IS DENIAL ALWAYS A PROBLEM FOR SEXUAL OFFENDERS?

**Question:** What is the relationship between denial and recidivism among sexual offenders?

**Background:** When individuals have committed serious transgressions, it is commonly assumed that rehabilitation and social re-integration requires offenders to admit to their transgressions. Most treatment programs will not accept offenders who deny their offences. As well, evaluators conducting risk assessments frequently cite denial as a factor that increases the risk of recidivism.

Denial is common among sexual offenders – even after conviction. Surprisingly, sexual offenders who admit their offences and those who deny their offences reoffend sexually at the same rate (approximately 10% - 15% after five years). Although this finding has been replicated many times, most of these studies have only examined group averages. Denial, however, may only be a problem for specific subgroups. For example, denial may be problematic for high risk offenders because it would prevent them from engaging in the rehabilitation efforts necessary to reduce their risk.

**Method:** The relationship between denial, recidivism risk, and sexual recidivism was examined in three samples of sexual offenders: a) 489 assessed at the time of sentencing in Ontario; b) 490 considered for a diversion program in Washington State (USA); and c) 73 serving federal sentences in the Pacific Region of the Correctional Service of Canada. In each sample, denial was assessed by interview and file review. Risk for sexual recidivism was assessed by a brief actuarial risk tool. Sexual recidivism was based on official records for average follow-up periods that ranged from five to eight years.

**Answer:** As in previous research, there was no overall relationship between denial and sexual recidivism. Different patterns were observed, however, for different subgroups. Contrary to expectation, denial was associated with increased risk among the low risk offenders, and with decreased risk among the high risk offenders. Men who only offend against related victims (incest offenders) are generally classed as low risk. This study found that the incest offenders who denied their crimes were approximately three times more likely to reoffend than the incest offenders who admitted their offences (e.g., 15% versus 5%). Denial had relatively little association with the sexual recidivism rates of rapists and extra-familial child molesters (on average, about 17% in these samples). The same results were found in all three samples.
Policy implications:

1. Denial should be considered in the assessment and treatment of incest offenders. Not only is denial hurtful to incest victims, but it is also associated with increased risk of re-offending among the perpetrators.

2. Denial should not be considered an aggravating factor among sexual offenders who have already been identified as high risk to reoffend. Offenders in denial may need special interventions, but there is no evidence that denial, in itself, further increases their risk for sexual recidivism. As well, denial is rarely permanent; offenders often become more forthcoming once a relationship of trust is established.

3. Further research is needed on the factors that could mitigate the influence of denial on recidivism, such as community support for denial, and successful engagement in treatment.


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