Sex offenders who deny or minimise their offences: issues for sentence planning.

Introduction.

Convicted sex offenders who imply their offence was not a crime are fully suitable for NOMS’ programmes. This includes: date rape offenders with a consent defence, child molesters who do not see their behaviour as a crime, and men who download abusive images and do not see this as a real crime. All these kinds of offence accounts are usually described as “minimisation” rather than categorical denial. Minimisation is very common in sex offenders. Clinical audits of NOMS programmes have demonstrated that treatment staff are very effective at enabling offenders to realise that their behaviour was more harmful than they thought.

Categorical deniers

Categorical deniers, who claim they were wrongfully convicted, can cause real problems for staff working with them throughout their sentences. We do not know what percentage of sex offenders are categorical deniers, but we do know that the most common reason for refusing treatment is categorical denial, and we believe that categorical denial is more common in sexual offenders than other offender types. This is probably because sexual offending is the most stigmatised type of offending in society.

Categorical denial does not in itself raise the risk of reoffending. In other walks of life, denial is quite a good way of coping with difficulty. With some sex offenders, denial is probably an indication of shame, which may mean they are more likely to stop offending. Other sex offenders have chosen denial as the best way of maintaining things that are important to them - most often the support of their family, but also perhaps self-esteem or social status.

Why and how to address denial

The main reasons to try and bring sex offenders out of denial are that denial can be offensive to the victim, and it can impede risk assessment and treatment (but see below). However, there are many risk factors that can be addressed even with a denier, both social risk factors such as accommodation, employment, or social support, and some psychological risk factors such as impulsivity, poor management of emotions, or poor relationships. The most difficult problem with deniers is that it is hard to assess whether or not they have a deviant sexual interest.

The sex offender treatment literature contains reports of several approaches to working with deniers. We monitor and carefully consider this literature, and have run some trials of different approaches. A brief summary of the different approaches and their workability follows:
1. **Group interventions to break down denial.**
In the 1990s, two such interventions were reported from America, both of which claimed about 50% success, although with small numbers of offenders. We therefore created a similar programme and ran it in prisons with some staff handpicked for their skill, but our experience was very different. The offenders colluded with one another and backed each other up throughout the programme. None came out of denial.

2. **Put deniers into regular sex offender programmes.**
Currently one of the three NOMS Probation programmes (CSOG) accepts deniers but the other two do not, nor does the prison programme. Staff have mixed views about including deniers and it does not happen often enough for there to have been any systematic investigation of how well it works. One small German study of this approach indicated that the presence of deniers negatively affects the group atmosphere, especially during sessions where disclosures about offending are required.

3. **Adjusted sex offender treatment programmes**
This approach has been reported by one of the world's leading experts in sex offender treatment, Dr Bill Marshall in Canada. He created a version of a standard sex offender programme that removed any necessity for the offenders to speak about their offences. He has claimed that this approach works very well although has not published any figures. So far we have not taken this approach because we have been reluctant to create two tiers of sex offender treatment, one seemingly easier than the other, in case we inadvertently “rewarded” denial. However, NOMS is about to embark on a major revision of its sex offender treatment programmes, and we will give very careful consideration to whether it is possible to design programmes that can be completed by deniers.

4. **Individual motivational work**
This requires staff with specialist motivational interviewing skills. It works quite well but is expensive and resource-intensive to do. This approach may be best reserved for high risk deniers who seem likely to have deviant sexual interests and who therefore really need to be able to acknowledge their offending in order to properly address their risk.

5. **Getting the context right**
Denial seems to be higher in prisons where the staff actively express hostile views about sex offending or are cynical about sex offender treatment. Ensuring that all staff are educated about sex offending and how to work with sex offenders may help reduce the prevalence of denial.

Important milestones in an offender’s life or sentence can effect their attitude towards their offending and therefore preparedness to drop their denial. For example, death of a victim, or the end of relationship or the realisation that they may not progress in their sentence if they do not make themselves amenable to treatment are all times where
motivational work to change someone who hitherto has been a categorical denier may result in change.

What NOMS is currently doing

1. We are developing a behavioural monitoring tool that can be used with offenders whether or not they admit their offending. This provides a better way to identify those who are actively risky than relying on offenders’ own accounts of how they are. The tool will enable those who have regular contact with sex offenders (such as prison officers or hostel staff) to recognise behaviours that might indicate there is an active risk of further offending.

2. We are revising our treatment programmes for sex offenders this year and the designers will work hard to find ways of making treatment meaningful for deniers without creating rewards for denial such as shorter or easier treatment.

3. We are developing guidance for offender managers about what they can usefully do with/for offenders in denial as part of our public protection programme of work.

4. In 2002, the Prison Service introduced a strategy for increasing take-up of sex offender treatment and produced a variety of user-friendly materials that explain the benefits of treatment. We have recently released a series of “What Works?” fact sheets across the organisation, including one on sex offender treatment, which should remind staff of the evidence that sex offenders can be rehabilitated. NOMS Rehabilitation Services Group will continue to publicise research findings across NOMS that will help staff work effectively with sex offenders.

Planning interventions with sex offenders who categorically deny their offences.

The NOMS Position Statement (2010) offers the following advice:

Categorical deniers in prison should be regarded as potentially suitable for an SOTP and should have SOTP listed on their sentence plan as a future target. But this should not preclude other risk management work taking place, such as work related to accommodation, employment, social support and so on. Further guidance on this is available from Rehabilitation Services Group (RSG).

Categorical deniers in the community are eligible only for the Community Sex Offender Treatment Programme (CSOG). In other parts of the country (where the Northumbria or Thames Valley Sex Offender Programmes run), their risk will be managed through risk management processes. This may include work on
employment, accommodation or substance misuse. Details of the work and the agencies involved should be included in the risk management plan.

Set alongside advice about targeting scarce resources appropriately (NOMS Position Statement):

Accredited SOTPs are allocated on the basis of risk and need. Offenders with a lower need/risk profile, and offenders who are not allocated to a treatment programme, are managed and treated in other ways, informed by the supervision plan. All other sex offenders, on the basis of assessments carried out to the standards set out above, should be referred to SOTPs. The referral will be processed by the Sex Offender Treatment Manager who will consider the suitability of the offender to attend the programme. The final decision to accept the offender on the programme will be made by the Treatment Manager.

The following conclusions about sentence planning for categorical deniers emerges:

1. Offender managers and offender supervisors should make an individual assessment of each sex offender’s needs and level of denial before setting targets in the sentence plan. Categorical deniers in prison should be regarded as potentially suitable for an SOTP.

2. If the denier is low risk on Risk Matrix 2000 it would be reasonable to omit sex offender treatment as a target and instead concentrate on other targets including social dynamic risk factors that can be tackled regardless of denial, such as employment, accommodation, and social support.

3. If the offender is medium risk or higher on RM2000, then SOTP should be listed on their sentence plan as a “future target”, and work should be done to motivate the offender towards this target, and reassure them about sex offender treatment.

4. If it appears that there is little chance that the offender’s denial can be reversed or addressed in a way that would make them suitable to attend an SOTP no such target should be set, but there should be an objective related to reviewing the offender’s denial at key times in the prisoner’s sentence or life. It could be that the death of a key person in a prisoner’s life or the approach of a Parole Board hearing will “allow” a prisoner to drop his denial; in which case a treatment target would then become appropriate and should be included in the next sentence plan. In all cases categorical denial should not preclude other risk management work taking place such as work related to accommodation, employment, social support etc.