

Nunes, K. L. (2016, November). Conceptualization and measurement of sexual offender denial. In K. L. Nunes (Chair), *Denial and minimization: Conceptualization, measurement, and relevance for treatment and risk*. Symposium conducted at the 35th Annual Research and Treatment Conference of the Association for the Treatment of Sexual Abusers, Orlando, Florida.



Conceptualization and Measurement of Sexual Offender Denial

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Overview

- Summarize/describe a few key measures
 - Denial and Minimization Checklist-III (DMCL-III) (Langton, Barbaree, & McNamee, 2003)
 - Comprehensive Inventory of Denial – Sex Offender version (CID-SO) (Jung, 2004)
 - Facets of Sexual Offender Denial (FoSOD) (Schneider & Wright, 2001)
- Questions/challenges
- Strategies for future research



DMCL-III: Denial Categories and Exemplars

- Denies any interaction with the victim
 - States the victim is lying/is out to get him for some reason
- Denies the interaction he had was sexual in nature
 - Claims touching was for legitimate reason (e.g., medical or physical care)/contact was accidental
- Denies that the sexual interaction was an offense
 - Claims the victim consented

DMCL-III: Minimization Categories and Exemplars

<ul style="list-style-type: none"> • Minimizes sexual deviance <ul style="list-style-type: none"> – Minimizes sexual motivation/sexual intent • Attributes blame to the victim <ul style="list-style-type: none"> – Claims the victim indicated sexual interest/came on to him • External factors presented as justifications <ul style="list-style-type: none"> – Points to his stressful circumstances 	<ul style="list-style-type: none"> • Internal factors presented as justifications <ul style="list-style-type: none"> – Claims to lack (lacked at the time) volitional control (e.g., uncontrollable urge) • Minimizes extent <ul style="list-style-type: none"> – Minimizes the intrusiveness of the sexual behavior • Minimizes harm to victim <ul style="list-style-type: none"> – Suggests the victim was not suffering any serious negative effects • Minimizes risk for sexual re-offense <ul style="list-style-type: none"> – Maintains he is not at risk to sexually offend
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CID-SO Clusters and Sample Items

- A: Denying sexually deviant behaviors and arousal
 - Deny current specific offense
- B: Denying need for treatment/management of sexual offending
 - Deny possibility of future behavior
- C: Denying responsibility
 - Blaming the victim
- D: Minimizing harm
 - Minimization of the seriousness of the offense

FoSOD Subscales and Sample Items

<ul style="list-style-type: none"> • Denial of sexual offense <ul style="list-style-type: none"> – I have never committed a sexual offense • Denial of extent <ul style="list-style-type: none"> – I did touch the victim but I did not go as far as people think • Denial of intent <ul style="list-style-type: none"> – The offense happened because I was under stress or was feeling depressed 	<ul style="list-style-type: none"> • Denial due to perceived victim desire <ul style="list-style-type: none"> – The victim made the first sexual advances and I just went along with it • Denial of planning <ul style="list-style-type: none"> – I purposely arranged things so I could have sexual contact with the victim (R) • Denial of risk of relapse <ul style="list-style-type: none"> – I am confident that I will not commit a sexual offense in the future
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Conceptualization and Measurement

- To conduct more informative tests of whether, how, or for whom denial plays a role in sexual recidivism and other important outcomes, we first need to be clearer about what we mean by denial and we need to be able to measure it reasonably accurately



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What is Sexual Offender Denial?

- Dichotomous vs. continuous
- Narrow (one factor) vs. broad (multiple factors)
- Accurate mitigation vs. misrepresentation
- Self-deception vs. other-deception
- Same vs. different from cognitive distortions, empathy, risk, sexual deviance, treatment readiness, etc.



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Construct Validity

- Once the construct of interest is precisely and clearly conceptualized, how well does the measure assess the construct(s)?
- Some strategies that have been used
 - Convergence with other measures of denial or presumably related constructs?
 - Divergence from measures of presumably unrelated constructs?



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Challenges

- Circular because rarely any independently validated measure to use as an anchor
- Uncertainty about what other measures/constructs should and should not overlap with denial measures/constructs



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Other Possible Strategies

- Factor analysis of items from measures of denial and other constructs, such as cognitive distortions, empathy, treatment readiness, sexual interest, risk, etc.
- Do scores differ between offenders who completely deny guilt and those who admit guilt?
- Do scores differ between pre-verdict and post-sentencing?



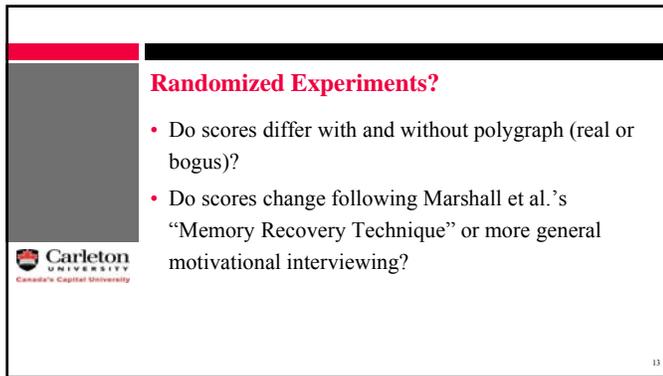
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- Do scores differ between offenders whose families believe they are innocent vs. those whose families believe they are guilty?
- Do scores differ between offenders who try to appeal their convictions vs. those who do not?
- Do scores differ before and after treatment?
- Do scores predict relevant behaviour/performance?
 - Starting/complying/completing treatment (assuming denial is not exclusion criterion for treatment)



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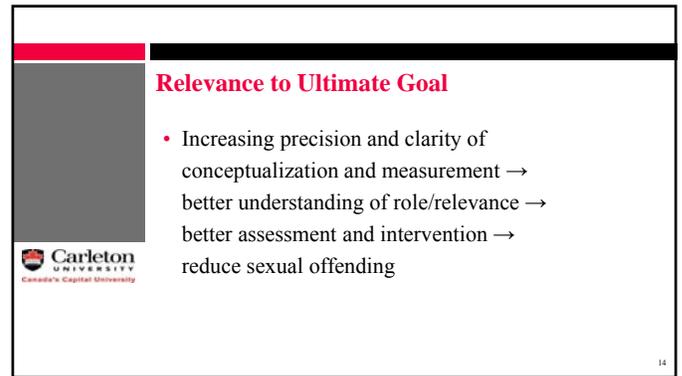


Randomized Experiments?

- Do scores differ with and without polygraph (real or bogus)?
- Do scores change following Marshall et al.'s "Memory Recovery Technique" or more general motivational interviewing?

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Relevance to Ultimate Goal

- Increasing precision and clarity of conceptualization and measurement →
better understanding of role/relevance →
better assessment and intervention →
reduce sexual offending

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