identity management and shame reduction, and in maintaining family and peer networks, such a clinical role is untenable and likely to be met with resistance (Roberts & Baim, 1999). The results of this study support the approach to treatment by Marshall and colleagues (Marshall et al., 2001; Ware & Marshall, 2008) in which there is no immediate or default attempt to overcome denial. Instead, treatment commences with

the strategy of helping the offender identify problems in his life that led him to be in a position where he could be accused of sexual offending. This engages the offender in treatment in the first instance and provides the therapist with the opportunity to develop a stronger therapeutic alliance built around mutual trust. It also allows the therapist the opportunity to understand the function of the denial for the offender and to develop strategies to address the actual issues that maintain the denial (such as the striving to maintain family support and/or a viable personal identity) without the therapist having to actually seek to challenge the denial. In doing so, this prevents the therapist from being perceived as confrontational or inflexible to the needs of the individual that they are engaged with. Given that shame linked with denial it is important that therapeutic relationship avoid confrontation and practices which may increase shame. The shift towards non-disclosure and non-confrontational practices with individuals with sexual convictions are consistent with contemporary, trauma-informed methods of SO treatment (Levenson, Willis & Prescott, 2016) and compassion-focused practices (Hocken & Walton, in press).

It has been argued that the quality of the therapeutic relationship is of primary importance in working with the experiences of both shame and guilt in any clinical setting (Clark, 2002). Blagden et al. (2013) found that therapists who worked with sexual offenders recognised the importance of negative affective states, particularly shame, when treating such offenders. They argued that a therapists' reactions to shame may, in part, determine the level of defence mechanisms utilised by sexual offenders. For instance, a therapist who recognises that the offender's offending behaviour is the result of the person looking to pursue the human need/desire for specific experiences (albeit in maladaptive ways), rather than the offender being of 'bad' character, is likely to decrease shame responses in the form of denial (Ward,

Vess, Collie, & Gannon, 2006). Thus, a collaborative therapeutic alliance built on authentic approach goals is likely to breakdown resistance and facilitate a positive and predictive relationship. Indeed given that many individuals with sexual convictions will have a history of abuse and trauma, the therapeutic relationship could be the most meaningful encounter they have ever had (Levenson et al, 2016).

Limitations and future directions

This study is somewhat limited by its small sample size. However, all analyses were sufficiently statistically powered (Faul et al., 2009). Replication with larger samples is necessary in order to have greater confidence in the findings. All of the data collected was based solely on self-report, which means that the participants and in particular the categorical deniers, may have given overly biased responses. Emerging technologies related to the indirect measurement of personality and self-construal (e.g., implicit association tests, or mousetracking; Freeman & Ambady, 2010; Greenwald, McGhee, & Schwarz, 1998) allow researchers to overcome some presentation biases inherently associated with the self-report method. The self-selection of participants also means that those who volunteered may have been different from those who reduced to participate. A further selection bias relates to the fact that the categorical deniers and admitters were all volunteering for treatment. Further research should seek to replicate these results with a larger sample of categorical deniers, who are not involved in treatment, through the use of other questionnaires or measures, as outlined above. It is possible that the psychological scales only measured a generalized and not context specific construct. For example, the shame scale (TOSCA-SD) measured a generalized proneness to shame and guilt. As argued by Ware and Mann (2012), sex offender denial is most likely situation- and

context- dependent. As such, measures that tap into these specific contextual factors may be beneficial in future studies examining denial in sex offenders. It is also important to note that there was an over representation of child molesters in this sample and it may be that they

Conclusions

In summary, there did not appear to be significant demographic differences (aside from age, confirming previous work by Baldwin & Roys, 1998) between sex offenders who deny or admit their offences, nor were there consistent differences in the types of offences they committed (with the exception of an over-representation of child molesters in the denier subgroup). Similarly, there were few personality differences between categorical deniers and admitters. Categorical deniers were significantly more compulsive, but less antisocial and sadistic, than admitters. These findings, combined with key psychological differences (e.g. increase shame-proneness and impression management) may have some important implications for the ways in which we might work constructively with sex offenders in denial of their offences to develop their ideal selves, while fostering and maintaining effective therapeutic relationships.

In closing, we believe that these findings offer some important insights into the potential underlying functions of denial in sex offenders, and support more recent claims that therapists should strive to work effective in treatment with such offenders to address the underlying reasons for such denial. That is, the presence of denial should be seen not as a barrier or hindrance to treatment efforts, but as a fundamental aspect of the therapeutic process towards desistance from sexual offending.

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Table 1: Demographic comparisons between categorical deniers and admitters

	Deniers		CORE participants	
Sample size	40		37	
Age	*M* = 52.7	*(SD=10.7)*	*M* = 46	*(SD = 13.2)*
Ethnicity (%)				
- Caucasian	67.50%		75.70%	
- Aboriginal	12.50%		5.40%	
- Other	20.00%		18.90%	
Static-99	*M* = 2.2	*(SD=1.5)*	*M* = 2.3	*(SD=1.3)*
FSIQ (WAISI)	*M* = 96.9	*(SD=18.1)*	*M* = 106.5	*(SD=11)*
Current office victims (%)				
- female	80%		89.20%	
- male	20%		10.80%	
Current offence victim (%)				
- child	80%		54.10%	
- adult	20%		45.90%	
Relationship to victim (%)				
- immediate family	42.50%		41.70%	
- extended family	12.50%		5.60%	
- acquaintance	37.50%		33.30%	
- stranger	7.50%		19.40%	

Table 2: Means and standard deviations for admitters and deniers for the MCMI-III scales

	Deniers			Admitters		
	Child molesters (n=28)	Rapists (n=7)	Total (n=35)	Child molesters (n=17)	Rapists (n=11)	Total (n=28)
	M (SD)	*M (SD)*	*M (SD)*	*M (SD)*	*M (SD)*	*M (SD)*
Schiziod	2.39 (21.47)	57.57 (17.03)	53.43 (20.53)	54.06 (19.59)	31.45 (24.95)	45.18 (24.64)
Avoidant	37.71 (22.85)	41.86 (28.57)	38.54 (23.69)	8.52 (32.56)	35.00 (34.11)	43.39 (33.26)
Depressive	37.89 (26.23)	41.00 (32.15)	38.51 (27.02)	47.71 (31.75)	35.36 (33.89)	42.86 (32.56)
Dependent	46.50 (23.46)	38.86 (28.97)	44.97 (24.39)	52.12 (32.55)	59.91 (23.60)	55.18 (29.14)
Histrionic	61.07 (S12.67)	57.43 (14.28)	60.34 (12.87)	51.06 (13.67)	56.82 (25.19)	53.32 (18.81)
Narcissist	63.50 (18.77)	62.14 (19.45)	63.23 (18.63)	52.82 (17.52)	56.45 (18.75)	54.25 (17.76)

Antisocial	42.29 (25.86)	45.71 (26.91)	42.97 (25.71)	63.53 (19.77)	45.34 (23.88)	56.43 (22.88)
Sadistic	29.54 (24.63	37.29 (25.27)	31.09 (24.59)	48.47 (21.85)	33.91 (23.97)	42.75 (23.41)
Compulsive	73.36 (12.74)	63.29 (11.74)	71.34 (13.03)	57.59 (15.58)	60.18 (20.01)	58.61 (17.14)
Negativistic	41.04 (27.08)	38.43 (32.64)	40.51 (27.78)	38.41 (28.99)	29.82 (25.57)	35.04 (27.57)
Masochistic	40.75 (30.47)	27.57 (33.47)	38.11 (31.04)	53.59 (32.78)	22.73 (34.22)	41.46 (36.14)
Schizotypal	35.32 (30.07)	43.29 (29.36)	36.91 (29.67)	40.82 (28.78)	29.73 (29.20)	36.46 (28.93)
Borderline	29.39 (27.48)	32.71 (26.43)	30.06 (26.92)	49.29 (27.33)	30.09 (27.31)	41.75 (28.46)
Paranoid	45.50 (29.08)	40.57 (30.81)	44.51 (29.04)	36.71 (26.38)	30.27 (30.80)	34.18 (27.82)

Table 3: Means and standard deviations for denier and admitters comparing child molester and rapists across psychological measures

	Deniers			Admitters		
	child molesters (n=28)	rapists (n=8)	Total n=36)	child molesters (n=20)	Rapists (n=17)	Total (n=37)
	M (SD)	*M (SD)*	*M (SD)*	*M (SD)*	*M (SD)*	*M (SD)*
BIDR-sde	6.83 (4.19)	7.00 (4.54)	6.86 (4.20)	4.80 (2.31)	7.47 (4.17)	6.03 (3.52)
BIDR-imp	9.72 (4.15)	8.75 (4.86)	9.51 (4.28)	5.70 (3.83)	10.06 (5.55)	7.70 (5.13)
UCLA	38.72 (9.66)	38.38 (8.96)	38.65 (9.39)	41.85 (8.46)	6.53 (9.72)	39.41 (9.33)
CISS-task	63.31 (9.78)	60.75 (9.66)	62.76 (9.68)	62.30 (9.67)	61.76 (12.39)	62.05 (10.85)
CISS-emotion	45.59 (14.09)	40.00 (7.05)	44.38 (13.02)	43.45 (10.59)	44.24 (11.77)	43.81 (10.99)
CISS-avoid	49.62 (10.21)	54.13 (10.05)	50.59 (10.21)	43.10 (S8.96)	51.71 (10.19)	47.05 (10.36)
TOSCA-shame	2.70 (0.55)	2.41 (0.40)	2.64 (0.53)	2.41 (0.61)	2.14 (0.73)	2.30 (0.66)
TOSCA-guilt	4.30 (0.54)	4.02 (0.42)	4.24 (0.53)	4.26 (0.38)	4.39 (0.49)	4.31 (0.43)

TOSCA-ext	2.20 (0.60)	2.31 (0.73)	2.22 (0.62)	1.92 (0.52)	1.86 (0.80)	1.89 (0.64)
TOSCA-detach	2.53 (0.59)	2.75 (0.58)	2.58 (0.59)	2.37 (0.51)	2.66 (0.55)	2.49 (0.54)
SSEI	133.31 (23.06)	135.13 (18.95)	133.70 (22.00)	125.70 (23.68)	133.29 (29.41)	129.19 (26.36)
SIS	125.34 (32.24)	146.25 (14.60)	129.86 (30.43)	133.55 (16.36)	145.35 (20.34)	138.97 (18.99)