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Understanding Denial in Sexual Offenders:  
The Implications for Policy and Practice

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A thesis submitted in partial fulfilment of the  
requirements of Nottingham Trent University  
for the degree of Doctor of Philosophy

This research programme was carried out  
in collaboration with HMP Whatton

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## **Publications from this thesis**

### **Journal Articles**

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Blagden, N., Winder, B., Thorne, K., & Gregson, M. (In press) "No-one in the world would ever wanna speak to me again": An interpretative phenomenological analysis into convicted sexual offenders' accounts and experiences of maintaining and leaving denial. *Psychology, Crime and Law*.

Winder, B., Blagden, N. (2008) Reflecting on the ethics of interviewing convicted sexual offenders *Social Psychological Review*, 10(1), 25-31.

### **Conferences**

Blagden, N. (2010) What can be done with incarcerated sexual offenders who deny their offending? Dilemmas, controversies and debates for treatment management *paper presented at the British Society of Criminology Conference*, University of Leicester

Pemberton, S., & Blagden, N. (2010) Double edged sword: Dilemmas and controversies in doing research with incarcerated sexual offenders *paper presented at the British Society of Criminology Conference*, University of Leicester

Blagden, N. (2010) Making sense of denial in sexual offenders: The clinical utility of repertory grids paper presented at the 26th *Annual Symposium in Forensic Psychology*, San Francisco, April 2010.

Pemberton, S., Blagden, N. (2009) "What nice eyes you've got" Challenges, pitfalls and dilemmas in conducting qualitative research with sexual offenders. Paper presented at the 24th Annual PsyPAG Conference Cardiff July 2009 (\*paper won commendation).

## **Abstract**

Denial in sexual offenders represents a serious problem for the prison service and for society in general. Sexual offenders who are in categorical denial are excluded from sexual offender treatment programmes and so it is typically the first barrier to treatment a clinician is likely to face. Denial in sexual offenders is not an isolated phenomenon, as approximately 35% of the sex offender population is in categorical denial (Hood et al, 2001; Marshall, 1994; Kennedy and Grubin, 1992). It has been found that 52% of the sex offender population refuse treatment with denial seen as a significant factor (OBPU, 2002). Moreover the ambiguous relationship between denial and recidivism also means that convicted sex offenders may be erroneously released, detained or left untreated due to insufficient empirical evidence to support clinicians' risk judgements regarding sex offenders in denial. Despite the gravitas of the phenomenon, denial remains under researched with a concerning paucity of qualitative research. Empirical research thus far on the phenomenon has been the preserve of quantitative approaches. Such research has attempted to examine personality variables associated with denial (Birgisson, 1996), denial's relationship with IQ (Baldwin and Roys, 1998), psychopathology (Grossman and Cavanaugh, 1990) and risk (Langton et al, 2008; Nunes et al, 2007).

However such approaches have left the knowledge of denial in sexual offenders limited, underdeveloped and fragmented (Cooper, 2005). This thesis aims to bridge part of this gap by offering the first holistic qualitative analysis of denial in sexual offenders. This thesis' qualitative analysis aims to provide a phenomenological understanding of the dynamics, implications and processes of denial in sexual offenders. It is concerned with eliciting and making sense of the thoughts, views and perspectives of sexual offenders in denial; those who have transitioned out of denial and the professionals who treat and manage denial. Through addressing the knowledge deficit with a qualitative analysis our understanding of denial, conceptually and theoretically, is bolstered with treatment frameworks better informed.

This thesis is composed of four empirical studies. The first study aimed to understand the experiences of sexual offenders in maintaining and leaving denial. This study interviewed twelve post-deniers, offenders who had previously denied their offence but who are now admitting, to gain an understanding of their journey towards admittance. This study found that post-deniers had re-storied their lives and viewed the self now as qualitatively different from their self in denial. The study also highlights the importance of maintaining an adaptive viable identity for

deniers during disclosure and treatment. The second study interviewed treatment professionals (psychologists, treatment managers, prison officers) in order to illuminate their views and perspectives on the treatment and management of deniers. This study found that professionals wanted to work constructively with deniers, but resources and interventions available were insufficient. It highlighted the process of working with deniers and how denial is currently being construed as a barrier to treatment. This construal was limiting the potential for positive approaches with deniers. The third study aimed to understand deniers accounting for their offence(s) and how they came to be convicted of a sexual offence. It further sought to investigate how they were making sense of prison life and their attitudes towards treatment. This study highlighted the relational and interactional components of denial, how deniers portrayed moral 'normal' selves and distanced themselves from sex offenders and thus any associated labels. It corroborated findings from the first study, which asserted the importance of identity in deniers. The final study utilised a repertory grid analysis with participants in denial in order to illuminate their sense-making and construing. This study expanded on findings from the previous studies and highlights the potential use of repertory grids in initial assessment and psychological formulation. This study appeared to uncover treatment relevant targets without the participants admitting their guilt. It also provide analysis how deniers where making-sense of their worlds and how they viewed themselves in relation to others.

Although this thesis is successful in offering a qualitative insight into denial in sexual offenders it is concluded more research is needed, specifically on the treatment and management of denial. More research is needed in assessing whether denial matters to the treatment process and whether it should be the final word in sex offender treatment.

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# Chapter 1

## Introduction

In the UK around 52% of all convicted sexual offenders refuse treatment, with denial regarded as one of the major contributing factors to this predicament (OBPU, 2002). It has been found that over a third of the incarcerated sexual offender population outright<sup>1</sup> and totally deny that they have committed an offence (Hood, Shute, Feilzer and Wilcox, 2002; Haywood and Grossman, 1994; Marshall, 1994; Kennedy and Grubin, 1992). This has implications both for the criminal justice system and wider society. First, serious sexual assaults have a long-term deleterious impact on victims and society (Briere, 2008; 2002), making effective services which attempt to reduce victimisation and re-victimisation imperative. Second, denial excludes sex offenders from treatment programmes such as the prison-based Sex Offender Treatment Programme (SOTP) and may mean that untreated deniers are at an elevated risk of reoffending. Third, because individuals in total denial are not able to participate in treatment programmes, they will typically serve longer sentences as they cannot demonstrate that they have addressed their offending behaviour (O'Donoghue and Letourneau, 1993).

Research has demonstrated that sex offender treatment programmes can reduce the number of sex offenders that are reconvicted (Hall, 1995; Hanson et al, 2002; Harkins and Beech, 2006; Hanson et al, 2009). One of the goals of these programmes is to help convicted sexual offenders accept responsibility for their offence(s). This process can impact on victims and it is likely to reduce the need for further legal processes, such as appeals, which victims often experience as a form of secondary victimisation (Gregory and Lees, 1999; Jordan, 2001; Temkin, 1997). However, access to treatment comes with stipulations – the acceptance (albeit partially) of responsibility by the offenders for their actions is a prerequisite for admittance onto a treatment programme (Marshall et al, 2001). Categorical deniers, even if they were inclined to do so, are not permitted to participate on SOTPs.

The study of denial in sexual offenders has suffered from conceptual and definitional difficulties, which has contributed to a fragmented and insufficient knowledge of the phenomenon (Cooper, 2005). Until recently, denial was conceptualised as a dichotomous construct (one is either 'in denial' or not), however evidence suggests that it is more

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<sup>1</sup> Although the literature uses the terms outright, total and categorical denial, they are used in the same way, the complete refutation that the offence occurred and/or complete refutation that they are in anyway blameworthy or responsible.

appropriately considered a multidimensional concept (Jung, 2004; Carich and Calder, 2003). For instance, an offender may admit the act occurred e.g. sexual intercourse, but deny the act was rape instead claiming it was consensual. Thus between the two poles of offence denial (admittance and total denial), offenders will vary significantly on the level of responsibility they will take for their actions (Carich and Calder, 2003).

Denial in sexual offenders is a problematic phenomenon with serious implications for treatment providers. It is likely to be the first barrier a clinician has to face and overcome before successful therapy occurs (Laws, 2002). Deniers can present problems if admitted into treatment programmes; they may not engage in the programme, can be a disruptive influence on other group members and may cause friction within the group (Hudson, 2005; Levenson and McGowan, 2004). Due to the offender's denial, they will generally be unwilling to discuss past offences or deviant sexual interests. However, several piloted deniers programmes have found that such offenders do make progress while on treatment programmes and so can be receptive to treatment intervention (Maletzky, 1996; Marshall, 1994; O'Donoghue and Letourneau, 1993). It may be that treatment with deniers requires an approach not based on disclosure (see Marshall et al, 2001), at least initially.

While forensic and clinical settings may view denial as something that needs to be tackled or challenged, denial in sexual offenders is not unsurprising given the amount of public indignation sexual offenders face. The stereotypical social constructions of sexual offenders include them being construed as; 'beasts', 'monsters' and 'evil' (Thomas, 2005; Hudson, 2005; Gavin, 2005). While denial in sexual offenders may not be inherently deviant, the context within which the denial is 'done' (the institutional setting) requires denial to be construed as a maladaptive trait.

However to view denial as wholly maladaptive is not a tenable position, as it fails to acknowledge how ubiquitous the phenomenon is in human beings (Rogers, 1961, Saxe, 1991). Everyone 'does' denial on a regular basis, to avoid potentially awkward situations or to cope with an event or situation (Russell, 1993). Denial operates in everyday settings through social interaction and also in highly adversarial settings where the costs of disclosure come with internal and external ramifications (see Sewell and Salekin, 1998; Rogers, 1988; Rogers and Dickey, 1991). Sexual offending is an example of the latter with disclosure likely to have external implications (e.g. imprisonment) and internal implications (impact on one's personal and social

identity). The denial process is not exclusive to those involved in criminal behaviour; nor should self-deception and denial be considered symptomatic of a mental disorder (Lazarus, 1983). Paradoxically, research suggests that honest self appraisals are linked to depressive disorders (Lazarus, 1983, Seligman, 1975). As Cohen (2001: 56) argues "mental health it turns out, depends not on being in touch with reality, but on illusion, self-deception and denial".

In summary, denial is a complex phenomenon that has implications for treatment and possibly recidivism, though denial should not be equated to untreatability (Jung, 2004). This thesis will argue for a more sophisticated conceptualisation of denial, one that does not view deniers as untreatable, but instead as an issue that requires greater creativity and flexibility on the part of academics and clinicians. The empirical studies in this thesis will focus on understanding offenders' transition from denial to admittance, the sense making and construing of deniers, and staff perspectives on the treatment and management of denial. Outcomes of which could be vital for informing the process of working with deniers to help make treatment successful.

## **Research Context**

Research conducted on denial in sexual offenders has almost exclusively been quantitative and has focused on the relationship between denial and recidivism (Langton et al, 2008; Nunes et al, 2007; Hanson and Bussiere, 1998), the link between denial and personality, IQ, and psychopathology (Baldwin and Roys, 1998; Birgisson, 1996, Grossman and Cavanaugh, 1990). Baldwin and Roys (1998) found that deniers are typically younger and have lower IQs. They also found that they displayed a fake good style of responding for both general psychological health and offending behaviour. These results bolstered Grossman and Cavanaugh's (1990) earlier findings that deniers not only denied deviant sexual behaviour but also minimised psychopathology. Previous research has contained ad hoc clinical reports of some structured group programmes for deniers (Marshall et al, 2001; Roberts and Baim, 1999; Maletzky, 1996; Schlank and Shaw, 1996; O'Donoghue and Letourneau, 1993). While most of the programmes reported improvement in the deniers, with some leaving denial altogether, there still remains no accredited programmes for deniers and no real strategy for treating and managing this population (Hudson, 2005).



The paucity of qualitative research is surprising when we consider the benefits qualitative research can offer forensic settings (see Webster and Marshall, 2004). There are two possible explanations. The first is that denial is not seen as a qualitative phenomenon. Moore (2000) has articulated such a point contending that denial is not a qualitative concept and that interviewing deniers about their denial tells you very little about why they are denying, so it becomes a futile endeavour. However, denial is a subjective experience and one employed by different people, at different times and for very different reasons (Goldstein, 1972). The contention by Moore (2000) seems to neglect a fundamental aspect of qualitative research, namely that of interpretation. Rarely is it the content of what people say that is of the utmost interest, but the process by which the person comes to articulate things in such a way (Yalom, 1991). This is particularly important in chapter six of this thesis, which explores the ways in which deniers account for being accused and convicted of a sexual offence. Their denial, rather than telling us nothing of relevance as Moore (2000) would argue, instead illuminated much in terms of how deniers present their accounts and the implications of such accounting. This form of second order sense making is common within qualitative interpretative traditions (Eatough and Smith, 2008).

The second explanation is that one of the fundamental preoccupations of forensic psychology is of risk and risk assessment (Craig, Beech and Browne, 2008; Kemshall, 2003). Research in this area is largely conducted using quantitative measures. This has led some to argue that crime and criminal behaviour research is becoming distant from offenders' perspectives (Matza, 1970, Nee 2004). The preoccupation with risk may also have had implications for research focusing on denial more generally. The relationship between denial and recidivism is not fully understood; with some research suggesting that it has little or no impact on recidivism. Hanson and Bussiere's (1998) meta-analysis of the characteristics of persistent sexual offenders and risk factors related to recidivism found that denial was a poor predictor of recidivism. However Jung (2004) and Lund (2000) challenge the adequacy of those findings due to definition and measurement of denial varying from study to study. Recently Nunes et al (2007) have found a relationship between low risk offenders (notably incest) and recidivism. It has also been suggested that research is required investigating whether denial operates as a meaningful psychological risk marker (Mann, Hanson and Thornton, 2010).

This thesis is not attempting to be broad based or be able to generalise to wider populations but has purposefully and intentionally limited its focus to sexual offenders. It also does not attempt to measure denial in any quantifiable way (see Schneider and Wright, 2001 and

Jung, 2004 for examples of sex offender denial measures). The measurement of denial in sexual offenders cannot occur until there is sufficient and adequate understanding of the phenomenon. One of the main aims is to focus on understanding denial from the offender's perspective, to gain an insight into deniers sense-making, construing and offence accounting, and using expert staff perspectives to attempt to facilitate a more creative approach to working with deniers. The knowledge of denial in this area is fragmented, with the need for greater understanding and knowledge of the concept (Cooper, 2005, Marshall, 1994). This thesis will provide such knowledge by taking a more idiographic approach than has previously been taken and using a phenomenological qualitative methodology to understand the lived experiences of the participants. This thesis could be considered explorative as it aims to better understand denial in sexual offenders and through this process highlight recommendations for the treatment and management of deniers.

## **Research questions, aims and objectives**

### **Research Questions**

- What makes so many sex offenders deny their actions?
- What are the participants' personal experiences of overcoming their offence denial?
- What psychological, situational and contextual factors/experiences influence offenders in overcoming denial?
- What are the views and perspectives of professional programmes staff (psychologists, treatment managers and facilitators) with regard treating, managing and working with deniers? Do they believe they can be treated? How do they believe this should be done?
- How do deniers account for being convicted of sexual offences?
- In what ways do 'deniers' construe and make sense of their prison lives? How do they construe self (self now, ideally, self before arrest) and victim?
- What are the thoughts, feelings and attitudes of deniers towards treatment, prison staff (psychology, prison officers and probation officers) and their offence?

### **Aims**

- To contribute to an understanding of denial in sexual offenders based on the lived experiences and perspectives of those in denial and those who have overcome denial.

- To understand the views and perspectives of expert professional staff as to how to treat, manage and work with deniers and thus make a contribution to the 'does denial matter to treatment' debate.
- To gain an insight into the construing and sense-making of deniers particularly with reference to self and others.

### **Objectives**

- Using the lived experiences and perspectives of offenders who have come out of denial, attempt to understand the psychological, situational and contextual factors that are salient for overcoming denial.
- Using the lived experience and perspectives of professionals (psychologists, facilitators and probation), attempt to ascertain their views on treating, managing and working with sexual offenders who deny their actions.
- To explore and investigate 'deniers' version of their offence account and the processes that led to them being convicted beyond reasonable doubt.
- To understand how deniers construe and make sense of self and others and their pathways to prison.
- To attempt to understand and ascertain 'deniers' attitudes and perspectives towards treatment, prison staff, and their offence and victim(s).

## **Structure of Thesis and Outline of Chapters**

This thesis is comprised of eight chapters. Chapter one is the introduction and provides a rationale for the study and outlines the research aims and objectives. Chapter two of this thesis reviews the literature on the concept, theoretical frameworks and treatment of denial in sexual offenders. Chapter three details the methodological approach underpinning this thesis and the process issues involved in designing and constructing this research.

Chapters four to seven will present the empirical studies of this research. Chapter four, details the processes and experiences of maintaining and overcoming denial in convicted sexual offenders. Chapter five focuses on the programme's staff perspectives on treatment and management of denial with the focus on how treating deniers should be approached, what needs changing and the treatment needs of deniers. Chapter six focuses on the experiences and perspectives of those currently denying their offence with particular emphasis on how they

account for being convicted of their offence and their experiences within the criminal justice system. Chapter seven details the repertory grid analysis of deniers and examines their construing. Chapter eight presents a general discussion and conclusions, in addition detailing the implications and limitations of the present research and highlighting possible avenues for future research.

## Chapter 2

### **A Review of the Theoretical and Treatment Frameworks of Denial in Sexual Offenders**

*"To tell deliberate lies while genuinely believing in them, to forget any fact that has become inconvenient, and then, when it becomes necessary again, to draw it back from oblivion for just so long as it is needed, to deny the existence of objective reality and all the while to take account of the reality which one denies – all this is indispensably necessary".*

**George Orwell**

This thesis is concerned with understanding and making sense of denial in sexual offenders. This chapter aims to review how denial has been defined and conceptualised with particular reference to sexual offenders, the theories associated with denial and treatment frameworks for deniers. The broad aim is to set the thesis within a wider context and to highlight the current position both theoretically and practically pertaining to denial in sexual offenders.

This chapter is essentially split into two main sections. The first part of this literature review will be to review concepts and theories which can be used to explain denial in sexual offenders and in offenders more generally. The literature review focuses on theories that are not sex offender specific as there is no established theory attempting to explain denial in sexual offenders (Cooper, 2005; Hogue, 1998). Instead the review considers a range of theories that have attempted to explain denial in offenders and non-offenders (i.e. in everyday life). There have been few empirical studies focusing on denial in sexual offenders and consequently theoretical development on the subject is relatively weak (Jung, 2004). Current psychological theories of sexual offending largely emanate from the socio-cognitive paradigm and so the review draws heavily on theories within that area.

The second part of this literature review focuses on the treatment programmes for deniers which have been piloted and the current trends in treating this population. While there are currently no accredited deniers programmes, there have been numerous piloted programmes reported in the literature, with noteworthy similarities and divergences between the programmes. This part of the literature review critiques the provision of treatment for

deniers and outlines a debate within the literature which considers whether denial should matter to the treatment process. It is worth noting at this point that within forensic contexts denial is considered a maladaptive phenomenon that must be overcome or broken down if successful treatment is to occur (Laws, 2002; Northey, 1999). However, there is a body of evidence which suggests denial is not inherently maladaptive nor is it the preserve of those engaged in criminal behaviour. In actuality denial can be witnessed in the daily interactions of people, organisations, societies and governments (Cohen, 2001). The literature review presents prior research and theoretical development which contextualises this research and from which emerges a rationale for this project. The implications of the debates raised in this literature review will be revisited throughout this thesis.

## **Defining Denial in Sexual Offenders**

Before the theoretical and treatment frameworks are considered it is necessary to investigate how denial (both in the everyday and the applied sense) has been defined and conceptualised. Literature pertaining to denial in sex offenders has covered the latter adequately, but the former is often insufficiently covered. The Oxford English dictionary defines denial as the *'act of denying; contradiction; disavowal; refusal'* and a denier as *'one who denies'*. Such definitions are not useful in the applied criminal justice setting. The American Psychological Association (APA) (1999) provides a more thorough and workable definition of denial in context. The APA (1999:808) defines denial as a *'defence mechanism in which the person fails to acknowledge some aspects of external reality that would be apparent to others'*. They also define a *'defence mechanism'* as *'patterns of feelings, thoughts, or behaviours that are relatively involuntary and arise in response to perceptions of psychic danger. They are designed to alleviate the conflicts or stressors that give rise to anxiety'*. Denial in sexual offenders in particular has been defined as; *'an unconscious defence mechanism that allows the individual to completely inhibit or ignore external reality and consequent internal anxiety...it seems to block an accurate appraisal of the severity of the deviant behaviour, its impact on the victim and its potential consequences for the offender'* (Jenkins-Hall and Marlatt, 1989: 48).

The definitions offered by both the American Psychological Association and Jenkins-Hall and Marlatt (1989) are consistent. They both define denial as a defence mechanism that enables the offender to ignore or distort some aspect of external reality which allows internal anxiety to

be diffused and consequences to the victim to be ignored. Jenkins-Hall and Marlatt (1989) suggest that, in line with psychoanalytical positions, denial is an unconscious defence mechanism. However, this assumption, denial as unconscious, is not without critique or some serious implications. By implying that denial in sexual offenders is unconscious, it could be suggested that the offender was not fully aware of their transgression as it is beyond the realm of their conscious knowledge. One ramification of this proposition is that if the denying sexual offender is totally unaware, how can they be fully culpable?

### **Knowing vs. Not Knowing**

The realm of unconscious defence mechanisms has become more or less synonymous with psychoanalysis and the work of Sigmund and Anna Freud. It is in the work of the latter where denial becomes prominent as a mechanism of ego defence. Anna Freud (1936/1993) outlines two forms of denial 1) 'denial in fantasy' and 2) 'denial in act and word'. The first form of denial is a denial in the 'not knowing sense'. The second form of denial, 'denial in act and word', occurs in the play of children and can be witnessed in adult-child interactions ("what a big strong boy"; you're as strong than your father". Traditional psychoanalysis views denial as an unconscious defence mechanism, it is a way of averting shame, guilt and disturbing 'realities' (Cohen, 1993). Happle and Auffrey (1995) argue that sex offenders may dissimulate and deny the truth to themselves. Relatedly there are many sex offenders who claim memory loss or amnesic episodes and while some may be so traumatised by the event that they not be able to acknowledge or remember it (Brown, 2005), most will be intentionally malinger or denying (Hall and Poirier, 2000; Marshall, Serran, Marshall and Fernandez, 2005, Serran and Marshall, 2005). The anodyne properties of denial are ubiquitous in the causal explanations of the usage of denial.

Sigmund Freud is more noted for the use of the term disavowal rather than denial, with the connotations of latter carrying a greater gravitas. Disavowal which Freud describes as "blindness of the seeing eye," is where "one knows and does not know a thing at the same time" (Freud in Britton, 1994: 365). Accordingly disavowal results in the process of splitting the ego, the ego is detached from reality; however this is necessitated by an acknowledgment of the split (Britton, 1994). However this conceptualisation appears opaque and is criticised by Sartre (1957/2007) as it implies that we can be unaware of something in one part of our mind and yet in another part of our mind we can acknowledge its existence.

Not all propositions of denial are unconscious and there are those that argue that denial has a distinctly conscious project. Indeed Sartre is critical of the Freudian notion of unconscious denial and instead argues that denial and self-deception happen in the unity of consciousness (Sartre, 1957/2007). Bad faith can be understood as a form of denial that consciousness directs itself towards, though this is not lying to oneself in the everyday sense. 'Bad faith' happens in consciousness, there is no deceiver and deceived, and it is not separate or unconscious process (Sartre, 1957, 2007). There must be awareness in consciousness, indeed they would have to be very aware "in order to conceal it more carefully" (Sartre, 1957/2007: 72). Sartre proposes that psychoanalytical arguments defeat themselves and argues that all consciousness is consciousness of something. "The very essence of hiding something from oneself implies the unity of one and the same psychic mechanism and consequently a double activity at the heart of the unity" (Sartre, 1957/2007: 76). The separating of consciousness from unconsciousness by way of a mediated censor (psychoanalyst), psychoanalysis has not succeeded in separating and disassociating the two phases of the act. Even the psychoanalyst is working within the realm of consciousness (Sartre, 1957/2007). Schneider and Wright (2001) argue that denial in sex offenders may not just be a deliberate conscious strategy to evade negative consequences, but that the process of denying may give rise to biased cognitions that actively function to maintain distorted thoughts.

It has been argued that denial is part of a distortive process based on people's implicit beliefs about the world they live (Yates, 2009) and so may not be wholly unconscious or conscious. Denial, from this perspective, would be considered a 'cognitive product' (Mann, 2004). Trivers (2000) makes an intriguing point related to the conscious/unconscious dynamics of denial. He argues that it takes 20ms for a nervous signal to reach the brain, yet it takes 500ms for that signal to reach consciousness. It would appear that there is sufficient time for amendments, changes, deletions or any other biases to occur that would affect the content of experience. Trivers (2000) would suggest that while there are both conscious and unconscious aspects to denial and self-deception, it largely is an unconscious process.

## **Conceptualising Denial in Sexual Offenders**

Denial has been conceptualised as a uni-dimensional phenomena i.e. offenders are either 'in denial' or offenders are 'not in denial' (Gibbons, De Volder, Casey, 2003). However Carich and Calder (2003) are critical of the uni-dimensional conceptualisation of denial and instead argue denial is best thought of as spectrum or continuum of behaviours and not a single state. Between



the two extremes (denial and admittance), offenders may vary considerably on the level of responsibility they take for their behaviour (Carich and Calder, 2003).

Carich and Calder (2003) put forward 15 dimensions of denial; these are not strict compartments, but rather overlapping dimensions. The 15 dimensions are: complete denial; attack; denial of facts; denial of awareness; denial of intent; denial of responsibility – psychological/behavioural; denial of impact – intrusiveness, harm, seriousness; denial of frequency; denial of fantasy or planning/grooming and the environment; denial of deviant sexual assault and inappropriate sexualisation of nonsexual problems; ‘admission with’ justification - minimisation - fabrication – mental illness; guilty but not guilty; denial of denial; no denial; after conviction (Carich and Calder, 2003: 79-83). Although there is a continuum here it is important to remember that denial is more complex than simply shifting from one stage to the next (see Brown, 2005, Gocke, 1992). Offenders may deny certain aspects of their offence and accept others, some will overlap and perhaps multiple stages will be in place until treatment programmes start to break them down (Brown, 2005).

## **Typologies of Denial in Sexual Offenders**

The discussion on defining and conceptualising denial has highlighted that denial can be seen as a continuum and that it is not simply a dichotomous construct. Denial, when conceptualised on a continuum, can be broken down into denial typologies or facets of sex offender denial (Schneider and Wright, 2004). The literature has highlighted the different types of denial, with each study arguing that denial is a complex multifaceted construct (see Schneider and Wright, 2004; Marshall, Anderson and Fernandez, 1999; Brake and Shannon, 1997; Winn, 1996; Prins, 1995; Stevenson, Castillo and Sefarbi, 1990).

Several authors have proposed different types of denial and these will be categorised later in this section. Winn (1996), for example, found seven overlapping positions of denial: *Denial of facts* – the offender and/or members of family act as though the abuse did not happen or deny that the offence occurred; *Denial of awareness* – the possibility of the offence is considered, but the conscious knowledge of the abuse is denied. Here, intoxication and memory loss are given as justifications. *Denial of impact* – a form of self-preservation where the offender and members of his significant system minimise or ignore the emotional, social, or physical ramifications of the offender’s abuse; *Denial of responsibility* – responsibility is generally assigned to the victim e.g.

'seductive' behaviour of the victim, problems with spouse or benevolent intentions like educating the child for future sexual encounters; *Denial of deviant sexual arousal and inappropriate sexualisation of non-sexual problems* – The offender and/or family members ascribe non-sexual explanations for offender's behaviour; *Denial of grooming oneself and the environment* – a process whereby the offender and/or his significant others denies the presence of any internal or contextual planning in the abuse; *Denial of denial* – Offender and familial behaviour dismisses or minimises that denial is providing a function in terms of allowing the offender to psychologically cope with the shame generated by the abusive behaviour. Such denial types mirror Goleman's (1989) position that denial provides the function of soothing the psyche.

Marshall, Anderson and Fernandez (1999) and Laws (2002) also put forward seven facets of sex offender denial: *Complete Denial* – the offender believes they are either falsely accused, suffering memory loss or just simply the wrong person; *Partial denial* – justifications such as the 'victim consented', 'it was educational' or 'an act of love'; *Minimising the offence* – 'no other victims it was a one-off', 'there was no coercion or force'; *Minimising responsibility* – justifications include 'intoxication', 'stress' or the 'victim was seductive'; *denying/minimising harm* – 'I didn't cause harm because I wasn't forceful' or 'I'm not the cause of the victim's problems'; *Denying/minimising planning* – 'was an impulsive act', 'things just happened' or the 'victim initiated the act'; *Denying/minimising fantasy* – 'I don't have deviant fantasies' (Laws, 2002). However, it could be argued that the types of denial emanating from the above studies are more akin to cognitive distortions or excuses and justifications which rationalise the offender's behaviour. It is often unclear in the literature whether denial is separate to or the same as minimisations. Clearly there is an overlap. Barbaree (1991) argues that it is the same self-serving cognitive processes which generate both phenomena, but they differ in two ways. Firstly, denial is categorical (I didn't do it) whereas minimisation is graded. Secondly, denial concerns statements of facts ("I wasn't there") and so the offender does not need treatment. Minimisation, however, concerns an offender's responsibility for an offence and degree of harm the victim suffered. This position is supported by Yates (2009) who argues that denial can be seen as a cognitive distortive process generated by underlying cognitive structures. These points will be expanded upon in the theory section below.

Schneider and Wright (2004) posit that denial types can be broken down into three overarching categories. These can be understood as offenders' fundamental goals when they

give explanations of their accountability and include: *Refutation*; *Minimisation*; and *Depersonalisation* (Schneider and Wright, 2001). *Refutation* includes offenders who categorically deny their actions or any involvement in the offence. Though this category need not be total refutation, it can encompass some explanation of acknowledgement regarding the offence, but with the offender maintaining that it was not harmful and should not be considered a sexual offence. Refutation provides complete relief from accountability. *Minimisation* begins to occur when the offender construes their behaviour as in some way problematic or potentially harmful. Offenders here may be ambivalent about their offending behaviour and while it could be considered progression from refutation, this stance still provides adequate shielding from full accountability. Those minimising usually locate blame to external factors thus reducing culpability. Offender explanations here will reflect the denial of intent to commit the offence and assert the victim was willing or the instigator. *Depersonalisation* occurs when the offender rejects the possibility that he is the sort of person vulnerable to committing sexual offences. Thus it reduces culpability by preventing the offender from recognising predisposing and potential risk factors in future behaviour. Depersonalisation is characterised by denial of planning, denial of deviant sexual interests and denial of future risk (Schneider and Wright, 2001). The below table outlines some of the main studies that have posited different types of denial, and these have been placed accordingly under one of Schneider and Wright's (2001) overarching denial categories. Such categorisation could be a useful clinical indicator of offender progress, treatment need and future risk factors.

**Table 1: Typographical Overview of Denial in Sexual Offenders**

Author(s)	Refutation	Minimisation	Depersonalisation
<b>Cohen (2001)</b>	<i>Denial of victim</i>	<i>Denial of intent</i>	
	<i>Denial of not knowing</i>		

<b>Happle and Auffrey (1995)</b>	<i>Denial of crime</i>	<i>Denial of frequency of deviant acts</i>	<i>Denial of deviant sexual preference</i>
	<i>Denial of injury and victim impact</i>		
<b>Kennedy and Grubin (1992)</b>	<i>Denial of offence</i>	<i>Denial of internal attribution</i>	<i>Denial of deviant sexual preference</i>
		<i>Denial of responsibility</i>	
<b>Lord and Willmot (2004)</b>	<i>Pre-contemplative denier (stage1)</i>	<i>Contemplation of problem (stage 2)</i>	
		<i>Further contemplation (stage 3)</i>	
<b>Marshall, Anderson and Fernandez (1999)</b>	<i>Complete denial</i>	<i>Partial denial</i>	<i>Denying/minimising harm</i>
		<i>Minimising responsibility</i>	<i>Denying/minimising fantasy</i>
		<i>Minimising the offence</i>	
<b>Prins (1995)</b>	<i>Denial of the act itself</i>	<i>Denial of the child as a victim</i>	<i>Denial of the child as a person</i>
		<i>Denial as a consequence of the child</i>	<i>Denial of adult responsibility</i>
<b>Stevenson, Castillo and Sefarbi (1990)</b>	<i>Denial of offence</i>	<i>Denial of responsibility</i>	<i>Denial of sexual enjoyment and gratification</i>
	<i>Denial of offender</i>	<i>Denial of frequency and duration</i>	
	<i>Denial of victim</i>		
<b>Winn (1996)</b>	<i>Denial of facts</i>	<i>Denial of awareness</i>	<i>Denial of sexual arousal and inappropriate arousal of non-sexual problems</i>
	<i>Denial of impact</i>	<i>Denial of responsibility</i>	<i>Denial of grooming oneself and the environment</i>
	<i>Denial of denial</i>		

## **Incidence and Issues of denial**

As noted in the introduction the incidence of total/categorical denial in sexual offenders is around 35% (Hood et al, 2002; Marshall, 1994; Kennedy and Grubin, 1992), with around 52% of all incarcerated sexual offenders refusing treatment (OPBU, 2002). It is difficult to get an accurate picture of the true incidence of denial given that many researchers define the phenomenon in different terms (Cooper, 2005). Barbaree (1991) contends that 98% of sexual offenders deny and minimise when first coming into prison. In Barbaree's study he found that between 50-60% of sexual offenders categorically denied their offences.

Total deniers are excluded from treatment and this has two main implications. The first is pragmatic; excluding those in total denial reduces the number of sexual offenders eligible for treatment (Cooper, 2005). While this may not be too much of an issue for therapeutic establishments who have a wider pool of sexual offenders receptive to treatment to choose from, it may have significant implications for establishments with smaller populations or those that have mains location<sup>2</sup> and vulnerable prisoner units. The second issue, by implication of the first, is that there will be a significant proportion of sexual offenders who will be released without having gone through treatment and so may have outstanding risk factors that have not been addressed. As such, offenders will be untreated and that may put the individual at a greater risk of recidivism (Hanson et al, 2009; Hall, 1995). There have recently been reports in the media that large amounts of sexual offenders are not being treated due to a lack of resources and overstretched treatment providers (BBC, 2003, 2010). The reports contend that more sex offenders need treatment before release. Denial has clear implications for this as it excludes participation from treatment and is considered a significant factor in treatment refusal (OBPU, 2002). However the relationship between denial and sexual offence recidivism is unclear and contested and will be discussed in greater detail later in this section.

There can be a common assumption that all deniers are guilty and that the legal system is infallible (Cooper, 2005). We need to be mindful of the fact that a small minority of deniers may possibly be innocent and wrongly convicted and that there are occasions where miscarriages of justice can occur. The criminal justice system is rarely a quest for the truth; the common law system does not ask whether a defendant is innocent or guilty but rather whether it can be proved beyond reasonable doubt that the person is guilty (Williamson, 2004). While one has to

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<sup>2</sup> In some mixed offence prisons there are the 'mains' landings where for instance sexual offenders may be integrated within the main (non-sexual offending) prison population. If they feel unsafe they may go on a vulnerable person's wing which is segregated from the mains location.

acknowledge this, the incidence of those wrongly convicted will be extremely small. It is well documented that securing a conviction for any type of sexual offence is difficult (Thomas, 2005; BBC, 2004). It is well documented, for example, that attrition rates of rape cases are high with only around 5% of cases securing a conviction (Kelly, Lovett and Regan, 2005). It has also been contended that the criminal justice system is weighted in favour of those accused due to the anticipation of invasive questions being a significant contributor to withdrawal of charge (Goodey, 2005).

## **Theories Relating to Denial in Sexual Offenders**

As there are no explicit theories of denial in sexual offenders this section reviews theories that can be related to denial, or that may be able to offer some insight into how and why sexual offenders use denial. This section focuses mainly on socio-cognitive theories which have been applied to sex offenders and offenders more generally, as they are currently the most dominant theoretical framework within the sexual offender literature. The two latter theories discussed in this literature review; neutralisation and adaptive theory, also have relational and rational properties. The theories and concepts reviewed here also match the methodological position of this thesis and the methodological approach of interpretative phenomenological analysis. Such an approach has social cognition as one of its main analytical concerns (i.e. the link between language, cognition and action), it also examines the relational aspects of social interaction (Smith, 199).

### **Cognitive Distortions**

Beck (1963) is generally cited as the originator of the term 'cognitive distortion'. The term was often used to describe the thinking patterns of some of his depressed clients, which he found had stable and enduring negative self-perceptions. However it was Abel, Becker and Cunningham-Rathner (1984) that first applied the label to sexual offenders. Here, cognitive distortions were applied to offenders' rationalisations of their offending. These distortions were considered to play a causal role in the aetiology of sexual offending and so needed to be neutralised in order to prevent further offending. The term cognitive distortion has been hugely influential in forensic psychological settings. There are components in many cognitive-behavioural treatment programmes including sex offender treatment programmes that aim to challenge and change cognitive distortions and thinking errors (McGuire, 2006). Frequently in the literature, denial is conceptualised as a cognitive distortive process. For instance Murphy (1990)

argues that cognitive distortions are 'self-statements made by offenders that allow them to deny, minimise, justify and rationalise their behaviour' (Murphy 1990: 332). Here denial is a part of the distortion process, with distortions giving rise to denial statements. However, this view of denial seems to reduce denial down to a post-hoc rationalisation. Similarly the types of denial offered in the previous section such as 'denial of enjoyment/deviant sexual interest', 'denial of impact', 'denial of planning', appear more consistent with cognitive distortions (CDs) and self-serving biases, than with actual denial of sexual offending (Yates, 2009; Abel, Becker and Cunningham-Rathner, 1984). This seems to again suggest that the defining of denial in sexual offenders is complex and not consistent.

Ward, Hudson and Marshall (1995) argue that sexually aggressive behaviour is often legitimised and justified by CDs. However, they point out that there is no clear conceptual model that accounts for the mechanisms which generate such distortions (Ward, Hudson, Marshall, 1995). CDs have been taken as offenders' post hoc excuses, justifications and rationalisations to account for their offending behaviour and present themselves in a more favourable light. Indeed research has shown that child molesters actively impression manage their accounts and consciously minimise their cognitive distortions (i.e. they fake good) (see Gannon, Keown and Polascheck, 2007). The aim of Gannon, Keown and Polascheck's (2007) research was to investigate whether extra-familial child molesters (CMs) consciously minimise their self-reporting of cognitive distortions. They found that at time 1 (when free to impression manage) CMs displayed fairly low cognitive distortion endorsements (mean endorsement was between disagree and unsure). At time 2 a group of the CMs were attached to the bogus pipeline (a fake lie detector). On average CMs attached to the bogus pipeline tended to increase their CD endorsement, in other words they consciously subscribed to more cognitive distortion statements. Their results suggest that there is legitimate reason to question CMs self-reporting on CD questionnaires (Gannon, Keown and Polascheck, 2007).

Many authors have begun to question the role of CDs in the aetiology of offending (Maruna and Mann, 2006, Howitt and Sheldon, 2007, Ward, Hudson, Johnston and Marshall, 1997, Ward, Hudson and Marshall, 1995). Maruna and Mann (2006) are critical of the assumption that post hoc excuses are inherently criminogenic and of their relationship with future offending. They argue that clinicians and academics have been guilty of something akin to the fundamental attribution error. They suggest that criminal justice professionals are too focused on having offenders 'take responsibility', which may in fact be counterproductive (Maruna and Mann,

2006). Generally when people account for their actions (particularly a transgression or something that is considered 'wrong') it is normal for them to assign blame elsewhere or to explain their behaviour in terms of external circumstances (Dean, Mann, Milner and Maruna, 2008). Indeed when accounting for negative events research has shown that shifting casual attributions away from internal stable dispositions (I failed because I'm stupid) to external unstable can maintain psychological well-being and has been linked to crime desistance (Synder and Higgins, 1988; Maruna, 2004). Howitt and Sheldon (2007) argue that (despite great research investment) little is known about the efficacy of CDs on recidivism. They contend that "in research terms, arguably the concept of cognitive distortion has achieved a centrality exceeding its demonstrated importance" (Howitt and Sheldon, 2007: 470).

Blumenthal, Gudjonsson and Burns (1999) argue that when applying cognitive distortions little credence is given to different personal and offence characteristics. In essence sex offenders are treated homogenously. However, research examining cognitive distortions (see Abel, Gore, Holland, Becker and Rathner, 1989) has found that child sex offenders have significantly more entrenched cognitive distortions than other offenders. They are more likely to endorse attitudes and beliefs (measured on the Cognitions Scale) about the acceptability of sexual activity with children (Blumenthal et al, 1999). Blumenthal et al's (1999) research found similar results leading them to argue that cognitive distortions will vary with offence and offender, offenders will have distortions consistent with their own offending and these will be distinguishable from other offenders. Nugent and Kroner (1996) found that child molesters incorporate more impression management and denial tactics into their responding compared to rapists. Such research has resonance as it has recently been (Eccleston and Owen, 2007) and child molesters may differ in terms of cognition, beliefs, and attitudes towards offending. Therefore suggesting that their treatment needs may best be targeted through offence specific therapy i.e. rapists-only treatment and not through a 'one-size fits all' programme (Dean, Mann, Milner and Maruna, 2007; Eccleston and Owen, 2007; Langton, 2007; Soothill, 2010). Similarly Hogue (1998) argues that an individual's presentation of offence-related denial generally juxtaposes other attitudes and cognitive distortions. For instance an offender who holds rape myths (see Burt, 1980; Gray; 2006; O'Bryne, Rapley and Hanson, 2006) may well deny their offence because they did not interpret their behaviour as 'offending'.

Perhaps the most overlooked contemporary critique of cognitive distortions as applied to sexual offender treatment is in the work of Auburn (2006, 2005) and Auburn and Lea (2003).



They challenge the use of the term cognitive distortions from a discursive psychological position. Such critiques argue that cognitive distortions should not be seen as mental entities, but rather as something people 'do' (Auburn, 2005, Auburn and Lea, 2003). From a discursive psychological position, the term cognitive distortion is too individualistic, in that it is not considered part of interaction, people rarely just come to articulate such comments. Furthermore the term could be considered ideological, as cognitive distortions are sometimes defined as non-consensual beliefs, however this implies agreement on social norms and it is argued that we do not live in a consensual society (Auburn, 2006). Auburn (2005) argues that cognitive distortions are a form of narrative repair, which offenders use to police their account, and construct a more desirable one. Auburn (2006, 2005) posits that it is discourse itself which should be the topic of investigation and examined for its action orientation and the ways in which it is designed to accomplish things such as managing identity and responsibility. Although cognitive distortions are used to manage their accountability and justify their actions the process of doing this is mediated through language and interaction and so not a cognitive process. Similarly discursive explanations of denial of sexual abuse would not consider denial to be pathological but rather as behaviour which represents the ambiguity towards sexual abuse and violence in western legal and social discourses (Hyden and McCarthy, 1994). Yet discursive psychological critique of cognitive distortions and to a lesser extent denial, does not offer anything tangibly new to offender management. Indeed in practical terms how does their position really differ from the argument that distortions are post-hoc rationalisations used to present the offender in a more acceptable way?

Although there is much critique and confusion over the role of cognitive distortions, the term remains hugely influential in the applied setting of offender treatment. Yates (2009) has argued that denial in sexual offenders be viewed as a cognitive distortive process common to all individuals and that it is the underlying schema which structures the distortive process that requires the focus of treatment. In line with such a position this review now considers schema/implicit theories.

### **Implicit and Schema Theories**

It is yet to be clarified in practical terms if there is a difference between 'implicit theories' and 'schemas', but the consensus appears to be that the meaning and implications are the same. Both schemas and implicit theories operate at a deeper level of cognition; they represent the cognitive structures that organise a person's experience (DeRebeis, Tang and Beck, 2001). It is

these structures which form the basis for individual instances of bias or distortion (ibid). When a schema is identified it can usually be stated in the form of "if-then" propositions e.g. "if I do not succeed in everything, then I am a failure" (DeRebeis, Tang and Beck, 2001; Ellis and Harper, 1975). Social cognitive theorists, such as those which advocate schema models, would suggest that cognitive distortions arise from cognitive schema/implicit theories related to the offender's global world views, attitudes and beliefs about self and the victim (Yates, 2009). For instance if a child molester holds the implicit theory 'children are sexually provocative and can give consent', they may interpret benign behaviour from the child (e.g. smiling, sitting on knee) as an indicator of sexual interest and construe sex with the child as reciprocal (Yates, 2009, Ward and Keenan, 1999). Denial from such an offender may stem from distorted beliefs/perceptions that may reflect entrenched schema (Yates, 2009). Mann and Beech (2003) argue that targeting schema in sex offender therapy i.e. underlying core beliefs and attitudes allows for long lasting change with addressing cognitive distortions as one aspect of this process.

According to Ward (2000: 495) implicit theories enable "individuals to explain and understand aspects of their social environment, and, therefore, to make predictions about future events...such theories are called implicit because they are rarely articulated in a formal sense and may not be easily expressed by an individual". Ward (2000) and Ward and Keenan (1999) propose that cognitive distortions arise from our underlying causal or implicit theories. The term implicit theory has its roots in developmental literature of children's cognitive development. According to this position children act like scientists who develop theories in order to explain or predict the world around them, these theories are used to process information and experience and enable individuals to make sense of their worlds (Thakker, Ward and Navathe, 2007). It was the work of Dweck, Chiu and Hong (1995) that articulated a new model for individual differences, judgement and reactions. Central to this model is how people's implicit beliefs influence their judgement and reaction. Dweck, Chiu and Hong (1995) cite their intellectual roots as being located in Kelly's personal construct psychology and Heider's (1958) theory of social perception. Indeed Kelly's (1955a) metaphor of 'man as a scientist' can clearly be seen as being at the root of a person's implicit theory in that like scientists people have their own personal theories about the world which can be modified and disconfirmed over time (Thakker, Ward and Navathe, 2007).

Since sexual offences occur within interpersonal contexts the schemas/implicit theories most relevant will be to do with the processing of social and interpersonal information (Mann

and Shingler, 2006). An implicit theory or schema-based theory of cognition in sexual offenders centres on the notion that dysfunctional cognitive schemas bias information processing "in such a way as to make sexual assault a likely behavioural response" (Mann and Shingler, 2006: 175). Research in this area has focused on identifying the implicit theories in sexual offenders, specifically in child offenders and rapists. Ward and Keenan (1999) and later Marziano, Ward, Beech and Pattison (2006) identified five implicit theories in child sexual offenders these were; 'dangerous world' (world seen as a dangerous place with people rejecting and abusive), 'children as sexual beings' (children construed as sexually receptive and enjoy sexual relations with adults), 'entitlement' (offender's sexual needs must be met on demand, children can fulfil those needs), 'nature of harm' (sex seen as unlikely to harm child, such offenders will only recognise physical harm) 'uncontrollable world' (offenders construe that humans cannot control and are unable to exert influence over powerful urges and emotions). Similar implicit theories have been identified in rapists and these are seen as driving the offending behaviour (Fisher and Beech, 2007; Gannon, Ward and Collie, 2006).

Examining and investigating implicit cognition has become an important area of research with sex offenders (Nunes, 2009). However most of the research has been based on self-reported beliefs and attitudes measured in questionnaires and psychometrics. There has been very little research that has used implicit measures to investigate implicit cognition in sexual offenders (Gray and Snowden, 2009).

### **Cognitive Dissonance**

Cognitive dissonance theory contends that individuals strive toward consistency within themselves. However most people throughout their lives will be faced with inconsistency and will have to manage it. It is this inconsistency that Festinger (1957) terms dissonance. When inconsistencies occur e.g. when someone thinks or believes something, yet does something else, it can cause dramatic behaviour. This is exacerbated when feelings occur in sharp contrast to the background of consistency the individual strives towards.

"The presence of dissonance gives rise to pressures to reduce or eliminate the dissonance. The strength of the pressures to reduce the dissonance is a function of the magnitude of the dissonance" (Festinger 1957: 18).

Festinger (1957) states that;

- 1) The existence of dissonance, being psychologically uncomfortable, will motivate a person to try and reduce dissonance and achieve consonance.
- 2) When dissonance is present, in addition to trying to reduce it, the person will actually be motivated to avoid situations and information which would likely cause dissonance.

Dissonance is thus the awareness that you have committed an act which is attitude-discrepant and with some knowledge of the consequences. When presented with this dissonance individuals are motivated to reduce it. One of the most successful ways of doing this is to change one's attitude so that it is in line with the behaviour (Brehm, Kassin and Fein, 2004).

Gibbs (1993) argues that even the most serious sexual offenders are likely to experience a degree of empathy about the consequences of their actions, which will threaten their self concept. Like most other people, offenders will be motivated to minimise such feelings of cognitive conflict and psychological harm. Although offenders may have overcome inhibitors to allow them to offend this will cause some psychological distress to the offender and their self-concept (Palmer, 2003). It has been suggested that cognitive conflict, or dissonance, is managed through self-serving cognitions about one's behaviour (Gibbs, 1993; Palmer, 2003). These maybe cognitive distortions or rationalisations that allow the offender to establish psychological defence mechanisms to justify their behaviour, while at the same time aid in maintaining moral developmental delay by suppressing any feelings of cognitive conflict (Palmer, 2003). So an intra-familial child offender who construes himself as a loving father may re-construe the abuse as 'education' or the actions of a loving parent. Interestingly research has shown that 'denial of responsibility' can be effective at reducing cognitive dissonance (Gosling, Denizeau and Oberle, 2006; Peretti-Watel, 2006).

### **Cognitive Deconstruction**

In an elaboration of early escape theory, Baumeister proposed that cognitive deconstruction was a way to escape from negative affect and punitive self-awareness by rejecting and avoiding meaningful thought. In other words cognitive deconstruction was a way of functioning in lower levels of self-awareness and thinking (Baumeister, 1990). It has been suggested that phenomena such as suicide (Baumeister, 1990), binge eating (Heatherton and Baumeister, 1991), alcoholism (Hufford, 2001) and sexual offending (Ward, Hudson and Marshall, 1995) is a product of escaping

from self. Cognitive deconstruction is then a response to a psychological aversive or adversarial state and a pronounced subjective shift to less meaningful, less integrated forms of thought and awareness (Baumeister, 1990).

Cognitive deconstruction can occur when individuals want to lower their self awareness (or 'escape from self') and negative affect so thus reject or avoid meaningful thought. Baumeister (1990) argues that there are numerous signifiers of cognitive deconstruction including time perspective (which is an aversive or anxious awareness of the recent past which may evoke feelings of shame, guilt and dissatisfaction). Other signifiers include concreteness, absence of distal goals and an absence or refusal to think creatively or openly in meaningful terms. Concreteness is an important factor in cognitive deconstruction and refers to a form of 'tunnel vision' that creates narrow and concrete psychological state (Baumeister points out that such a state seems present in people preceding a suicide attempt). A further signifier is that of an absence of distal goals and a focus on proximal goals or rather with the here and now with little consequential thinking for the future. The cognitively deconstructed individual will then not have any realistic long term goals (Baumeister, 1990). Instead the individual will block out any abstract, self-evaluation by focusing on the here and now as well as concrete matters like physical sensations (Mann, 2004).

In many ways, cognitive deconstruction implies denial (Jung, 2004), particularly as the deconstructive response is a "refusal of insight and a denial of implications or contexts" (Baumeister, 1990: 92). Indeed Wegner and Vallacher (1987) found that criminals could evade experiencing guilt by dwelling on the procedural details of their actions (instead of more abstract thinking about their actions – this is evident in deniers narratives see chapter 7). Jung (2004) points out that sex offenders are always in danger of moving towards higher levels of meaning, however the consequence would be that the individual would negatively evaluate the self and experience negative affect. Furthermore, they would also experience profound guilt due to falling short of an expected high standard. Thus it is unsurprising that sexual offenders deny or minimise their offence and offending behaviour as it allows an 'escape' from the negative implications of self awareness and effectively manages any internal consequence for their actions. As Ward, Hudson and Marshall (1995) argue once the offender is exposed to the dissonance within them (i.e. sex offenders are evil, bad etc and the reality that they have committed a sexual offence) it is likely they will experience great psychological discomfort.

Ward et al (1995) argue that sexual offenders in a 'deconstructed state' are only concerned with proximal goals (rather than abstract thinking and distal goals) which coupled with a lack of inhibition (which may normally repel sexually abusive behaviours) facilitate offending behaviour. The offender then shifts their awareness to immediate sensations (physical arousal) and focus exclusively on those sensations (rather than consequential thinking) and the gratification from the act. Thus sexual offenders' offence cognitions may not be due to an enduring personality trait, but rather faulty thinking patterns that focus too much on the present with little regard for the future (Hatch-Maillette, Scalora, Huss and Baumgartner, 2001). It has thus been suggested that moving the offender out of the deconstructive state towards higher systems of meaning and cognition will allow the offender to recognise the incompatibility of their offence behaviour and the offender's own self-standards (Jung, 2004; Ward, Hudson and Marshall, 1995).

### **Neutralisation Theory**

Neutralisation theory was formulated in opposition to the general consensus of sub-cultural theorists who, at the time, viewed delinquents as holding a system of beliefs and values that were the inversion to that of law-abiding citizens (see for example Cohen, 1955). Sykes and Matza (1957) disagreed with this and instead asserted that delinquents learnt techniques of neutralisation that allow them to reinterpret the dominant ideology and thus allow offending behaviour. Although not a theory of criminal aetiology (see Maruna and Copes, 2005) neutralisation theory proposes that rationalisations are not just ex-post facto justifications, but could actually occur before hand in order to facilitate offending.

Sykes and Matza (1957) propose 5 different techniques of neutralisation: *denial of responsibility; denial of victim; denial of injury; condemnation of the condemners and appeal to higher loyalties*. It is through learning these techniques, not by establishing or having a different set of norms and values that produces deviant behaviour. '*Denial of responsibility*' can be witnessed in the offender describing himself as lacking responsibility for his deviant actions. This technique can also represent the individual's locus of control, for instance the offender may ascribe his offending to forces outside his control e.g. unloving parents, rejecting society or bad neighbourhood. Matza (1964) also referred to this concept as "mood of fatalism" in which offenders view themselves as a "billiard ball" which is "helplessly propelled into new situations" (Sykes and Matza, 1957: 667). In '*Denial of injury*' the offender may make the claim that no-one

has been hurt by their behaviour and indeed such behaviour can be interpreted in different ways. For instance, car theft maybe reconstrued as 'borrowing' or vandalism as simply 'mischief' especially if the victims are seen as financially well off. Offenders will purport that no great harm was done despite the fact their actions running counter to the law. Indeed sexual offenders may excuse their behaviour in these terms by purporting that no harm was done and that they were "educating" the child or the victim "wanted it anyway". Even if the offender admits responsibility for their actions and further admits that harm was done, it can be neutralised by '*denial of victim*' which insists that the injury is not wrong under the circumstances. This can be achieved in two ways; the action is construed by the perpetrator as a rightful retaliation or punishment, thus the perpetrator views himself as the avenger and the victim is then transformed into the wrong-doer. The second way it is achieved is through the physical absence of a victim i.e. a property offender who offends when victims are out. This neutralisation can also be observed in sexual offenders who often deny there was a victim and that the act was 'consensual' or they deny wrong doing as the victim was not in the same spatial locality or directly hurt, such as the internet sex offender.

There are parallels with this technique of neutralisation and the concept of rape myths, which Burt (1980) defines as "prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists – in creating a climate hostile to rape victims" (Burt 1980: 217). It is argued that the belief in rape myths allows men to justify sexual violence against women, but also make women more susceptible to deny personal vulnerability to rape (Buddie and Miller, 2001). Rape myths include many statements such as 'no-one can be sexually assaulted against their will', 'sexual assault is provoked by the victim', and 'sexual assaults are impulsive acts of passion' (Fawcett Society, 2009).

The fourth technique of neutralisation is the *condemnation of the condemners* where the offender shifts the attention from his own actions to the motives of the disapprovers. The condemners are seen as hypocrites or deviants in disguise; for example' police may be seen as corrupt or stupid, or society may be seen as immoral or biased. Thus by attacking others their own behaviour can be repressed or disavowed.

The final neutralisation technique is the '*appeal to higher loyalties*' where the internal/external social controls are overridden by the demands of a cohesive smaller group e.g. gang or sibling. The offender may not "repudiate the imperatives of the dominant normative

system" (pg. 669) but may instead reflect a dilemma that must be solved through breaking the law. There is ambivalence and dissonance which is reconciled by their group affiliation. Indeed neutralisation verbalisations "they had it coming to them", "it wasn't just me", "I didn't hurt anyone" are ways around the dominant normative system and not necessarily the formulation of an opposing ideology (Sykes and Matza, 1957). Techniques of neutralisations can allow offenders to use contextual and situation factors to mitigate their position and thereby neutralise dominant norms and values. Agnew (1994) found that a large percentage of adolescents accepted neutralisations of violence (fist fight) under certain situations. For instance it is okay to beat someone up if they start a fight or if they call you names. As Agnew (1994) argues neutralisation is necessary as the majority of delinquents generally disapprove of violence.

Maruna and Copes (2005) developed neutralisation theory by integrating sociocognitive research from psychology. They drew upon excuse making theory, attributional and narrative theories as well as cognitive theories e.g. cognitive dissonance. They argue that notions which support the assertion that all excuses are bad and that reform involves 'accepting all responsibility' as untenable. This argument is supported by Synder and Higgins (1988) who argue that excuses shift the locus of causality away from the self to an external non-threatening factor outside of the person. The neutralisation and excuse making process can serve to maintain self-esteem and one's personal identity. For instance in their role in self-esteem maintenance evidence suggests that people who attribute their poor performance to an external factor report higher self-esteem (see Maruna, 2004; Synder and Higgins, 1988). One can reflect such findings onto this research project and hypothesise that deniers excuses "Oh couldn't possibly have done it...", "I was working late so I wasn't even there", perhaps serve on some level to maintain self esteem, and stop the offender from making the global attribution "I did it because I am a bad person" and consequently minimise negative impact on the self. Avoiding such attributions can prevent the individual from forming 'condemnation scripts' which may leave the offender believing that he "does bad things because he is a bad person" (see Maruna, 2001). It should be noted that when faced with stigmatisation and punishment some offenders may not accept their deviant sexual acts as a reflection of their true self and so may distance themselves from those whom they perceive are the real sexual offenders. Through inoculating themselves in this way such offenders maybe less likely to become 'secondary deviants' (Maruna and Copes, 2005).

Synder and Higgins (1988) therefore contend that excuses do have beneficial affective, performance and health benefits. They further argue that the widely held view that it is adaptive



to have an accurate appraisal of reality, and maladaptive to self deceive or use positive illusions is something of a misnomer. Relatedly Seligman's (1975) learned helplessness theory proposed that depressed people had learnt to view themselves as unable to cope with and control events. In essence they made a stable attribution "nothing I can do can change anything" and this developed into negative responses such as helplessness and passivity. In a reformulation of Seligman's work Abramson, Seligman and Teasdale (1978) argued that it is not negative events or outcomes per se which cause depression, but an individual's explanatory or attributional style. Those who attribute a negative outcome to their own inadequacies "I failed because I'm stupid" are more likely to experience self blame, helplessness and depression. A sex offender who uses excuses (admits act but denies full responsibility) or justifications (accepts responsibility but denies it is wrong) (see Scott and Lyman, 1968) may be trying to present an identity which is not 'spoilt' by the sex offender label. They can distance the locus of causality away from themselves to events externally located. In their research Scully and Moralla (1984) examined the vocabulary of motives, excuses and justifications of deniers and admitters of convicted rapists. They found that both admitters and deniers accounts contained excuses and justifications, though interestingly deniers were more likely to justify their actions whereas admitters were more likely to use excuses. Related to this admitting, rapists attempted to negate a rapist identity by presenting themselves as a "nice guy" and who is really a "decent" person.

### **Adaptational theory of denial**

Rogers and Dickey (1991) have perhaps been the most influential in advocating a theory of denial in sexual offenders. Indeed their 'adaptational model' has probably been the most successful in explaining denial and the most widely cited (see Lord and Willmot, 2004). This model rests on three assumptions: 1) The individual sees that they are in an adversarial setting; 2) They believe that if they disclose their offence they have something to lose and that there is something to be gained from denial; and 3) The individual considers what the best approach is for them to achieve their goals. Essentially the offender enters a cost-benefits analysis and where personal disclosure is perceived as high risk, denial is utilised to avoid negative consequences and achieve consonance (Rogers and Dickey, 1991). Thus if a sexual offender perceives themselves in an adversarial setting with the cost of disclosing as high and of high negative consequence, they will take a course of action to deny and dissimulate their offending behaviour. There are two implications of this model: 1) denial must be a conscious project, denial is utilised when weighed up against the possible benefits and harms; and 2) it is based on an evaluation as to what the best course of action is for that individual (Sewell and Salekin, 1998).

## **Summary**

This first aspect of this literature review has sought to highlight how denial has been defined and conceptualised, as well as review pertinent theories that can help explain denial (albeit perhaps partially) in sexual offenders. The theories reviewed can be seen, to some extent, as rooted in 'social cognition'. Such a perspective is concerned with social/interpersonal relationships, how people perceive themselves and others and how they interpret meaning from interpersonal relationships (Gannon et al, 2007). These theories also reflect, by and large, the methodological position of this thesis and the overarching aims of this thesis. In short they attempt to explain how people make sense of their worlds. Such theories have become increasingly important to the study of sexual offending behaviour and currently dominate the theoretical landscape. All theories have been applied to sexual offending/offenders in various ways, however none have been applied to a sustained research agenda on denial in sexual offenders. The theories outlined in this review will be drawn upon in the analysis sections; though it should be noted that this research is not testing theory in relation to denial. Rather theory will be drawn upon to help make sense of participants' narratives and experiences. This literature review will now focus on the debates surrounding the treatment and management of denial in sexual offenders.

## **Treating and Managing Denial in Sexual Offenders**

This section will outline the various programmes and approaches that have been propounded for treating sexual offenders who deny their actions. This section will outline early, current and developing approaches to treating sexual offenders and will briefly discuss wider debates on whether denial should matter to the treatment process. However this section first considers broader issues of risk and risk management and the treatment of sexual offenders generally.

### **Risk management and assessment: A brief background**

It is important to note that when discussing 'risk' within a wider context i.e. in terms of the 'risk society' (see Beck, 1992), the word is not intended to imply an increase of risk in society, but rather a society that is organised in response to risks. The risk society and politics of risk have certainly been influential in government policy and this has had a significant effect on both the prison and the probation service. 'New Penology' and new government literature has actively encouraged the notion of risk and the spread of risk assessments (Feely and Simon, 1992). The rise of the 'risk society', 'actuarial justice' and the 'new penology' represent a paradigm shift from discourses centred around 'deviancy' and 'control' to discourses of 'security' and 'risk'

(Crawford, 1998). Risk assessments form the basis of preventative strategies which target those at the greatest risk of future harm to those in society (ibid). As Crighton (2004) argues many of the decisions made in forensic contexts either at the individual or system level relate directly or indirectly to issues of risk.

The overriding importance placed on notions of 'risk' has led some to claim that we are entering a new era for justice which has been termed 'actuarial justice' (see Feeley and Simon, 1992). Such justice is concerned with the management of crime opportunities and risk assessments/prediction rather than the management of individual offenders and behaviours (Kemshall, 2003). There is certainly a great deal of support for the actuarial approach to sex offenders, especially in risk management and risk prediction (Crighton, 2004). Indeed actuarial risk assessment has been one of the most dominant approaches to risk assessment in sexual offenders. Such risk assessment focuses on specified predictors and outcome variables that have been empirically associated with risk markers/factors. They contrasted with clinical risk assessments in that they have a statistical basis, are formal and objective (Huss, 2009). A full treatise on the complicated debates between risk assessment approaches and tools is beyond this thesis; the purpose here was to demonstrate that as society became more orientated in managing future risks and preventing future crimes, risk assessment tools and approaches were advanced. They are now an integral part of the forensic psychologists role (Huss, 2009).

### **Recidivism and Denial**

There have been several high profile studies, Hanson and Buissiere (1998), Hanson and Harris (2001) and Hanson and Morton-Bourgon (2005), which have found a number of dynamic risk factors that are associated with sex offence recidivism. They included intimacy deficits, general and sexual self regulation deficits, deviant sexual preference, negative affective state and deviant peer group. These same studies also found dynamic risk factors which were not related to sex offence recidivism including denial, victim empathy, and motivation for treatment. Indeed Hanson and Buissiere's (1998) influential meta-analysis found no (or a very small) significant relationship between denial and recidivism. This finding was later reaffirmed in Hanson and Morton-Bourgon (2005) where it was argued that there should be a move away from viewing denial as a factor for recidivism. A study by Langstrom and Grann (2000) on recidivism in young offenders in Sweden also found there to be no relationship between offence denial and

recidivism. These results would seem to suggest that denial is not 'a serious problem' or an issue for recidivism.

However, the reduction of denial and minimisation still tends to be the early focus of treatment, as it is believed that this leads to a comprehensive offence analysis (Mann and Fernandez, 2006) and ergo more successful treatment. The issue of denial as a risk factor though is still unclear and is the subject of much debate and contestation. Studies which have found that denial is not related to recidivism have mainly been meta-analyses. Such analyses have been criticised for mixing dissimilar studies, publication bias and including poor quality studies (Sharpe, 1997). This has been referred to as the 'apples and oranges, file drawers, and garbage' effects. 'Apples and oranges' refers to the inclusion of studies measuring different things; 'file drawers' referring to problems of representative populations in selecting studies and 'garbage in, garbage out' representing selection bias and the quality of studies included in the meta-analysis (Sharpe, 1997). Craig et al (2008) question the validity of inferences drawn exclusively from meta-analysis, they point out that as meta-analysis selects variables on an item by item basis and so exclude the broader context and therapeutic milieu in which treatment is located. They argue that this is tantamount to a form of therapeutic reductionism and thus not grounded in actuality.

There has been considerable challenge to the methodological approaches used in meta-analysis and recent research points to new emerging links between denial and recidivism (Langton et al, 2008; Nunes et al, 2007; Harkins, Beech and Goodwill, 2010). Langton et al (2008) argue that meta-analysis findings should be considered preliminary rather than definitively. Along with Lund (2000), Langton et al (2008) criticise the dichotomous operationalisation of denial (i.e. in denial or not) and argue that such dichotomous conceptualisations are poor proxies in scientific inquiry. This criticism is in line with contemporary conceptualisations of denial which construes denial on a spectrum or continuum of behaviours rather than a "either or" distinction (see Schneider and Wright, 2004, Carich and Calder, 2003, Gibbons, De Volder and Casey, 2003, Happle and Auffrey, 1995). Lund (2000) criticised the Hanson and Bussiere meta-analysis for failing to clarify the relationship between denial and recidivism and argued that potential moderator variables may have masked the impact of denial. Lund (2000) proposed that denial may be a more salient risk factor for lower risk offenders because of an absence of other risk factors. In higher risk offenders, denial may be over shadowed by more prominent risk factors. Yates (2009) argues that some of the types of denial can necessarily be construed as cognitive distortions or self-serving biases in information processing. For instance 'denial of planning' and

'denial of fantasy' are two types of denial that are argued to be on the continuum of denial, however sex offenders may not be intentionally denying anything.

Recent research seems to be offering a renewed link between recidivism and denial and suggests that denial could indeed have an effect on recidivism. Nunes et al (2007) found that denial was a statistically significant factor for recidivism for both low risk and incest offenders. However there was a caveat in that it was only found to be a minor contributor to recidivism. Nunes et al (2007) also found that denial in incest offenders (but not unrelated victims) was associated with recidivism. Langton et al (2008) found that the presence of denial and minimisation post-treatment is a factor for increased recidivism in high risk offenders, they hypothesise that this is due to the cognitive schema that facilitated offending in the first instance remaining present and unchanged.

### **Sex Offender Treatment Programmes**

The emergence of the prominence of risk has had a profound effect on the establishment of sex offender treatment programmes (SOTPs). Sex offender treatment programmes face a constant battle to prove their worth. Particularly with growing media and public negative attitudes towards sex offenders and their treatment and the prevailing attitude that sex offenders are irredeemable and incurable (see Thomas, 2005; Gavin, 2005). However recidivism and treatment evaluation studies indicate that sex offender treatment programmes are contributing to lower recidivism rates. There is now a growing evidence base for such treatment programmes (Soothill, forthcoming 2010; Hanson, et al, 2009, 2002; Hall, 1995).

The current approach to treating sexual offenders is encased within the risk-need-responsivity (RNR) model of offender rehabilitation (Andrews and Bonta, 2003). This model asserts that treatment targets should be dynamic risk factors (these amenable to change) which have been empirically linked to recidivism risk (Mann and Fernandez, 2006). Treatment explicitly seeks to target criminogenic needs and further ancillary risk factors, in order to reduce an offender's risk. A recent study by Hanson et al (2009) found that programmes which adhered to the RNR model of offender rehabilitation showed the largest reductions in sexual offence recidivism than comparison groups (10.9% Vs 19.2% control group). This led the authors to conclude that the RNR model should be the major consideration in the designing of sex offender treatment programmes (Hanson et al, 2009). Research on relevant dynamic risk factors for

treatment has identified four domains of psychological risk factors for sexual offenders: sexual arousal factors; attitudes tolerant of sexual assault; interpersonal deficits; and self-regulation deficits (Mann and Fernandez, 2006).

Current treatment of sexual offenders is achieved through the cognitive-behavioural paradigm. The crux of cognitive behavioural approaches is that thoughts, feelings and behaviours all interact together, are observable and amenable to intervention. This allows restructuring of such behaviours so that clients can function effectively (Towl and Crighton, 1996). Cognitive behavioural interventions then aim to break the negative spirals that cause dysfunctional behaviour and psychological distress by implementing positive change in one or more of the elements causing such distress (i.e. in the thoughts, behaviours and feelings) (Simmons and Griffiths, 2009). Cognitive-behavioural approaches then aim to address faulty or dysfunctional schemata and underlying beliefs in order to facilitate change to behaviour and feelings (Granvold, 1994; Gambrell, 1994). Such cognitive-behavioural approaches applied to sex offenders attempt to change deviant sexual preference and improve social competence so that offenders can manage their deviant sexual desires and motivate them to change their offending behaviour (Beech, Oliver, Fisher, Beckett, 2005). Indeed one of the primary aims of SOTPs is to address and challenge offence supportive cognitions and develop new attitudes designed to change their pro-offending behaviour (Hollin and Palmer 2006).

There are a range of cognitive-behavioural programmes available for sexual offenders and delivered in both the prison and community. Below is a breakdown on the programmes available taken from the Home Office (2009: 5).

**Table 2: Sexual offender treatment programmes**

<b>Prison</b>	<b>Community</b>
Adapted SOTP (now 'becoming new me')	Adapted SOTP
Core SOTP	TV-SOGP
Rolling SOTP	N-SOGP
Extended SOTP	CSOGP
Better lives booster	i-SOTP
Adapted Better lives booster	
Healthy Sexual Functioning Programme	

The three main prison-based sex offender treatment programmes (SOTP) are : Core; Rolling; and becoming new me. The other prison-based programmes occur after the main programme to address deficits or further areas of treatment need that were not sufficiently addressed in the main treatment programme. The aim of the core programme is to increase the

offender's motivation to avoid re-offending and to develop the self-management to accomplish this, enhance victim empathy and develop plans to manage personal risk factors (Friendship, Mann, Beech, 2003). At the centre of this programme is the notion that treatment is a collaborative effort, with cognitive restructuring, modelling and positive reinforcement at the centre of treatment (Beech, Oliver, Fisher, Beckett, 2005). The aims of the SOTP are constant throughout the Core, Rolling and Becoming New Me (BNM) Programmes, with the main differences in the programmes being the way each programme is delivered (ibid). The Core programme is for medium-high risk offenders, with the Rolling for low risk offenders. It has been found that lower risk offenders respond better to lower length programmes, hence Rolling programmes are between 80-100hrs (Beech, Oliver, Fisher and Beckett, 2005; Mann, 1999). The BNW programme is designed for offenders with learning or mental difficulties or for those offenders who have an IQ 80 or less and who would struggle with the verbal and literacy components in Core or Rolling programmes (Beech, Oliver, Fisher and Beckett, 2005).

The remaining programmes are the SOTP Booster, Extended SOTP and Healthy Sexual Functioning programme (HSF). The aim of the Booster programme is for offenders to consolidate their learning from the Core, BNW or Rolling programmes and to aid the offender in practicing dealing with situations either at present or those which may arise in the future, which could possibly increase their risk of re-offending (Beech, Oliver, Fisher and Beckett, 2005; Fisher and Beech, 2004). The extended programme is implemented when an offender is assessed as needing further treatment that is beyond the remit of the Core SOTP programme. The extended programme constitutes a second stage of the Core programme that aims to challenge patterns of dysfunctional thinking, improve and manage emotions, intimacy and relationship skills and address deviant fantasies and sexual arousal (Beech, Oliver, Fisher and Beckett, 2005). The HSF programme follows either Core or Extended SOTP and works with sexual offenders who are high or very high risk, who have outstanding treatment needs in deviant sexual interests, and who are still experiencing offence related fantasy.

### **Treatment of Denial**

Sexual offenders who are in total/categorical denial are deemed unsuitable for all prison-based SOTPs and community-based SOTPs (except C-SOGP) and so are excluded from participating in treatment (Home Office, 2009; Marshall et al, 2001). Denial is typically the first problem that treatment providers will face and has been viewed as a major impediment to successful therapy (Laws, 2002). The treatment of those in denial is a complex problem, with complete deniers

excluded from SOTPs (Marshall, et al, 2001; Cooper, 2005). Although there may be truth in the adage 'that you can't change someone unless they want to change', there are a number of studies that suggest deniers can benefit from treatment (Ware and Marshall, 2008; Lord and Willmot, 2004; Roberts and Baim, 1999; Maletzky, 1996). This section will review some of the piloted programmes for those in denial of their offences. It should also be noted that in community-based sex offender programmes (e.g. C-SOGP) deniers are permitted onto the programme and regularly have one or two deniers per group (Norman and Russell, 2008). However, this may be due to necessity as they may not have the same number of offenders to put on group programmes.

As noted earlier the reality of having a denier on a programme is that they can be a disruptive influence within therapy and can cause friction within the SOTP groups. Deniers can present with a high degree of defensiveness, which is often attributed to denial being a self-protective mechanism that blocks out the severity of their behaviour (Cooper, 2005). They also tend to minimise psychopathology and use impression management tactics (Grossman and Cavanaugh, 1990). Treatment programmes are also often disclosure orientated and so it is difficult for deniers to engage in treatment (Levenson and MacGowan, 2004). Levenson and MacGowan (2004) argue that it is impossible to complete treatment if the offender is in denial and as treated sexual offenders seem to recidivate at a lower rate; it seems plausible that denial may have some relationship with recidivism. Furthermore it has also been found that denial is linked to treatment attrition, which could put deniers at an increased risk of offending if they dropped out of treatment (Beyko and Wong, 2005). This demonstrates that managing denial has clear policy goals, as reducing recidivism and risk are key targets in crime reduction policy. This section will now focus on how treatment interventions have targeted denial in sexual offenders. It will outline the rationale of these programmes and discuss their effectiveness.

### **Early Approaches to Treating Denial in Sexual Offenders**

It has been over a decade since Schlank and Shaw (1997) reviewed the approaches to treating sexual offenders in denial. Since then there has been slow progress in developing interventions aimed at sexual offenders in denial. As has been noted many offenders continue to deny their actions despite conviction and despite compelling evidence from the victims. O'Donohue and Letourneau (1993) argue the consequences of this are manifold including the pragmatic monetary expense for society due to incarceration costs (deniers typically serve longer sentences as exclusion from SOTPs demonstrates an unwillingness to address offending behaviour). The



commonality between the piloted early, current and developing programmes is that they are virtually all group-based.

O'Donohue and Letourneau (1993) devised a treatment programme for deniers focusing on the following areas: victim empathy, cognitive restructuring, sex education, assertiveness, social skills training and the consequences of continued denial. The programme was short in duration and consisted of seven sessions lasting 1.5 hours each. The treatment programme used assertion skills in role-plays and these were found to be useful in modifying denial as well as addressing anger management issues. The treatment also used a guest speaker (ex-denier) to speak to the participants about his reasons for denial and also to dispel myths about SOTPs. The emphasis was on empathy, with group facilitators acknowledging the difficulties of coming out of denial. The treatment group was found to be successful in treating deniers and preparing them for continued treatment. Out of the sample (n=17) 4 remained in denial, but 13 shifted from categorical denial to admitters (or at least admitting enough to participate in treatment) (O'Donohue and Letourneau, 1993).

Shaw and Schlank (1996) developed a brief structured programme for categorical deniers that utilised relapse prevention techniques combined with paradoxical interventions and positive reinforcement for those who admitted responsibility. The programme lasted 16 sessions, and during the early sessions the therapist articulated the reasons why offenders deny and the function denial serves. The programme then spent 10 sessions on victim empathy including group work, videos and reading assignments. The course finished with an introduction to the concepts of relapse prevention. This programme yielded success with (50%) of offenders (N=10) admitting to their offences post-treatment.

However, there are a number of concerns with Schlank and Shaw's (1996) programme. Firstly, any group member that had not come out of denial by the programme's end was required to undergo plethysmograph and polygraph evaluations. Programme participants had to sign a contract confirming that they would attend the sessions and would pay a sliding scale fee for the treatment as well as one sixteenth of the fee for the plethysmograph and polygraph evaluations. However each client was told that if they were out of denial at the end of the module, they would not have to do the evaluations and would be refunded the money. There was great potential here for respondents to fake good in order to obtain their refund and avoid further evaluations. Particularly as research has demonstrated that deniers tend to use socially desirable

responding and minimise psychopathology more than admitting sexual offenders (Grossman and Cavanaugh, 1990; Baldwin and Roys, 1998). Schlank and Shaw (1996) defended their programme by arguing that fake good responding is unlikely because the offenders were aware that being out of denial meant they would be referred onto a SOTP programme where they would be required to analyse their deviant thoughts and behaviour. However further treatment would be voluntary and so an offender would have nothing to lose by fake-good responding. Additionally it could be construed that the offenders are being coerced into admitting. If this is the case it would seem to contradict the principles of cognitive behavioural therapy (Leah, 1996). Northey (1999) argues that the treatment of denial is coercive and is often misguided in its focus on attempting to overcome denial. Northey (1999) argues that through not focusing on 'denial', an offender's interpretation of the event becomes therapeutically relevant rather than something that needs to be challenged and confronted. In this approach alternative perspectives can emerge that shed light on other aspects of the offender's life.

Marshall (1994) proposed a pilot programme which specifically targeted denial. The underlying premise of his programme was that offenders are more likely to admit to offences if they know they are not going to be rejected and if they are assured that they will receive continued support. This group-based therapy attempted to directly tackle denial strategies. First participants disclosed the nature of their offence in detail and then each group member would ask questions about their version of the offence in a challenging but supportive way (Marshall, 1994). In the next stage the offender would be challenged further through the recitation of victim statements, police statements and records, and judge's comments by the therapist. The group is then asked again to provide challenges to the veracity of the offender's account. The aim of the program was to point out the disadvantages of denial, to make explicit the self-serving nature of their account and to challenge their distortions and generate alternative ways of thinking about high-risk situations.

Although Marshall (1994) stressed a non-judgemental setting there does appear to be an apparent contradiction in that the programme used confrontation to make the offender realise the error of their ways. Winn (1996) argues that confrontation can be counterproductive in the therapeutic setting and could increase defensiveness in the offender. Winn's (1996) approach was 1-1 therapy using meta-confrontation, which is an indirect way of challenging the offender's self protection. It allows the offender to explore their own position and develops a system of self-confrontation within the offender. The use of meta-confrontation allows the offender to

realise that there is a part of them that wants to keep knowledge of their offending hidden away. It is this incongruence that facilitates denial (Rogers, 1961). The role of the therapist is to separate denial from the more functional parts of the psyche and thereby allow the offender to view the self-protective process. "The therapist does not directly confront the client's defences but rather allies himself with the client's strengths. Having the offender challenge himself engenders better self-responsibility and autonomy" (Winn, 1996:32-33). Winn (1996) believes that using an imaginary third person in hypothetical scenarios can be an effective way of enhancing victim empathy.

Winn (1996) also highlights that denial is a dynamic risk factor which extends beyond the offender and encompasses their family. For instance resulting stigma directed at the offender, is also shared by the family. There is a dual denial here in that not only can the family reinforce denial to maintain the family structure and homeostasis, but also the offender's own fear of losing their family can motivate denial as a defensive strategy (Stevenson, Castillo and Sefarbi, 1990). Stevenson et al (1990) argue that the offender's family context should be used when treating denial. Indeed it has been found that the fear of loss, particularly of close family and inter-personal relationships is associated with denial (see Lord and Willmot, 2004).

### **Current Approaches to Treating Denial in Sexual Offenders**

The phrase 'current approaches' is somewhat misleading as there are no current accredited approaches to treating denial in sexual offenders. Community-based programmes run by probation services have arguably been the most successful and influential current approaches to treating deniers. The Middlesex Probation Service Sex Offender Unit (MAPS) in conjunction with the Geese Theatre Company has developed and piloted community-based deniers' programmes. Their programme started out as 'confession-orientated', but the approach was unsuccessful at modifying denial and engaging categorical deniers. As Roberts and Baim (1999: 227) explain 'it would be an understatement to say that led to a degree of worker frustration and despair'. The programme was then remodelled and the paradigm shifted from confession orientated to educational orientated. This was immediately more successful in engaging categorical deniers than the previous incarnation. In line with other community based programmes (see Brake and Shannon, 1997) their approach was non-confrontational and once deniers realised that they were not being tricked or being led into confession, they became more engaged. Group discussions and role-plays used fictional scenarios where deniers took on the roles of the

perpetrator, victim, arresting officer, or relative. This treatment programme was underpinned by the 'one step removed' ethos, which allows a humane approach to working with offenders who feel that they are part of an adversarial setting. The first step of the treatment program is to reframe and refocus denial as a healthy sign in that the individual must be capable of feeling guilt. This mirrors Brown's (2005) assertion that denial can be positive as it shows that the offender is aware that, on some level, (social or punitive) they have done something wrong.

The programme was found to have a positive effect on denial and was later developed into a prison-based deniers' course called the 'Behavioural Assessment Programme' (BAP). However there have been no results as yet from pilot studies and it remains unclear if this programme will be rolled out or further piloted (Hudson, 2005).

A recent community programme for deniers called 'staying safe in the community' was piloted by Thames Valley Probation. It was broadly based on the work of Roberts and Baim (1999) and Marshall et al (2001) with the goal of the programme not to challenge denial or to achieve admittance. Instead the programme focused on the offenders' life histories, what put them in a situation that allowed them to be accused and convicted of a sexual offence, and goals and plans that would minimise future risk of them being placed in that situation (Norman and Russell, 2008). Outcome data in terms of whether participants began admitting in this programme was not available, as reduction in denial was not an aim of the programme (ibid).

Marshall, Thornton, Marshall, Fernandez and Mann (2001) designed and piloted a prison-based programme for categorical deniers. When designing the programme Marshall et al (2001) consulted categorical deniers on the proposed programme and found that challenge to the offender's assumption of guilt or any challenge to their denial strategy would have resulted in no participants. They based the programme around the promise that no participant's offence background would be discussed and no challenge to their denial would be mounted. This was not thought to be of detriment to the programme as denial may "not predict long term recidivism, it may also not predict, nor prevent, treatment gains" (Marshall et al, 2001: 207). Similarly, Northey (1999) suggests that there is little evidence that confronting and overcoming denial is a necessary precondition of change. Marshall et al (2001) found that by not encouraging disclosure participants were more comfortable and at ease. The goals of the treatment instead were to help participants identify problems in their lives that placed them in a position to be accused of sexual offending, or enabled them to generate sufficient animosity in those who accused them of such

an offence. Although not offence-specific the treatment programme did address criminogenic factors that are targets of SOTP's i.e. victim empathy, cognitive distortions, and relapse-prevention. Marshall et al (2001) outline that they completed a number of deniers' group programmes, and that they were successful in engaging the clients' full participation. Similarly Ware and Marshall (2008) engaged a sexual offender in categorical denial onto treatment, which was based on the approach of Marshall et al (2001). They addressed aspects of underlying dynamic risk, as in traditional sex offender programmes, but without the offender admitting their offence.

## **Developing Positions**

### ***Motivational Interventions***

Motivational Interviewing has developed into a popular technique for engaging offenders into treatment and helping resolve ambivalence towards aspects of their offending behaviour. Motivational Interviewing is a relatively recent tradition and was first introduced by William Miller as a non-confrontational directive technique for treating 'problem drinking' (Miller, 1995). Motivational interviewing is critical of the 'confrontation' paradigm of traditional sex offender treatment programmes which emphasises that denial is a distortion that needs challenge and confrontation (Miller and Rollnick, 2002). Motivational interviewing has its roots in Rogerian humanistic psychology which advocates being client-focused through unconditional positive regard (see Rogers 1961), while integrating cognitive-behavioural elements (Prochaska, DiClemente and Morcross, 1992). However it differs from Rogers's client-centred therapy in a number of ways. Firstly, it is directive and focuses on the individual's ambivalence towards an issue. Secondly, it stresses acceptance and affirmation in its conditions for successful change (Mason, 1995; Rollnick and Miller, 1996).

The use of motivational interviewing (MI) has a strong evidence base in health services, but is yet to be fully evaluated in forensic settings. Theodosi and McMurran (2006) used the personal concerns inventory (offender adaptation) (PCI-OA) to examine whether or not it would increase motivation to participate in treatment. Overall it was found that the motivational intervention had a positive effect in terms of motivating offenders into treatment. Levenson and MacGowan (2004) found a strong inverse relationship between denial and engagement in treatment. This seems to support the assertion that motivational techniques could be an avenue to increase denier's engagement in treatment. It is suggested that positive empathetic approaches, using MI strategies such as de-emphasising labels, using reflection of self-

motivational statements (in order to reinforce the 'theme') and emphasising personal choice, may aid in decreasing self-protective strategies (see Mann and Rollnick, 1996). Mann and Rollnick (1996) used MI to engage a denier onto treatment. The use of MI intervention proved successful and the offender went on to complete the treatment programme. Mann and Rollnick (1996) concede that encouraging professionals to embrace an approach that rejects the notion that sex offenders are manipulative, do not want to change and tell lies may be difficult. However, they posit "if the approach works, even for the minority of offenders, then perhaps our views about our clients are too rigid" (Mann and Rollnick, 1996: 133).

### ***Motivational Approaches and the Good Lives Model***

Although no current position for treating deniers exists, the use of motivational strategies underpinned by the 'good lives' model are being considered. It has been argued that there needs to be a shift in sexual offender treatment from risk-need (see Andrews and Bonta, 2003) to human-need (see Ward and Stewart, 2003; Ward and Brown, 2004; Ward and Gannon, 2006). Ward and Brown (2004) argue that the risk-need model raises important conceptual issues pertaining to offender rehabilitation and suggest that risk management should be seen as a necessary but not sufficient condition for offender rehabilitation. It is argued that the 'good lives model' (GLM) applied to sexual offenders goes beyond the risk management model, by not exclusively focusing on criminogenic need (Ward and Stewart, 2003). The good lives model augments the risk-need model by placing equal emphasis on giving "offenders the capabilities to secure important personal and social experiences ("goods") in acceptable ways" (Mann, 2004). In essence it gives offenders the tools and skills to lead better lives rather than focusing on minimising chances of re-offending (Mann, 2004). The use of motivational interviewing techniques to increase the offender's motivation for treatment and de-stigmatise the labels associated with sexual offending are thus advocated (Mann, Ginsberg, Weekes, 2002).

One of the recommendations put forward by the prison service's 'National Deniers Strategy' was to use motivational approaches with sexual offenders (OBPU, 2002). Such a recommendation led to the piloting of the A-Z Motivational programme, which has its foundations in the good lives model of treatment (Home Office, 2004). This programme is designed to be flexible and is tailored to the individual (ibid). However a recent treatment evaluation of the A-Z programme found the programme to be unsuccessful at altering denial within sexual offenders. Contrary to the programme aims it was found that the A-Z programme

actually reinforced and compounded denial (Burrowes, 2007). Although the programme was successful at motivating deniers and refusers in thinking about treatment this did not correlate with increased numbers progressing onto treatment. However, it was suggested that the shortcomings were due in large part to treatment delivery, as staff were not fully sure of their remit and of their ability to challenge denial (Burrowes, 2007). It is also worth noting that the A-Z programme was not designed to tackle denial or impact on levels of denial, the programme focuses more on motivating offenders onto treatment. In some ways tackling denial falls outside the programme's remit.

It has been argued that treating deniers is probably best accomplished through a separate programme/intervention before enrolling onto traditional sex offender treatment programmes (SOTP) (Barbaree and Cortini, 1993). There has certainly been growing support for the treatment of denial as a separate treatment module. The use of preparatory programmes have been found to be successful in beginning the process of overcoming denial, breaking down resistance and readying offenders for SOTPs (see e.g. Marshall and Moulden, 2006). Marshall and Moulden (2006) argue that a motivational-based programme could be effective in reducing resistance and allow full participation in future SOTPs. It is important to note that resistance is a dynamic problem that can take many forms not just denial and prevarication, but passive-aggression, poor engagement, non-compliance (not doing homework), and refusing to answer questions (Leah, 2003). A separate motivational programme for deniers using a resistance framework could be a successful approach, though more research is required.

## **Summary**

There has been a noticeable paradigm shift in programme development from early to current/developing programmes. The main change appears to be programmes shifting from confession orientation, to non-confrontational and motivational. The review presented above, although not exhaustive, aimed to examine how treatment has been applied to denial in sexual offenders. However, as none of the above programmes have been fully rolled out, it is difficult to examine the efficacy of the treatment programmes and evaluate their effectiveness. Treatment needs to be based on a sound knowledge base underpinned by a comprehensive theory or overarching aetiological bridging theory (see Ward and Stewart, 2003). The review highlights some commonalities between approaches (i.e. use of hypothetical situations), and the apparent consensus that motivational components should be included in treatment programmes. Despite

this however, there is no coherent approach to the treatment and management of sexual offenders in denial. Furthermore, there seems debate in the current literature as to whether denial should matter to the treatment process in terms of excluding participation. Furthermore there is divergence within the literature as to whether deniers' programmes should aim to rescind denial i.e. be confession-orientated or whether they should focus on underlying dynamic risk factors that be targeted without admittance. The following section briefly considers this debate, which will be revisited throughout the thesis.

## **Should Denial Matter: The debate**

Should an offender who is in denial be excluded from Sex Offender Treatment Programmes (SOTP)? Should denial matter in terms of treatment selection? Opinion is divided over this debate and it is the subject of much discourse and contention. It should be noted that prisons generally operate on the view that the maximum capacity of deniers in a prison establishment is 25% before the population begin to have a deleterious effect on the therapeutic atmosphere [personal communication principal psychologist HMP Whatton]. However by not treating or intervening with denial, the population of deniers is liable to increase.

For Maletzky (1996) the 'does denial matter to treatment' debate is reducible to whether there should be a 'denial of treatment or treatment of denial'. Maletzky (1996) asserts that denial should not matter to the treatment process and that participation in treatment should be open to all. He argues that treated deniers are less likely to reoffend than those that had admitted their offence but did not attend a treatment programme. Maletzky (1996) thus argues that denial should be reconceptualised from a barrier to treatment to a fundamental goal of treatment. Indeed it is argued that taking responsibility for their actions, in essence coming out of denial, is the role of treatment (Schneider and Wright, 2004). Schneider and Wright (2004) argue that the counter position, that requiring offenders be out of denial before treatment can commence, is tantamount to requiring the offenders to (at least partially) cure themselves. However, most of those who represent the counter position of Schneider and Wright (2004) would suggest that undertaking a course before an SOTP is the most efficient way of dealing with the problem. How pragmatic these arguments are is subject to further debate. It is well documented that deniers can be disruptive in group programmes and can have a deleterious impact upon group treatment (Hudson, 2005, Brown, 2005).



Roberts and Biam (1999) offer the counter position to that of Maletzky and Schneider and Wright and would describe their assertions as a paradox. They argue that it is counter-intuitive to suggest that sex offenders can be successfully treated even if they never acknowledge (publicly or in treatment) that they committed an offence. This position is one which seems shared by practitioners (see chapter 5). Barbaree and Cortoni (1993) support Roberts and Baim's (1999) position and suggest that the treatment of deniers should be in stages "the first stage in treatment targets denial and minimisation and successful completion of this stage [should be a] prerequisite to successful treatment" (Barbaree and Cortoni, 1993: 225). Indeed there is increasingly more support for addressing denial at the pre-programme stage or as a separate module before SOTP (see Hudson, 2005, Levenson and MacGowan, 2004, HM Prison Service, 2004, OBPU, 2002, Marshall, Mann, Marshall and Fernandez, 2001, Mann and Rollnick, 1996).

As can be noted thus far, there are those that believe denial should not be seen as a barrier to treatment and instead assert that complete deniers should be allowed the same access to treatment as other offenders. The neglect of this could be seen as an infringement of an offender's rights (Maletzky, 1996). This seems to pose the question as to whether the blockage of treatment may contravene an offender's human rights. While offenders' rights in some respects are legitimately compromised in prison, from a human rights perspective offenders still have rights to human and freedom goods. For Ward and Birgden (2007), this means that offenders should have access to education, leisure facilities, adequate nutrition and healthy living conditions, medical care, as well as psychological services. Being 'in-denial' would seemingly block access to resources considered as human rights because they are not taking full responsibility for their actions. This blockage, from a human rights perspective, could be seen as an impediment to personal freedom (Ward and Birgden, 2007). This adds impetus to Maletzky's sentiments that "to deny a crime is natural; to deny treatment to those who deny is a crime itself" (Maletzky, 1996: 4).

A further point within this debate is whether one believes denial to be inherently problematic. Those which construe denial as a barrier may well view denial as something that needs breaking down. Forensic settings seem to construe denial as a maladaptive phenomenon and emphasise responsibility-taking offence disclosure (Northey, 1999). It must be noted that denial is endemic within humans and plays a pivotal role in peoples' everyday interaction with one another. Humans have evolved to be good deceivers and as the Orwell quote at the

beginning of this chapter alludes, denial is necessary for people in everyday social interaction (Livingstone-Smith, 2003; Trivers, 2001). Livingstone-Smith (2003) contends that one of the reasons humans have evolved to be the dominant species is due to our superiority in deception and being deceitful. Often resorting to something akin to 'social poker' which keeps our true feelings, thoughts and views concealed. Russell (1993) argues that, in times of personal and health crisis, denial can be construed as having an adaptive role. Denial can protect against threats to the self, protect the self-concept by distorting reality in a self-enhancing manner and can lower levels of anxiety. Lazarus (1983) and Goleman (1989) point to the positive affects denial can have on an individual's psychological well being.

## **Denial in sexual offenders: The context of this thesis**

This review has highlighted key concepts, theories and treatment frameworks pertaining to denial in sexual offenders. However it is evident that there has been an insufficient research agenda and particularly lacking is a qualitative understanding of the phenomenon. Cooper (2005) stresses that the knowledge of denial in sexual offenders is fragmented, with theoretical models based on little empirical grounding (either qualitative or quantitative) and treatment models not based on a clear theory of denial. Similarly Hogue (1998) argues that there is no comprehensive theory of denial in sexual offenders and as such treatment has not been successful in treating and/or managing the problem. While the outlined theories above can give an insight and platform in which to understand denial, it is clear there are deficits in knowledge and gaps for further research. Cooper (2005) suggests that understanding the offender's position, social context and their motivations may be useful in terms of making sense of their behaviour. This avenue is one that this thesis attempts to pursue through focusing on the offender's lived experience and perspectives and by attempting to make sense of their personal and social worlds. Such an avenue could be beneficial in formulating theoretical frameworks of denial in sexual offenders. The crux of the thesis is to better understand denial in sexual offenders, which could arguably lead to more effective ways of treating and managing denial as well as a sounder theoretical base with which to underpin treatment and management.

The empirical studies in this thesis could bolster our understanding of denial in sexual offenders, as well as benefit theory and practice. For instance making sense of denial from those currently denying their offence could illuminate much in terms of the underlying mechanisms and dynamics of denial (see chapter 6 and 7). Qualitatively investigating the process of

overcoming denial in sex offenders and the impacts of participants' identity could tell us much about an offender transition towards admittance (see chapter 4). Focusing on expert professionals' experiences and perspectives on treating and managing denial could offer a unique insight into how deniers are being treated and managed, and how to progress in the future (see chapter 5). The thesis hopes to add some clarity with respect to understanding denial and to bridge some of the fragmented gaps of knowledge.

## Chapter 3

### Methodology

This section will outline the methodological approach for this thesis and offer both a rationale and justification for the research design. It will outline the issues and challenges that surfaced during the research and how they were overcome. It will detail the procedure of data collection and analysis, the sampling strategies used and will make explicit how and why participants were selected. It will discuss ethical considerations, issues of access, reliability and validity and the trade-offs made at the design level.

This research is embedded in the qualitative paradigm of social research and as such focuses on in-depth understanding of the participant's life world (Bryman, 2004). The stance this research adopts is phenomenological and interpretivist in nature. Such a position allows the researcher to gain knowledge and understanding through the lived experience of social actors/human agents. For the interpretivist researcher the world is never a world in itself it is always a subjective world, which relates to a conscious subject (Sandberg, 2005). This position fits well with the overarching philosophical foundation of this research which is rooted in phenomenological inquiry. Such research is concerned with how the world appears to the participants and how they make sense of their personal and social worlds (Smith and Osborn, 2003). This type of philosophical approach lends itself to researching lived experience, as phenomenology is concerned with describing human experience as lived (van Manen, 1997; Merleau-Ponty, 1962). It is this type of research which has been, until recently, lacking in criminological psychology, with offenders experiences and perspectives largely marginalised (Hudson, 2005; Matza, 1964). As Nee (2004) contends doing crime research without the input and acknowledgement of offenders' experiences is like "trying to write a play without characters" (Nee, 2004: 17).

Criminological/forensic psychological research has generally been more concerned with nomothetic approaches, particularly focusing on areas such as risk, risk assessment and recidivism. Such studies have been invaluable in identifying different types of risk (i.e. static, stable dynamic and acute dynamic) and establishing risk measures and assessments (Craig, Browne and Beech, 2008). However, they have not provided us with rich descriptive data that can allow a unique insight into the lifeworlds of the participants. The research agenda which has focused on risk and recidivism has been influenced by wider political and social processes such as

the emergence of the 'risk society' (see Beck, 1992; Considine and Birch, 2009) and the 'new penology' which is characterised by adversarial justice (Feely and Simon, 1992). As such there has been a need to develop evidence-based strategies to target factors which have been found to be statistically related to risk and Recidivism (Hanson and Buisiere, 1998; Hanson and Morton-Bourgon, 2005). However such approaches have been criticised for being atheoretical (Craig, Browne and Beech, 2008) and there is thus a need to focus on offender's perspectives (Nee, 2004; Matza, 1964).

This research is taking a qualitative approach to understanding denial in sexual offenders. Little is known about denial in sexual offenders and it is both inadequately conceptualised and subject to poorly developed theoretical frameworks (Cooper, 2005). As previously discussed research investigating denial in sexual offenders has been almost exclusively quantitative and focused on the relationship between denial and recidivism (Langton et al, 2008; Nunes et al, 2007, Lund, 2000), and the factors related to denial (Baldwin and Roys, 1998). There has been very little research focusing on how and why sexual offenders use denial; their transition towards admittance and what facilitated this process; their experiences of 'being' in denial; how deniers account for their conviction(s); how they experience prison life and construe self and others; what experienced treatment professions think about the treatment and management of deniers. Each of these outlined issues will be addressed throughout this thesis. This thesis, then, is primarily concerned with understanding and making sense of participants' denial, as well as ascertaining the experiences and perspectives of facilitators and psychologists on treating and managing deniers.

### **Research Questions**

The empirical chapters in this thesis were guided by a set of overarching research questions which sought to explore and make sense of denial in sexual offenders. These questions were construed as provisional and allowed the thesis to be properly structured (Eatough, 2005). The research questions were designed to elicit and capture the lived experiences of the participants. The questions were:

- What makes so many sex offenders deny their actions?
- What are the participants' personal experiences of overcoming their offence denial?

- What psychological, situational and contextual factors/experiences influence offenders in overcoming denial?
- What are the views and perspectives of professional programmes staff (psychologists, treatment managers and facilitators) with regard treating, managing and working with deniers? Do they believe they can be treated? How do they believe this should be done?
- How do deniers account for being convicted of sexual offences?
- In what ways do 'deniers' construe and make sense of their prison lives? How do they construe self (self now, ideally, self before arrest) and victim?
- What are the thoughts, feelings and attitudes of deniers towards treatment, prison staff (psychology, prison officers and probation officers) and their offence?

The research questions were designed to structure the thesis and maintain a logical coherence throughout. However, as this research is explorative the questions were not designed to be absolute. For instance this thesis did not want to come to a definite answer for question 1, instead it wanted to explore and understand why and how some sex offenders deny their offences. The below section will detail how the empirical studies will address the overarching research questions

## **The Empirical Studies**

This PhD thesis is constituted by four main empirical studies (see below for a brief rationale), with each study linked to the research questions, aims and objectives. The main purpose of this thesis is to shed a more phenomenological light on denial in convicted sexual offenders and to illuminate the functions and implications of their denial.

### **Post-denial**

Little is known about offenders' experiences of maintaining and overcoming denial, what this experience was like for offenders' and how they overcame it. Lord and Willmot's (2004) research represents the only qualitative work on the phenomenon and although they used a similar population of 'post-deniers' (though not all their population had been in total denial of their offence) they focused on the cognitive processes of overcoming denial. Their research lacked a coherent experiential account and their analysis was not grounded in offender perspectives but focused instead on content. Their analysis neglected the subtleties of narrative construction and

narrative identity when recounting life events. Furthermore the narratives as to why their participants overcame denial was insufficiently interrogated.

This study (chapter 4) focused on sexual offenders who had denied their offence for a substantial time, but who had overcome their offence denial. It explored the functions and implications of their offence denial experientially, its impact on affect, lifestyle and everyday functioning. It further focused on offenders' process through the legal system and the role of family and social networks in their use of denial. The study explores the dynamics of denial (what kept the façade going) and what occurred to allow them to begin to disclose their offence(s). Understanding and being sensitive to this allows an insight into the psychological, contextual and situational processes that can effect an offender's movement from denial towards admittance. This study, as with all the studies, concludes with a section on the implications for policy and treatment.

#### **Professional perspectives on the treatment and management of denial in sexual offenders**

This study focused on participants' (programmes staff) attitudes, perspectives and experiences of treating and managing deniers. Thus far no study has attempted to ascertain from professionals (clinicians, treatment managers and facilitators) their views of treating and managing deniers. It was important to elicit and analyse participants views on whether they believe that deniers are a treatable group and what they believe works best with this group. The professionals interviewed had a vast array of experience ranging from 3-18 years of working with sex offenders in forensic settings. Analysis of their perspectives, views and experiences illuminated current attitudes towards the treatment and management of deniers. It also allowed an understanding of the impact of denial on treatment providers, which could be crucial if we are to design/inform interventions for dealing with deniers.

#### **Denial**

There are two studies (chapters six and seven) in this thesis which focus on sex offenders who are in categorical denial of their offence(s). The first study (chapter six) is based on qualitative interviews which sought to investigate deniers' accounting for why they were arrested and convicted; their views and attitudes towards treatment and prison staff; their experiences of prison life; as well as a focus on their interpersonal relationships e.g. family context. This is the first study that has attempted to conduct qualitative research with this population and there

were numerous pitfalls that needed to be avoided. The first was to be creative in designing research that is both beneficial (for academics and professionals), but also palatable for those maintaining their innocence. Indeed confronting deniers with their accounts and challenging them would have probably left this researcher with no participants (Marshall et al, 2001). It was also important not to dwell on the "I didn't do it", "I wasn't there" justifications, but instead understand their perspectives as to how they got to be in prison i.e. what events occurred that enabled them to be both accused and convicted of sexual offences? Crucially it was important to attempt to understand how participants were accounting for those events. In this respect, offender's accounts are considered as therapeutically relevant (Northey, 1999).

The second study utilised a personal construct approach and sought to understand and make sense of participants' construing. The use of repertory grids in this study (chapter seven) was two-fold: 1) to further illuminate and explore findings from previous analysis and 2) to ascertain whether rep grids (and the rep grid interview) could have practical application for those working with this population. The second aspect of this study arose organically from the first aim and so was not originally an aim of the research. It became clear when analysing the grids that limiting the analysis to bolstering the IPA analysis was being too restrictive to the data. This aspect of chapter seven adds to the practice focus of this thesis and attempts to ascertain the potential usefulness of rep grids with this population (albeit tentatively) in terms of idiographic understanding and assessment. This chapter uses case studies to provide insight into the construction systems of the participants while allowing an exploration of deniers construing more generally.

## **Research Process and Process Issues**

### **Ethics**

Researching sex offenders is not without serious ethical considerations and careful thought was required at all stages of the research to ensure that ethical frameworks were being adhered. The Nottingham Trent University ethics policy is mandated in the 'Research and Ethical Governance Framework Document' (REGFD, 2008). This research also adhered to the British Psychological Society's (BPS) ethical guidelines which are subsumed within the REGFD. Before any research commences it must first be passed by the Nottingham Trent ethics committee. This process allows for reflection and consideration of ethical issues that may arise during the research process. In order to do credible and sensitive research one must recognise the potential for risk



and sensitivity in all phases of the research, both for researcher and researched. Such issues include privacy and confidentiality, safety of individuals, respectful communication in consent and debrief, responsibility in handling sensitive data, workable relationships with gatekeepers and stake holders (Sieber, 1993). One must also be culturally sensitive which Sieber (1993) argues means learning to perceive risk factors from the perspective of those who will be affected by the research e.g. participants. It also refers to being mindful of participants' culture or subculture when learning about their real lives and to communicate in ways they will understand (ibid). This research was sensitive in that it was potentially threatening to researcher and researched due to the emotionality of the subject area (participants would disclose aspects of their offending behaviour, of their own personal histories and relationships with significant others), thus the ethical process was important in considering and preparing for doing sensitive research (Lee and Renzetti, 1993).

Researchers in prison settings must also complete the prison service's ethics form and it is not until both forms are submitted and cleared that research could commence. The approach to conducting research with sex offenders is necessarily rigorous; first and foremost they constitute a vulnerable group with many offenders having varying degrees of emotional problems. Thus issues in the ethical procedure such as confidentiality, informed consent, disclosure of information and researching vulnerable groups requires further elaboration.

### **Confidentiality**

Possibly the most famous study for ensuring confidentiality in forensic psychology is Abel et al's (1987) research on the self-reported sex crimes of non-incarcerated paraphiliacs. Abel et al (1987) went to great lengths to protect the confidentiality of the participants. Participants' documentation was kept in charts coded by the participant's unique ID code. The unique ID code (the only way to match the participants with the data) was held outside the United States in order to stop the federal government from subpoenaing the data. They also obtained a certificate of confidentiality which meant that no city, state or county could compel the investigators to reveal the identity of the participants (Abel et al, 1987). This highlights an extreme example of confidentiality, but demonstrates the seriousness with which we should approach such an issue. Although such lengths were not considered appropriate here, the issue of confidentiality was taken seriously.

Cowburn (2006) suggests that clear boundaries of confidentiality need to be drawn up to outline what is confidential and what may override this in the participant's case. In this research all participants were made aware of the boundaries of confidentiality in the initial (consent) meeting and just before commencement of the interview. They were informed that their data would only be accessible by this researcher (though transcripts would be read by supervisors and only identifiable by their chosen pseudonym). They were informed that their data would be destroyed five years after the completion of the PhD to allow adequate time for dissemination. They were made aware that hardcopies of data and consent forms would be stored in a locked filing cabinet and that the datafiles would be stored on a home PC and password protected. Furthermore, all information about personal details (i.e. their real name, age, the offence for which they were convicted) were kept on a separate database stored at HMP Whatton. It was felt that these measures were enough to ensure at least 'limited confidentiality'. Indeed in line with Abel et al's (1987) position of full confidentiality, Scarce (2001) argues that "the code (of ethics) needs to make clear that unless researchers are prepared to go to jail, they should set limits on the scope of their confidentiality" (p.271).

In both the initial interviews and in the informed consent forms all participants in this study were made explicitly aware that disclosure of certain information would invalidate standard confidentiality and would have to be reported to the appropriate authorities (prison security, principal psychologist, police liaison officer) in accordance with Prison Service Order (PSO) 7035. Such disclosures include threats to prison security, information relating to an offence for which they have not been convicted and intentions to harm self or others. It was vitally important that this was reiterated in the first initial interview and before the main interview was conducted (Winder and Blagden, 2008). This position represents one of 'limited confidentiality' (Cowburn, 2005), which depicts the dual role dichotomy of the researcher wanting to protect the participant's anonymity, with protecting the interests of others (past/future victims) from harm. Such a position seems to reflect the researcher's own moral position of a concern for victims (ibid). However, when conducting research in a prison setting researchers' are duty bound to report such information, this duty supersedes any ethical or moral dilemma and must be adhered to if the research is to be credible and ethical. Cowburn (2005) notes that while long semi-structured interviews may allow us to glean insights into the nature of sexual offending that would not have been discovered by traditional quantitative approaches. It does leave open the possibility of sensitive information being revealed about the potential risk(s) to other people and themselves.

## **Informed Consent**

All participants were given the informed consent<sup>3</sup> form and participant information sheet during the initial interview/meeting. Participants read the consent form (or if identified as having literacy deficits the researcher read the form), were asked if they had any questions and were informed that if they wanted to take part they could sign the form. On three occasions participants asked if they could take the forms back to their cells and think things over. This was, of course, acceptable and all three later consented to the interview process. The informed consent form contained information regarding the intentions of the research, the participants rights to withdraw, the degree of anonymity and confidentiality, university contact details of the researcher and the director of studies, storage of the data and the duration of time it will be stored and how participants would be referred in publication (the consent form asked them to supply and appropriate pseudonym). The basis for credible and sound research is that the participant freely consented to their involvement in the research (Henn, Weinstein and Foard, 2006). This research allowed the participant to freely consent, with the participant reassured that participation and interview data could not be used by parole board or by prison staff. It was also made clear that participants could not benefit from participation e.g. to participation at parole hearings to demonstrate willingness to engage.

There have been instances in the past where deception has been employed in order to pursue research goals (possibly the most famous examples are Milgram's (1963) study into obedience and behaviour and Humphrey's (1975) study 'the tea room trade'). Whether or not the ends justified the means is not a matter for debate here (certainly the aforementioned studies have been hugely influential), but this researcher subscribes to the position that consent should be transparent and that there should be no deception. Obtaining consent can be a difficult process and is it best conceptualised as a "continual process of mutual learning and evolution" (Hagan, 2006: 48). It is not a process that starts and ends once the consent forms have been signed.

## **Access and Participants**

Gaining and maintaining access in social research is of paramount importance (Noakes and Wincup 2004). This researcher was fortunate in that access had already been granted to conduct the research at HMP Whatton and thus there was not a need to continually negotiate access. On a personal note the staff at HMP Whatton were of invaluable help both in terms of allowing

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<sup>3</sup> See appendix for informed consent form

access to the research participants, but also in aiding in the recruitment of the participants. Silverman (2005) argues that gatekeepers are those who mediate the researcher's access to participants and are concerned with how the participants/ institution will be portrayed in the research. I was mindful as a researcher part funded by HMP Whatton that, on one hand, I had a duty to present the institution in a positive light. This pressure was never overt but came from a recognition that the prison service was a stake holder in the research. On the other, was the sense that I wanted the research to speak for itself and be free from any 'politicisation'. This tension, however, did not manifest during the research process, with senior staff at HMP Whatton wholly supportive of the research and its findings.

### **Sampling Strategies**

The methodological foundation of this thesis is both phenomenological and interpretative, with the research adopting an interpretative phenomenological analytical approach in the empirical studies (this will be discussed in-depth later in this chapter). The sampling strategy was directly effected by the methodological approach of this research. There are no prescriptive sample sizes in interpretative phenomenological analysis (IPA), though it is generally argued that as it is idiographic research it should utilise small sample sizes. In most cases the higher end of sample sizes is typically (N=10), though the mean sample size of IPA research is (N=15) (Reid, Flowers and Larkin, 2005). Smith and Eatough (2006) document that generally between 6-8 participants is sufficient for IPA research, as it is important to do justice to each particular case.

Sampling in this research utilised the three most common types of sampling in qualitative research; convenience, snowball and theoretical (Bryman, 2004). Marshall and Rossmann (1999) point out that qualitative researchers often begin with accessible sites (convenience) and then build upon and elaborate on these through connections made from early data collection (snowball sampling). Indeed many of the participants were initially identified from psychological and prison staff referrals. In some instances participants were referred by interviewees and this represented a good use of snowball sampling.

The overarching sampling strategy used for selecting research participants was purposeful and homogenous. There is generally little point in trying to achieve a random sample with small N research instead the researcher should try to attain a closely matched sample for which the research question will be significant (Brocki and Wearden, 2006). This strategy is common within IPA research and differs from other qualitative techniques in that participants are selected in

order to illuminate a particular research question (ibid). This view essentially mirrors the concept of theoretical sampling which asserts that participants are selected on the basis that they are the most appropriate cases to shed light on a particular phenomenon (Henn, Weinstein and Foard, 2006). This type of sampling then is ideally suited for small sample research and thus ideal for IPA research.

### **Participant Recruitment**

Participants were mainly recruited through psychology staff referrals, though the recruitment procedure for each study is discussed below.

### ***Post-denial***

The participants (N=11) for this study were obtained through referrals from psychological and group facilitator staff at HMP Whatton. All participants had denied their sexual offence(s) for a substantial period of time (ranging from 18 months – 3.5 years, with one offender who had denied for 10 years). Information about the participants is detailed in the empirical chapters. Most participants came out of denial in prison (N=9), while (N=2) came out just prior to sentencing.

### ***Denial***

The participants for this study were again obtained from psychological and facilitator staff at HMP Whatton. This researcher also had access to databases which contained offenders' maintaining their innocence. A total of 20 letters were sent out with 10 agreeing to participate. During the recruitment stage of this study, this researcher received a complaint against him and was reported to the principal psychologist by a prospective participant. The participant felt the data protection act has been contravened by the prison service allowing access to his data. However, as HMP Whatton were part funding the project and commissioned the research, this researcher had appropriate access to potential participants' data. A letter was sent to the person explaining matters and he was satisfied with the outcome. At no point did any data, of any participant – at any time, leave HMP Whatton.

### ***Staff***

Firstly it was decided that although a small sample would be used for this research study a cross-section of roles and backgrounds was required. Interviews were conducted with a chartered forensic psychologist (N=1), trainee forensic psychologists (all with over two years experience) (N=4), group facilitators (N=3) and trained prison officers (n=2) who also facilitate treatment

programmes. Appropriate staff were informed of the research and were given contact details if they were interested in taking part. Arranging these interviews was difficult as they lasted between 1-1.5 hours and were conducted in work time. This meant finding time to conduct interviews during participants' busy workloads and meant that some interviews had to be rearranged several times. All interviews were conducted at a time that was convenient to the participant.

### **Vulnerability: Participant and Researcher**

As noted in the ethics section, this research is of a sensitive nature and conducted with participants that can and should be seen as vulnerable. There is a paucity of literature regarding sexual offenders as a vulnerable group (see Blagden and Pemberton, 2010). However, there are few groups that will be as stigmatised or face such vociferous public indignation as sexual offenders (Hudson, 2005). Sexual offenders are marginalised, viewed as pariahs and with serious limitations and barriers to employment and resources (see Brown, Spencer and Deakin, 2007). Thus sexual offenders often find that they are limited in their access to both support and social networks thereby increasing their social vulnerability (Liamputtong 2007). There is a case to made that sexual offenders may in fact be 'doubly vulnerable' as they find themselves in a position of a loss of autonomy and also marginalised by society (Liamputtong, 2007).

It is clear in the literature that vulnerable groups are marginalised, stigmatised, rejected and can be characterised as hard to reach or hidden groups (Moore and Miller, 1999). Researching vulnerable and stigmatised groups requires great care and sensitivity. Allowing participants to recount their experiences is likely to be an emotional process and researchers need to be mindful that participation is likely to make individuals feel vulnerable (James and Platzer, 1999). This is particularly important for this type of research, as often participants discussed their offending behaviour (particularly in chapter four) and the emotional impact it had on them and their victims. It was necessary to be mindful and sensitive of their recounting and create safe environments for them to tell their stories (Waldram, 2007). Researchers need to be reflective and foster non-judgemental attitudes and be reflexive on their own self-knowledge and moral development (James and Platzer, 1999). Such considerations are important for rapport, as in order to forge a relationship based on trust and respect, one must be sensitive to the vulnerabilities of the research population. This is especially warranted when there is greater social distance between researcher and the participants, as in this research (ibid). A further issue of vulnerability for this research was whether to use 'adapted' offenders (those with an IQ<80).

Due to their either deficits in literacy or low IQ or both, this population of sexual offenders are even more vulnerable. There were two participants in this research which fell into the 'adapted' banding. The interviews with these offenders were carefully managed, with no such participant interviewed without consultation with their treatment manager. If the treatment manager felt they should not do the interview, then the interview was not done.<sup>4</sup>

The overriding consensus is that by being mindful and reflective researchers can build practices that foster trust, rapport, genuineness and this can lead to better quality data and participant disclosure. Researchers in this area are cautioned against the 'smash and grab' approach to data collection (Liamputtong, 2007). In line with this Fisher (2009) argues that we must move beyond the researcher-researched methodology and instead view our research in terms of "researching with our participants" (pg. 30). Inherent within such a view is the recognition that our research is relational and because of this there should be some aspect of 'care'. Fisher (2009) further contends that the dispassionate researcher, one who is solely concerned only with their data, should be suspended from researching vulnerable groups. These issues and concerns are of great importance to 'doing' credible research and adhering to a 'sensitive' approach to the research participant is one way qualitative research can achieve validity (Fisher, 2009).

Although the vulnerability of research participants is often considered and dealt with, the issue over the vulnerability of the researcher has received far less attention (Hallowell, Lawton & Gregory, 2005). This has led James and Platzner (1999) to argue that "it is rare to find honest accounts of the difficulties and dilemma's encountered when conducting sensitive research with vulnerable populations" (pg. 73). Indeed Hallowell, Lawton and Gregory (2005) suggest that "...just as research can be a pleasurable and exciting experience, it can also be distressing and emotionally isolating" (p.11). It is important to acknowledge the content of these two quotes as there are occasions when researchers are vulnerable and not just in the risk averse sense. Researchers do not occupy a realm in a hermetically sealed vacuum; they are not impervious to the content of participants' verbalisations. Researchers in this field, and more generally researchers who research vulnerable groups, will find themselves in positions where they will listen to potentially harrowing, disturbing and emotional discourse. There may also be occasions when in an emotional interview a participant's distress will cause feelings of hopelessness and helplessness (James and Platzner, 1999).

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<sup>4</sup> See appendix for copies of the ethics forms, the ethics forms outline how adapted offender-participants would be managed

Academics and clinicians often neglect to mention that researching sexual offenders (and vulnerable groups more generally) can be a deeply humanising experience. This, however, is not forgetting that it can also be a disturbing experience as often you will be subject to accounts, beliefs and attitudes that are far out of alignment with our own moral standing and this conflict can be difficult to circumvent. A conscientious consideration of potential concerns can aid in the minimisation of unforeseen events (Munroe, Holmes and Ward, 2005). However, one cannot ever be truly prepared for the experience of interviewing such populations or the content of such interviews thus the researcher needs to be responsive and dynamic. It is crucial that one has close and considered supervision, particularly in extensive fieldwork stages. This researcher has had excellent supervision allowing open and honest discussions about the affects of interviews on participants and on myself. It was always emphasised that counselling was available should it be required. Indeed it is far more effective dealing with issues in the immediacy rather than ruminating on them and allowing them to affect your personal life.

#### **Accounting for Researcher – Researched Dynamics**

Interpretative phenomenological analysis makes explicit the active role of the researcher in the research process and contends that this is a dynamic process (Smith and Eatough, 2007). Smith and Osborn (2003) refer to this as the 'double hermeneutic' highlighting that there is a duality of interpretation in IPA research. This involves the participant attempting to make sense of their life world and the researcher attempting to make sense of their experience. Smith and Eatough (2007) refer to this as second order sense making. This 'double hermeneutic' has been previously described by the phenomenologist Alfred Schutz in his notions of how we make sense of social reality. Schutz (1962) argues that how we make sense of our reality can be distinguished by constructs of the first and second degree. First degree constructs are directly affected by a persons lived experience and their interpretations of the social world. They are effected by common-sense constructs of the reality of daily life, which aid in determining the behaviour and everyday goals of the individual. Second degree constructs are those used by the social scientist and based on the interpretations of the everyday constructions of others. Thus second degree constructs are constructs of the constructs made by actors in the social setting (Schutz, 1962).

The hermeneutic circle is concerned with the relationships between different aspects of the object the interpreter is interpreting. It can also be applied to the researcher-researched



dynamics. At the start of the circle the researcher may be preoccupied with their own concerns, experiences and thoughts. The next aspect of the circle may be trying to bracket off or suspend these thoughts before meeting the participant. The next stage may be meeting the participant and doing the interview, followed by reflection before analysis, where the circle would start again (Smith, 2008). It is important to account for researcher-researched dynamics and be mindful of the interpretations made as they reflect the sense making of the participant.

### **Alternative Methodologies**

As most of the research on denial in sexual offenders has been quantitative, this thesis was always going to take a qualitative approach. Though when deciding on the methodological underpinning there were numerous positions that could have been taken e.g. grounded theory and discourse analysis. There are of course many other qualitative approaches which could have been adopted, but the focus here is on the aforementioned two. Grounded theory is a systematic inductive approach to gathering, conceptualising, synthesising and analysing qualitative data in order to derive a theory grounded in the data (Charmaz, 2003). Grounded theory is used particularly in explorative research where little is known about a subject area. The research is emergent and begins with broad open-ended research questions with no specific objectives (Henn, Weinstein and Foard, 2006). Grounded theory is about discovering what is happening in the setting without forcing the data in pre-prescribed categories (Charmaz, 2003). The researcher must suspend their pre-conceived beliefs, a priori knowledge and theories about the subject. This approach though was not suitable for this research. This research wanted to investigate the lived experiences of the participants and was guided by specific overarching research objectives and areas which this researcher wanted to investigate. The grounded theory approach also has limitations. For instance does the method actually produce meaningful theory or is it a method of rigorous concept generation (Bryman, 2004). Researchers have also been critical of the assumption that investigators can suspend awareness of theories and concepts until the latter stages of research (ibid).

A further approach this thesis could have taken was discourse analysis. Discourse analysis is concerned with unravelling the complexities and structure of language and is underpinned by the epistemological position of social constructionism. Such a position states that social phenomena can be presented and re-presented in many different ways and so knowledge of reality is not directly accessible through perception. Discourse analysis can be seen as a departure from traditional approaches in psychology that construe language as a root to

cognition. Potter and Wetherell (1987) argue that language is not a transparent medium with talk not a reflection of an internal mental state. Instead they argued that language is purposeful, performs action and so meaning is created and negotiated in talk. The object of investigation is the social context of the conversation and not cognition (Potter and Whetherall, 1987). While such an approach could have illuminated the rhetorical and interactional elements of denial, this project wanted to do beyond that. It was considered that discourse analysis would have constricted certain aspects of this research and its aims. For instance its limitation to social contexts (while important) could neglect rich data regarding the sense-making of the participant and how the participant is revealing that data. In practical terms discourse analysis can have a limited impact on policy because of its relativist position which, at times, makes it difficult to appeal to policy makers (Marston, 2004).

This research needed an approach which was grounded in the lived experiences and perspectives of individuals. An approach was needed which understood that while language shapes rather than just represents lived experiences, it did not view such experiences as reducible to language. IPA claims that when someone talks about something this is only part of what is happening (Eatough, 2005). While a phenomenological researcher does not consider a participant's position 'truth', an individual's position does reveal and reflect their sense making in their world. Epistemologically this position suggests that although there is no 'real world' accessible to the researcher, we can gain a partial understanding of that world from those living in it. Just as a researcher could never feel the pain of someone post-operation or suffering from a debilitating illness, we can gain insight and understanding from those living such experiences (Oiler, 1981).

## **Data Collection**

Data were collected through semi-structured interviews and repertory grids. These were decided to be the most appropriate methods of data collection and the techniques best suited for eliciting the required data. Arguably other methods could have been chosen and different methods were given careful consideration. The idea of using focus groups was given particular consideration for both the post-denial and staff studies. The idea of having post-deniers talk about their experiences of coming out of denial had some obvious benefits and a group interview could have yielded some interesting data. However it seemed to go against the spirit of the methodological approach that has been adopted here, which is one that is concerned with the individual experiences and perspectives. These may not have been fully captured by the focus

group. Focus groups tend to involve a tightly defined area (Bryman, 2004), however the purpose of the studies here was to explore and elicit participant's thoughts, views and perspectives which may not have been fully captured in a focus group.

### **Semi-structured Interviews**

Interviews were conducted in the purpose built interview rooms at HMP Whatton following ethical clearance and allowed for private and safe environments for the participants to 'tell their stories' (Waldram, 2007). The interview process was rigorous and was split into two research meetings. The purpose of the first meeting was to gain rapport, explain the purposes of the research and to explain and guide the participant through the informed consent form. Such a format was important, as it was vital that the participants were fully informed of 1) the purposes of the research 2) their right to withdraw 3) how their identity will be protected and 4) the format of the interview.

The second meeting was the research interview (which lasted approximately 2 hours for post-deniers, 1.5 hours for staff and 3-4 hours for deniers). All interviews were semi-structured in nature as this allowed some structure to the interview, yet gave the participant freedom to elaborate on areas of personal relevance and meaning. This style of interviewing enables "rapport to be developed; allows participants to think, speak and be heard; and are well suited to in-depth and personal discussion" (Reid, Flowers and Larkin, 2005: 22). In the deniers study there was also a repertory grid interview which was often conducted on a third separate meeting. Repertory grid interviews lasted around 1-1.5 hours, which included eliciting elements and constructs, laddering and rating the grid.

Repertory grids were also administered with post deniers several months after their main research interviews. The reason for the difference between studies in administering the repertory grid interview was that at the time of the post-denial interviews repertory grids were not being considered. Consequently there are only five post-denier grids, as some offender-participants had been released or transferred to another establishment.

### **Interview Schedules**

There were a three interview schedules<sup>5</sup> used in this research. The interview schedules were designed after consulting the literature and used open questions so as to prevent leading the participant, which also helped to protect against interviewer bias (Willig, 2008). A repertory grid

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<sup>5</sup> See appendix for interview schedules

interview was conducted with the deniers after their main interview. After the interviews participants were debriefed with the purpose of the interview again reiterated, there was also the opportunity for the participants' to ask questions.

### **Repertory Grids**

The repertory grid (rep grid) has become the most widely used technique of personal construct theory and has been applied too approximately 3000 different studies (Neimeyer, 2004). From counselling (see Proctor, 1985), education and social work (see Borell, Espwall, Pryce and Brenner, 2003) and clinical settings (Horley, 2003; Houston, 1998; Winter, 1992). In basic terms the rep grid allows for the assessment of personal constructs and allows an understanding of the individual's world view. The position is highly idiographic and can allow a unique insight into the way an individual construes aspects of the world (Houston, 1998). In essence rep grid methods are techniques for studying personal and interpersonal systems of meaning (Neimeyer, 2004). The basic rep grid consists of four component parts; topic, elements, constructs and ratings. Each grid is conducted in relation to a particular 'topic', whether it is for clinical or research purposes. The purpose of the grid is to elicit constructs from the individual which make sense and have meaning to a particular context or experience (Jankowicz, 2004).

'Elements' are probably best construed as examples of a topic and can take many forms e.g. people, roles, organisations, job titles etc (Jankowicz, 2004). However, the concept or construct of 'elements' is still a matter of conjecture. In a standard rep grid format elements are chosen first, with constructs then elicited from distinctions made among and between the elements (Bell, 2005). When selecting elements the clinician/researcher must give careful consideration to the elements range of convenience and purpose of the grid (Fransella, Bell and Bannister, 2004). The elements in the grids for this research were mother, father, prisoner admitting offence, prisoner maintaining their innocence, police officer, sex offender, victim, person you like, person you don't like, self now, self as you'd like to be and self before arrest. The elements were chosen as they reflected the topic under investigation and were seen to be the most suitable for this grid.

The third basic component of a repertory grid are the constructs. Constructs can be conceptualised as ways which individuals make sense out of something, they have a "personal understanding of it, to find meaning in it" (Jankowicz, 2004:10). For Kelly (1955) personal constructs are bi-polar discriminations which anticipate or help make sense of an event e.g. hot-

cold; hot can only make sense in relation (or in contrast) to cold. The two different ends of the pole are classified as 'emergent' – 'implicit' (Kelly, 1955). Bell (2005) argues that the emergent pole is the way two elements are alike, while the implicit pole is the contrast. Constructs were elicited in this research using the triadic method, which is the most widely used method in grid administration (Bell, 2005). Constructs are elicited by selecting three elements (e.g. self now, self ideally, self before arrest) and asking the individual 'for you personally, how are two things alike, but somehow different from the third?' (Kelly, 1955).

## **Data Interpretation and Analysis**

The data interpretation and analysis in this research is framed by the overarching phenomenological position of this research. While the term 'phenomenological' has been over used in recent times, it is used here to convey this researcher's commitment to exploring and understanding participants' subjective lived experiences and perspectives and how they make sense of their social and mental worlds (Smith and Osborn, 2003). This represents a specific epistemological approach to interpreting and analysing the data, just as discourse and conversational analysis adhere to broadly social constructionist epistemology (see Potter and Whetherall, 1987).

From this position it was important to try and 'suspend' my own ways of thinking and immerse myself into the participant's world. Such 'suspension' is never wholly possible and researchers need to be aware that they will inevitably bring biases into the research setting. Moreover with sex offenders this 'suspension' is even harder. Sexual offending is a cultural taboo and often researchers will be interviewing men that have committed acts totally in opposition to their own beliefs and moral codes. However it was important to try and understand and approach the interview both with openness and genuineness. In a therapeutic setting such conditions are considered vital for the basis of a meaningful therapeutic alliance (Marshall et al, 2003, Rogers, 1956).

This PhD is a CASE ESRC funded PhD and thus it could be argued that the collaborative agency is a stake holder in the research. This research is then, by definition, is 'political'. Hammersley (1995) argues research becomes political if certain values impact upon the research be they social, political or economic, and this is case for this research. The outcomes of this research may have implications for the penal system, rehabilitation, at the very least they will

have some implications for HMP Whatton. Some would argue though that social research should always be value neutral. Weber (1949) argues that research should be value neutral and that understanding ceases when value judgements are made.

Becker (1967), however, was clear that the issue of having values or not is always with us in research. He contends that while some argue that research should be value-free, others suggest credible research cannot be achieved without a commitment to a value. Becker (1967) argues that sooner or later one has to pick a side (in this case either the prison's or the participant's), as it is not possible to do research that is uncontaminated by personal and political biases (Becker 1967). Liebling (2001) suggests that this dilemma is not about taking sides, rather the question is who's side are we on (Liebling, 2001)? Liebling (2001) suggests however that it is possible to find merit in more than one side, one does not have to pick a side as Becker suggests. Perhaps a more sophisticated view is being able to see the merit in both sides and, to some degree, sympathise with both sides while ensuring you are the arbiter of the possible tensions (Blagden and Pemberton, 2010). Thus the researcher's role can, at times, become a balancing act, but it is certainly possible to 'walk the line'. As noted that while, without doubt, one will come across views or accounts totally in opposition to their morality and world views. Overt challenge, particularly in what may be perceived as a 'safe environment', is not recommended and could result in hostility and even result in no participants (Marshall et al. 2001). Colton and Vanstone (1996: 5) faced a similar predicament and "had to consciously inhibit [our] natural reactions to some of the discourse of the men and to limit overt challenging of attitudes and distorted thinking in order to facilitate a process that enabled their stories to be told".

This conceptualisation views the researcher's position as a dynamic one, the mediator of tensions and competing positions from both sides. By being reflexive and acknowledging that our own personal views can affect our research, the research becomes stronger and more credible. Not accounting or acknowledging such views puts the reliability and validity of the research in jeopardy (Silverman, 2005).

### **Methodological Foundations**

The main methodological approach adopted in this thesis is that of interpretative phenomenological analysis. It is important at this point to outline the underlying philosophical foundations of such an approach. This thesis is taking phenomenological approach to

understanding denial in sexual offenders. The crux of such an approach is that the participants are free to talk about their own thoughts, feelings, and experiences. To use Skrapeč's (2001) artistic analogy this research is concerned with:-

*"The portrait he [participant] paints of himself and his world, being careful not to provide him with a palette but rather allow him to choose his own. His choices – among colors (sic), tonal grays (sic), or in stark polarities of black and white – reveal much about who he is and how he constructs his world. Furthermore, if we can loosen ourselves from the grasp of focusing on the content of his words – be they true or mendacious – and **instead strive to understand the process by which he arrives at those words and the emotional valence he attaches to them**, we may be better situated to elucidate his motivations."* (Skrapeč, 2001: 50 emphasis added)

Skrapeč (2001) suggests in her study on serial murders, which has some parallels with researching sex offenders, is to move away from the traditional objective approach of traditional psychology and shift the emphasis onto participants' experience and accounting. Indeed the participant's '*choice of colours and tones reveal much more about the way they construct the world*', rather than attempting to analyse them in predetermined categories. It was important, especially in the studies with deniers, to attempt to understand the process by which he arrives at those words (Skrapeč, 2001).

This position was important throughout the thesis, but especially in the research study analysing the narratives of deniers (chapter 6), which required greater analytical detail and careful interpretation. Phenomenological researchers attempt to move beyond a descriptive fascination of offence accounts and acknowledge that;

*"how a subject misrepresents himself or his crimes is not so important as the fact that he does so – that he intends to do...he is speaking a form of truth – his own truth – constructed according to what is meaningful to him"* (Skrapeč, 2001: 54).

One must be mindful of the situated context of the interview, particularly the latitude it gives participants to construct desirable responses and desirable identities (Presser 2004). Research often fails to examine 'the play of discourse in research' (Presser 2004, p.84), and neglects to examine the intention or rhetoric in offender's narratives. Thus this research is not

inherently interested in the way the offender accounts, but more in the way they choose to do so, understanding why an offender accounts the way they do can tell us much.

### **Interpretative Phenomenological Analysis**

This study will use interpretative phenomenological analysis (IPA) to make sense and explore the personal accounts and lived experience of the participants. The aim of IPA is to explore in detail individual and personal experience and to examine how participants make sense of their personal and social worlds (Smith and Osborn, 2003). The emphasis of IPA research is on the meanings particular experiences, events and states hold for the participants (Smith and Eatough, 2007). IPA then allows researchers to glean insights from the expert (the research participants) and get closer to the insider perspective (Larkin, Watts and Clifton, 2006).

IPA's emphasis on sense-making by both participant and researcher means that it can be described as having cognition as a central analytic concern, and has a theoretical alliance with cognition and language (Smith and Osborn, 2003). As such it is concerned with participants mental processes and uncovering their meaningfulness to participants. Interpretative phenomenological analysis has been described as particularly relevant for understanding the subjective worlds of participants and as being compatible with both social cognitive models and more discursively based understandings (Smith, 1996). Smith advances in 'beyond the divide between cognition and discourse' that IPA shares the concerns of both cognitive psychology (particularly social cognition and cognitive psychology as espoused by Bruner, 1990) and language. Indeed IPA aims to go beyond discursive concerns of how language constructs a participant's world or the performative aspects of talk and instead construes the person as an "experiencing, meaning-making, embedded and discursive agent" (Eatough and Smith, 2006:486). As a result IPA studies tend to use a blend of cognitive and discursive language when discussing participants' positions. For instance Clare's (2002) article on coping with Alzheimer's disease makes frequent references to 'coping mechanisms' and uses both cognitive and psychosocial language. Similarly Eatough and Smith (2006), Knight, Wykes and Hayward (2003), Smith (1999) and Smith (1996) use cognitive and discursive-orientated language in their analyses. As IPA places an importance on social cognition the methodological approach here stresses that there is a link, albeit and imperfect one, between verbal accounts, underlying cognitive processes and behaviour (discursive positions are epistemologically against this position and are critical of language being a root to cognition). The



accounts that people give in interviews thus represent, from an IPA perspective, internal psychological meanings and experience (Quinn and Clare, 2008).

Throughout the studies in this thesis the author will, in line with other IPA studies, draw upon cognitive language, social cognitive theory and discursive-orientated language. This blend of theoretical and epistemological positions would not be possible in strict discursive methodologies e.g. discourse analysis and conversational analysis. However it is possible in this methodology due to the interpretivist and phenomenological nature of the inquiry and the focus on making-sense of participants' experiences.

In sum IPA is concerned with uncovering, illuminating and understanding lived experience and asks the question 'what is it like to experience X for that particular person' (Smith and Osborn, 2003; Eatough and Smith, 2007). IPA is idiographic and focuses on the meaning making of the individual rather than making nomothetic assumptions. As Merleau-Ponty (1962: xvii) contends "we shall find in ourselves the unitary of meaning and nowhere else". There has been a lack of phenomenological studies in forensic settings, particularly with offenders (see Tidefors and Drougge, 2006 for one of the exceptions). This is surprising when we consider the breadth and scope that such studies can offer and the recent trend of qualitative studies using phenomenological methods like IPA. IPA has become a popular methodological approach and has been used across a broad section of research areas within psychology such as cultural and personal identity (Timotigevic and Breakwell, 2000), health psychology including the areas of palliative care, chronic illness and quality of life (Jarret et al, 1999, Osborn and Smith, 1998) sexuality and sexual identity (Alexander and Clare, 2004, Flowers and Buston, 2001), and also within criminological research (see Meek, 2006).

### ***Phenomenological and Hermeneutic Influences***

It is important at this juncture to discuss the phenomenological and hermeneutic foundations of interpretative phenomenological analysis and this research more generally. Any study utilising a phenomenological approach needs to make at least some acknowledgment of the philosophical traditions that underpin the research (Ehrich, 2003).

The crux of phenomenology is that 'conscience' (or in phenomenological terms how things appear to us in consciousness) should be the focus of inquiry (Ehrich, 2003). There is general consensus among Phenomenologists that methods of hard science (particular physics) do not

provide us with 'cast iron' laws of social reality (Gurwitsch, 1966). This notion was prevalent in much of Husserl's literature. For Husserl (1965, 1977) the fundamental error of contemporary psychology was its attempts to 'naturalise' consciousness. Naturalism, according to Husserl (1965), is a doctrine that only recognises the physical. Essentially reality is construed as a dichotomous construct in that there is an actual (naturalised) physical reality or there is no reality. Husserl rejected this view and argued "it is precisely by naturalising consciousness and ideas, however, that psychology defeats itself. The objectivity which it presupposes, without which it could lay no claim to being scientific, is essentially ideal and therefore a contradiction of naturalism's own principles" (Husserl, 1965: 9). As Langdridge (2007) notes one fundamental that phenomenology rests upon is a rejection of the subject-object dualism, most notable in positivist science, as an object only enters our reality when we perceive it and it is present in our consciousness. This is an important notion here as it posits that experience is always 'of something' and situated in lived existence (Ehrich, 2003). Husserl (1931/1950) illustrated this with his concept of 'intentionality' (the complete meaning of an object; desires, beliefs etc) to demonstrate how our consciousness is always 'directed' towards something.

The phenomenology of IPA is influenced and draws heavily on Heidegger's 'hermeneutic phenomenology'. The cornerstone of Heidegger's philosophy is on 'being' or rather 'Dasein' (existence). According to Heidegger "everything we talk about, everything we have in view, everything towards which we comport ourselves in, any way, is being; what we are is being and so is how we are" (Heidegger, 1962/1980: 26). Heidegger goes on to argue that to understand 'being' we (the inquirer/observer) must make an entity transparent in our being. It is through 'dasein' of the entity that we begin to uncover and thus bring ourselves closer to understanding the phenomenon under investigation. This is where Heidegger's phenomenology begins to become hermeneutic in that the observer is making a subjective interpretation of 'something which is'. Thus Heidegger's phenomenology is concerned with how things appear to us in existence, reality is thus an experiential one (Eatough and Smith, 2007). Thus researchers using IPA are concerned with how things appear to the participant and how they make sense of things.

Heidegger's hermeneutic phenomenology posits that the meaning of 'being' (or experience in our investigation) lies in our interpretation. Heidegger (1962/1980: 188) states that "in interpretation, understanding does not become something different. It becomes itself". Here Heidegger is describing the hermeneutic circle; "the circle in understanding belongs to the structure of meaning and the latter phenomenon is rooted in the existential constitution of

dasein – that is, in the understanding which interprets” (Heidegger, 1962/1980: 195). Our understanding of something is thus mediated through existing knowledge from our past experiences (Eatough and Smith, 2007). Thus interpretation is not a presuppositionless enterprise as it is grounded in ‘something we have in advance’ (our fore-having), this maybe knowledge, assumptions, beliefs and these make up our fore-structures (Heidegger, 1962/1980). Heidegger (1962/1980) warns us about approaching the circle in the right way, by taking account of the fore-structure of dasein (our experiences, assumptions, beliefs etc) and not be led by our fore-structures. This has resonance with qualitative researchers and reminds us about ‘suspending’ our own beliefs, assumptions (our fore-structures) in order not colour or unduly influence our findings. It is important to be mindful of our interpretation and how “analytical reflection starts from our experience and goes back to the subject as a condition of possibility distinct from that experience” (Merleau-Ponty. 1962: x). It is paramount that our experience does not override the interpretation, or else we risk creating ‘inauthentic understanding’ (Heidegger, 1962/1980).

The ‘interpretative’ element of interpretative phenomenological analysis is heavily influenced by hermeneutics, particular the work of Gadamer (2004/1960) and Heidegger (1962/1980). There is an important corollary in the work of Gadamer and Heidegger which relates to the hermeneutic circle. In that the understanding of the part and whole of a phenomenon is a dialectical process with the two aspects needing to be understood with reference to each other. Gadamer (2004/1960) reinforces the sentiments of Heidegger by contending that correct interpretation must guard against:

*“arbitrary fancies...habits of thought, and it must direct its gaze ‘on the things themselves’...For it is necessary to keep one’s gaze fixed on the thing throughout all the constant distractions that originate in the interpretator himself...[A] person who is trying to understand a text is always projecting. He projects a meaning for the text as a whole as soon as initial meaning emerges in the text.” (Gadamer, 2004/1960: 269).*

Here Gadamer argues that a person always ‘projects’ when making an interpretation, including interpretation made about the whole from initial meaning. It is important that we constantly revisit our interpretations to ensure we are not replacing the participants world with one created by ourselves (Schutz, 1962). Gadamer’s sentiments here also remind us that making our preconceptions apparent before doing the interpreting may not always be possible; as one may

only get to know their preconceptions once analysis is underway. Hermeneutic inquiry is then a dynamic process (Smith, 2008).

### ***Doing IPA***

There are no prescribed ways of doing IPA; though the analysis in this thesis was guided by previous precedents (see Storey, 2007, Smith and Osborn, 2003; Willig, 2008). Analysis began with the researcher being immersed in the transcript of a single case with equal time spent on subsequent transcripts, so as not too dilute the other participants' phenomenologies. Following detailed readings of the transcript, notes were made in the left hand margin of points of interest with general ideas beginning to emerge (Eatough and Smith, 2006). It is vital that the researcher stays close to the original transcript and is mindful not to allow their biases and 'fore-structures' to unduly influence them. Flowers and Langdridge (2007) warn against selectively using extracts from transcripts in order to affirm the researcher's assumptions. In other words Flowers and Langdridge (2007) are highly critical of those researchers who select extracts in order to confirm their presumptions. This is exactly what Heidegger means when he warns against 'inauthentic understanding'.

The second stage of IPA is the identification of themes from re-reading the text and the notes in the left hand margin to produce themes in the right hand margin (Storey, 2007). Smith and Eatough (2007) argue that once the researcher is immersed in the text emergent themes begin to be captured and these are noted the right hand margin. It is at this point, through dialectic between the text and theoretical constructs, that interpretation of the participant's phenomenologies begins to occur. Once the themes are identified the researcher begins the process of linking together various subordinate themes into superordinate themes (Smith and Osborn, 2003). As Smith (2004) points out the procedure is reminiscent of a "magnet with some of [the] themes pulling others in and helping to make sense of them" (Smith, 2004: 71).

The third stage is a form of data reduction with subordinate themes clustered together and assigned a descriptive label (superordinate theme label) in order to make sense of the data (Eatough and Smith, 2006). Superordinate themes are not unlike overarching categories which connect other themes together, they are the most important units of meaning in IPA analysis. Superordinate themes are then the identification of central concerns within the data and are those that best reflect participants' phenomenologies. Thus each superordinate theme is connected to the underlying themes which in turn, are connected to the original annotations and

extracts from the participant (Chapman and Smith, 2002). This process of deriving central concerns from the data is a primary aim of most versions of qualitative analysis (e.g. in the form of superordinate themes in IPA, core categories in grounded theory and narrative themes in narrative analysis) (Storey, 2007).

### **Personal Construct Psychology**

A personal construct approach was used in chapter seven of this thesis and aims to explore the construing of participants who are currently denying their offence and offending behaviour. It was decided that the IPA analysis in chapter 6 needed to be bolstered by an in-depth examination of deniers construing of self and significant others. An approach was required that allowed an idiographic view of how the 'denying' participants viewed themselves and others. Personal construct psychology was chosen as it fit the remit and importantly fitted with the phenomenological roots of this research (Butt, 2004). This section will outline the main aspects of personal construct theory and then provide a rationale for combining two methodological positions.

According to Kelly (1991) a person's processes are psychologically channelised by the ways in which he anticipates events. Although this may seem abstract, the statement is intended to convey that a person is active in their construing and that this process operates through a structured network of pathways (a person's personal construct system) (Houston, 1998). Kelly's central epistemological position was 'constructive alternativism', which asserts that people construe reality in different ways. People make sense of their social worlds by forming hypotheses about the world and putting them to the test of experience. There will be commonality amongst people's construing as well as individuality and the emphasis on constructive alternativism is that we can always construe things differently (Walker and Winter, 2007). As Kelly (1955: 937, vol. 2) argues "there is nothing in the world which is not subject to some form of reconstruction"

## **Combining Methodology**

Chapter seven of this thesis is the only chapter which does not use IPA analysis and instead uses a personal construct approach. A brief rationale is required to outline the compatibility of a broadly phenomenological approach with a personal construct approach.

It can be argued that part of phenomenology's concern is with human existence and experience and how we can come to understand and interpret phenomena. Similarly Personal construct psychology can be construed, at least implicitly, as a psychology of human concern (Shotter, 2007). In other words it deals with issues that matter to the person concerned (an ordinary everyday person) and not those of the academic or professional fraternity. Kelly (1991) suggests that we must move away from a focus on events inside the heads of individuals and move towards a focus on events occurring out in their actual behaviour. In line with Meads thinking of meaning being present in the social act before emergence in consciousness, meaning is available 'out there' in peoples' interactive behaviour and not hidden in their heads (Shotter, 2007). This notion appears compatible with a phenomenological position.

Personal construct psychology also appears to have parallels with some of the key ideas of Alfred Schutz. For Schutz (1962) everyday man is trying to make sense of their existence and daily life, however such sense-making is not straight forward or homogenous but rather it is incoherent, ambiguous and seldom free from contradiction. In Schutz's view phenomenology seeks to explain how people construct meaning in their lives with intersubjectivity being a key proponent. Thus our experience of the world is intersubjective because it is experienced with and through others (Wilson, 2002). This seems to drive at the heart of personal construct theory, as it focuses on how people make sense of their lives and how they construct social reality. According to Kelly (1991) a person's view of the universe is construed 'through transparent patterns or templates which he creates and then attempts to fit over the realities of which the world is composed (Kelly, 1991: 8-9). Although we cannot say personal construct psychology is phenomenological, it can be construed as a branch of phenomenological thought despite not being inherently influenced by it (Butt, 2004). Particularly as personal construct psychology, like phenomenological investigations, allows people (the people we want to understand) reveal their own ways of making sense to us (Shotter, 2007).

## Reliability and Validity

Quantitative approaches are typically assessed as rigorous through the traditional canons of reliability and validity. Reliability is achieved through stability (the stability of the measure over time); inter-observer consistency (consistency between raters on the recording of observations, kappa co-efficient – see Field, 2006); internal reliability (the consistency of respondents scores to be related to their scores on other indicators) (Bryman, 2004). Validity in experimental research is usually split into two categories, internal and external. Internal validity refers to the things that affect whether a true measurement has been obtained using the measuring instrument. While external validity is concerned with the generalisability of the findings to the intended population (Henn, Weinstein and Foard, 2006).

The task of achieving reliability and validity in qualitative research is not as straightforward, with some arguing that the 'unscientific' approach of qualitative research makes achieving them problematic. However the view that qualitative research is 'unscientific' implies that it is not rigor and further implies that the quantitative orthodoxy has the monopoly on 'what is science' or scientific knowledge. Woolgar (1996) is critical of this assumption and offers a critique of the quantitative approach to 'science' couched in terms of objective reality, physical world and behaviour as individualistic and mentalistic. Woolgar (1996) first points out that definitions of science are not static and change over time. Indeed historically science was concerned with doing away with conjecture and opinion and replacing it instead with provable facts. However when Popper (1959) introduced the criterion of 'falsifiability' he purported the opposite; a defining element of scientific theory was that it was falsifiable. Scientific practice and knowledge production is not then the simple application of a technical method (Woolgar, 1996).

Detailed qualitative research focuses on 'thick description' of the case rather than having the power of generality (Geertz, 1973). This was a trade-off made at the design level of this research. As Munck (2004) points out qualitative research will always be limited to the number of observations, as they are in the main small N studies. If a qualitative researcher tries to compensate for the lack of observations by increasing the observations this can cause the problem of concept-stretching, causing a shift in the unit of analysis. When this occurs concepts that fitted into one category tend to exceed that domain and thus no longer fit (Munck, 2004). Geertz (1973: 25-6) argues "the essential task of theory building...is not to codify abstract

regularities but to make thick description possible, not to generalize across cases but to generalize within them." Implicit here is the detailed understanding of individuals' positions and a focus on their lived experiences and perspectives. Although the traditional canons of reliability and validity are primarily quantitative concerns, such notions can be reconceptualised for assessing rigor in qualitative research. Adhering to such protocols can bolster credibility and can act as rebuttal to quantitative criticism. Thus reliability and validity in this research will be achieved by assessment of the juxtaposing criterion of qualitative rigor 'trustworthiness'. The criterion of trustworthiness is made up of credibility, dependability, transferability and conformability (Bryman 2004). It is acknowledged, however, that there is debate and conjecture surrounding reliability and validity in qualitative research and it is conceded that because of this it is difficult to achieve (Morse, Barret, Mayan, Olsen and Spiers 2002). However by adopting trustworthiness in this research design and employing verification strategies this research will be able to (as much as possible) stand up to the rigors of reliability and validity.

When assessing validity the crucial issue in this study will be whether the investigation accurately reflects the phenomena (Henn, Weinstein, and Foard 2006). Henn, Weinstein and Foard (2006) argue that in order for qualitative research to achieve reliability and validity it needs to guard against 'reactivity', 'subjectivity', 'going native' and must promote reflexivity. Reactivity is being mindful of the way participants (consciously or unconsciously) modify their behaviour because they are aware they are being 'researched'. Psychology has long held an awareness of this particular issue and the issues of demand characteristics (see Orne, 1991) and fake good/bad and socially desirable responding (see Paulhus, 1984). For the issue of subjectivity researchers must account for and justify the choices they make, such choices (setting of research, participants selected, what is recorded, the interpretations of the data) are all in some way based on or influenced by a priori assumptions and knowledge. Finally 'going native' is where prolonged in-depth investigation develops into an empathetic view of the group and leads to close identification with them, which can distort the researchers' interpretation (Henn, Weinstein, Foard, 2006). This is an important point as much of the research would be spent with those denying their offences.

Winter (1989) argues that a 'reflexive critique' is one strategy an interpretive researcher may use to bolster reliability and validity (Winter, 1989). Gouldner points out that unless researchers acknowledge bias and their own position in the social world they cannot postulate or explain the social world. Gouldner asks researchers to cease acting as if everyone is objects and



subjects, as if there are two breeds (the researcher and the researched) (Gouldner 1972). This will be necessary in order to build a good rapport with the participants, which in turn will limit subjectivity in this study (Henn, Weinstein and Foard 2006). This researcher adopted a reflexive position throughout data collection and analysis.

In terms of *credibility*, this researcher acknowledges the importance of not privileging the status of the respondents, as this can be of detriment to the research (Silverman 2005; Cunliffe). This author kept a reflective diary, along with a journal of the fieldwork experiences, in order to further bolster 'credibility'. The diary and journal were kept throughout; however the main entries were during the beginning of the fieldwork experience. I was mindful that I wanted to reflect on how the interviews were affecting participants and also affecting myself. *Dependability* will be achieved through auditing; this involves keeping detailed records of problem formation, participation, fieldnotes and observations. The result is that peers and colleagues can establish how dependable the research is and ensure proper procedures have been adhered to (Bryman 2004). Again I kept journals and detailed notes of early problem formations and conceptualisations of the research. These are kept securely at HMP Whatton. Around four months into the PhD I presented them to programmes staff at HMP Whatton in order to ensure that I was capturing problems and issues coherently and accurately and also to allow the programmes team to feed into the research. *Transferability* alludes to how useful findings will be to other researchers in similar areas (Marshall and Rossman 1999). It is believed that by investigating an underdeveloped area of applied forensic psychology that this thesis will have transferability. Indeed there have already been publications from this thesis (see Blagden et al, in press; Blagden and Pemberton, 2010). For *confirmability* the emphasis again is on in-depth understanding. Qualitative research must assert that it cannot be truly replicated due to its nature and real world changes. The methodological position of this thesis understands and adopts confirmability, with the major emphasis of the thesis being in-depth understanding. This systematic and thorough procedure will bolster the reliability and validity for this study (Silverman 2005).

This thesis also adopted verification strategies in order to bolster reliability and validity. This thesis adopted 'methodological coherence' as a verification strategy, where the research questions will match the research method chosen, which in turn will match the data collection and analysis procedures. Hence research questions, decisions and their match with analytic procedures will constantly be revisited through an iterative process (Morse, Barret, Mayan, Olsen

and Spiers 2002). It also adopted 'sampling sufficiency', which is a verification strategy that recognises that sampling must be appropriate and utilise those who best represent the research topic (as such it closely mirrors theoretical sampling). For each study in this research the most appropriate participants were used. For instance in chapter four participants were those that had denied their offending for a long period of time and who were now admitting their offence. These participants were chosen because the study wanted to investigate and come to an understanding of offenders' journeys/transition from denial to admittance. Finally, the research also adopted a measure of inter-rater reliability. This took the form of regular data sessions with the supervision team where this researcher would explain and discuss the themes and their relevance to participants' narratives. Supervisors for each study would also analyse a section of one transcript in order to identify how similar or different (and in what ways) our interpretations of the data were.

## **Summary**

This chapter has outlined the overarching methodological approach for this thesis and offer both a rationale and justification for the research design. It outlined the main issues and challenges that surfaced during the research and how they were overcome. It detailed and discussed ethical considerations, issues of access, reliability and validity and the trade-offs made at the design level. The procedure of data collection and analysis were also fully explained. This thesis now turns to the four empirical chapters of this thesis.

## Chapter 4

### **Maintaining and leaving denial in incarcerated sexual offenders: An interpretative phenomenological analysis<sup>6</sup>**

#### **Introduction**

Sexual offenders who refuse to acknowledge that they have committed the sexual offences for which they were convicted are termed as being 'in denial'. As has been highlighted the incidence of denial in sexual offenders is high and often problematic. Barbaree (1991) reported that 98% of his sample of incarcerated sex offenders demonstrated some degree of denial, with 54% of rapists and 66% of child sex offenders totally denying their actions. Kennedy and Grubin (1992), likewise Hood et al (2002), reported that 33% of their samples of convicted sexual offenders were in categorical denial.

There are obvious benefits to denying one's guilt – particularly prior to conviction - since denial of wrongdoing (pleading 'not guilty') may result in acquittal, given that prosecution for sexual offences typically relies on the testimony of the victim alone. In short, denial may be a gamble worth taking, as it could aid an individual in avoiding some of the internal and external negative consequences associated with admitting an offence (Rogers and Dickey, 1991). However, at other times, denial ceases having a positive impact (at least short term); for example, an individual who denies to the police and courts that they have committed any offence will not be eligible for any reductions in sentence. The Sentencing Guidelines Council (SGC, 2008) recommends a one third reduction in sentence (where the guilty plea was entered at the first reasonable opportunity), reducing to a recommended one quarter (where a trial date has been set) and to a recommended one tenth (for a guilty plea entered at the 'door of the court' or after the trial has begun).

In addition, once an individual enters prison, denial can make life more problematic for the offender. For deniers, acquiring 'enhanced'<sup>7</sup> prisoner status can be more difficult due to them

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<sup>6</sup> The main findings of this chapter are currently 'in press' for the journal *Psychology, Crime and Law*. The article is titled ' "*No-one in the world would ever wanna speak to me again* ": An interpretative phenomenological analysis into convicted sexual offenders' accounts and experiences of maintaining and leaving denial. A copy is available in the appendix.

not addressing their offending behaviour. Moreover, being in categorical denial of one's offence(s) excludes an individual from participating in any of the sex offender treatment programmes (SOTPs), which means that there are limited opportunities to lower their risk and progress to lower category prisons. Lack of participation also means that parole, and hence early release, is less likely since the individual cannot show that they have addressed their offending behaviour (O'Donoghue and Letourneau, 1993). It should also be noted that while in some jurisdictions any form of denial may be sufficient to exclude participation from treatment, the focus here is on the prison based offender programmes where partial denial is acceptable. However the decision is ultimately made by the treatment manager.

Denial is typically the first barrier or impediment to successful treatment a clinician is likely to face and it has implications for treatment and recidivism (Laws, 2002). However one of the main criteria for eligibility onto an SOTP is that the offender must take some responsibility for their actions (Marshall et al, 2001); thus total denial of an offence ("I didn't do it", "I wasn't there") excludes the offender from participation. Successful completion of a SOTP has now been consistently linked to reducing the risk of recidivism (Levenson and McGowan, 2004).

The aim of this study is to add an explicitly more phenomenological understanding of denial in convicted sexual offenders, and seeks to make sense of the lived experience and perspectives of offenders who have previously denied their offences, but who are now admitting their guilt. Through a detailed and rigorous analysis of participants experiences and lifeworlds, a more rich and detailed understanding can be brought to bear. Sexual offenders' experiences of maintaining and overcoming their offence denial are not well documented in the literature and thus this study could provide an invaluable insight into the processes behind and underlying denial. Cooper (2005) has argued that research on denial in sexual offenders is fragmented, and knowledge of the phenomenon is insufficient, whilst Gibbons, de Volder, and Casey (2003) agree that changes in offenders' state of denial at key points in their legal journey - from arrest, through conviction, and into prison and treatment - remains an unexamined avenue. The purpose of this study is to offer a more fine grained phenomenological understanding of participants' experiences of why they denied, and their transition towards admittance.

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<sup>7</sup> There are 3 categories of privileges in prison: basic, standard and enhanced. Enhanced prisoners have extra privileges e.g. more visiting orders, access to own clothes, access to games stations and differential rates of pay in some establishments. One common way of obtaining enhancement is through participation in an offender behaviour programme.

## **Method**

### **Participants**

Access for this research project was granted by the Governor at HMP Whatton and is part of ongoing collaborative research between the prison and the university institution. The participants (N=11) for this study were obtained through referrals from psychological and group facilitator staff at HMP Whatton, Europe's largest sex offender treatment establishment. Once referrals had been suggested letters were sent out to potential participants detailing the purpose of the research and whether they would like to participate in the study. It should be noted that participation in this study was voluntary, with no external benefit for the participant (this was the same for all the studies in this thesis). All participants had categorically denied their sexual offence(s) (ranging from 1.5 – 3.5 years, 10 years for one participant); while the majority of participants came out of denial in prison (n=9), a small number came out just prior to sentencing (n=2). To ascertain whether participants had been in categorical denial, psychological staff were given the criteria for referrals (i.e. had to have been in total denial). In the consent meeting participants were asked 'what they denied' to ensure they matched the criteria.

### **Data Collection**

The data were collected through one to one semi-structured interviews, which lasted between 1.5-3 hours. As with all interviews in this research, interviews were conducted in a private purpose built interview room at HMP Whatton and were digitally recorded. All data was anonymised and stored confidentially; however the researcher was duty bound to report any disclosure of an offence for which the individual had not been convicted, or any threats to harm themselves or others<sup>8</sup>. Participants are explicitly made aware of this both in the consent form and verbally prior to interview (Winder and Blagden, 2008). Table 1 (below) details the participant information.

The aim of the interviews was to capture the participants' experiences and perspectives on why they had previously denied their offences, and how and why this changed at various stages (police interview, court appearance, prison and treatment). The interview schedule focused on broad issues such as what their life was like at the time of their offence, as well as questions

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<sup>8</sup> This is in line with Prison Service Order 7035

that focused on particular details e.g. what they denied at certain times? Why? And when it changed? The interview explored how and why the participants began to admit their offence, with particular interest in their experiences of going through the criminal justice system (arrest, investigative interview, and trial), role of treatment, role of family/social networks and prison experiences. After the interviews, participants were debriefed with the purpose of the interview again reiterated and time allowed for the participant to ask questions. Once interviews were transcribed and analysed, there was a feedback meeting with all participants, where the results were discussed on a one-to-one basis to ensure that the interpretations of the lead researcher reflected the views and experiences of the participants.

**Table 3: Post-deniers participant Information**

Chosen Pseudonym of Participant	Age	Offence	Offence Type	Sentence
John	37	Non-Contact	Internet	12 months
Mike	23	Contact	Aggravated rape (adult)	8 years
Simon	37	Contact	Rape (adult)	5 years 6 months
Harvey	29	Contact	Aggravated rape (adult)	7 years
Ron	50	Contact	Gross indecent assault (child)	5 years
Roger	25	Contact	Sexual Assault (adult)	2 years 9 months
Anakin	32	Contact	Gross Indecent Assault Child	5 years
Graham	28	Contact	Murder (sexually motivated)	Life (99 years)
Martin	39	Contact	Sexual Assault U13	4 years
Mark	47	Contact	Sexual Assault U13 (x2)	5 years
Peter	36	Contact	Sexual Assault U13	4 years

## Ethics and consent

This study, as with all the studies in this thesis, was approved by The Nottingham Trent University ethics policy and cleared by HM Prison ethics. The ethics procedure at Nottingham Trent University is mandated in the 'Research and Ethical Governance Framework Document' (REGFD, 2008). This research also adhered to the British Psychological Society's (BPS) ethical guidelines

which are subsumed within the REGFD. Before any research commences it must first be passed by the Nottingham Trent ethics committee. This process allows for reflection and consideration of ethical issues that may arise during the research process. In order to do credible and sensitive research one must recognise the potential for risk and sensitivity in all phases of the research, both for researcher and researched. Such issues are covered in detail in the methodology chapter.

## Analysis

### Interpretative Phenomenological Analysis

This study used interpretative phenomenological analysis (IPA) to make sense of and explore the personal accounts and lived experience of the participants (Smith and Osborn, 2003). IPA aims to go beyond discursive concerns of how language constructs a participant's world or the performative aspects of talk and instead construes the person as an "experiencing, meaning-making, embedded and discursive agent" (Eatough and Smith, 2006:486).

The methodological approach for this chapter has been made explicit in chapter 3. This chapter will present and unpack the superordinate themes derived from the IPA analysis. While each superordinate theme was meaningful to each participant, some subthemes were not applicable to everyone (Eatough, 2005). The superordinate and subordinate themes that emerged during the IPA analysis are detailed in table 4.

**Table 4: Post-denier superordinate and subordinate themes**

Superordinate Theme	Subordinate Theme
Maintaining viable identities	<i>Stigma, labelling and mediating viable identities</i>
	<i>Becoming a 'new' me</i>
	<i>Phenomenology of shame and guilt</i>
	<i>Fear</i>
'Being' in denial	<i>Chaotic and impulsive lifestyle</i>
	<i>Family</i>
	<i>Conscious and relational denial</i>
	<i>Incongruence and internal conflict</i>

<b>Personal change</b>	<i>Internal process (want to change)</i>
	<i>Therapeutic Vs main establishments</i>
	<i>Treatment</i>

## Results

### Superordinate Theme 1: Maintaining viable identities

#### Stigma, labelling and mediating viable identities

One of the major subordinate themes located within the superordinate theme 'maintaining viable identities' was the stigma of being labelled, viewed or associated with the term sexual offender. According to Crocker, Major and Steele (1998:505) stigma is "some attribute, or characteristic that conveys a social identity that is devalued in some particular social context". Braithwaite (1989) refers to stigmatisation as a form of disintegrative shaming, one in which offenders are rejected as outcasts with their deviance subsumed as their master status trait. Those who are stigmatised are often then targets of negative stereotypes and are prone to emotional responses such as anger, anxiety or disgust and are often devalued and dehumanised by others (Crocker and Quinn, 2003). When one considers the vociferous public indignation towards sex offenders, it is difficult to find a group who are more stigmatised or publicly denigrated.

*The main reason [he denied] was mostly thinking that no-one in the world would ever wanna speak to me again... Graham*

Graham's extract conveys that he believed that if he disclosed his offence no-one in the world would want to speak to him again. The anxiety and stress that this caused was difficult for him to articulate and it is not surprising that in the past he had felt suicidal and depressed.

*What's the worst thing you can say to someone? I'm Hitler, it's not self preservation for you, it's the words coming out of your mouth, they can't, the fact that that's what you did, it's not, I don't know, the whole character you've been building up for 39 years...it's like saying I'm Hitler...why would you own up to that?...it would have been*



*easier if I murdered her, I don't mean that err<sup>9</sup> but on the out you get less stigma*

**Martin.**

Martin's narrative is powerful and describes his struggle in disclosing his offence to family and friends. He describes not being able to utter the words of what he did, but also that disclosing what he had done would mean becoming someone who is despised and rejected. He comments that it is not "self preservation", yet self-preservation seems to strike at the heart of his narrative. Indeed 'the character' or self (both how he perceives himself and how he perceives others to see him) that he had built up would become shattered and in its place would be a 'character' that is vilified. Thus he felt he needed to maintain his 'performance' of the character he had been portraying (Goffman, 1959). Interestingly he points to the stigma of being a 'sexual offender' and comments that murdering his victim would not have the same impact for his identity. Most of the participants' accounts seem to highlight the tensions of reconciling their views of themselves with the views of others. For Martin there were no benefits to admitting, admitting, in his view, would be like being viewed as Hitler.

Most interviewees viewed the negative label of 'sex offender' as enduring and that it would affect how others view them, and how they perceive themselves. This issue, particularly how others would perceive them was of great importance to the participants, and appeared to be an underlying contributor to participants' denial. This notion has clear links with the work of Mead (1934) who argued that the experience of the self first comes from recognising the self as an object to others. Individuals, then, "experiences [themselves] as such, not directly, but indirectly, from the particular standpoints of other individuals" (Mead, 1934: 139).

*It's almost like a lifetime tag, if you're a murderer you do your time and that's it, but a sex offender gives you the impression that the tag will be with you for life...she [partner] said "I'd rather you had committed any offence other than what you've done, even murder, I could've accepted that"* **John**

*"I think it's disgusting, I think sex offenders are disgusting...I'm disgusted with myself"*  
**Roger**

Roger's own views of sex offenders coupled with his own experiences led him feel disgusted with himself. Many participants had negative self-evaluations and experienced negative

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<sup>9</sup> Err here refers to the sound made by the participant.

labels, which appear to be common experiences in convicted sexual offenders. John felt that the label sex offender was a 'lifetime tag', a form of branding from which he could never be free. The resultant change to his identity seemed to be a prominent reason for his denial. He could not accept that was how people may view him. This was incongruent with how he perceived himself; even his partner stated that she could have dealt with the situation better had he been convicted of a serious non-sexual crime.

*You think about why did I do that, I'm not that sort of person, that's not who I am deep down, but people's perception of me now is that is the sort of person I am, people are gonna class me a schedule 1 offender – a paedophile, cos that's what people are gonna perceive me as being...I perceive that people on the outside view sex offenders as perverts* **John**

John was concerned, as were all participants, that 'sex offender' or 'paedophile' would become his 'master status', the key referential trait that overshadows all other characteristics (Goffman, 1963). As Goffman (1963) noted stigma can become a focus for identity, thus master status refers not simply to people who engage in deviant behaviour, but designates them as such. This belief was one of the major reasons why he denied his offence. John's worry about being perceived in such a way was mediated, as it is with most participants, by his belief that he was a "good and decent person" and the desire for a second chance. When participants reflected back to when they were 'in denial', the label 'sexual offender' was seen as an enduring phenomenon and something they attempted to distance themselves from. However participants now appeared (although not fully) to view the label as more flexible and saw it as chance to prove people wrong. Indeed when participants were asked to define a 'sex offender', all participants (except Roger) gave neutral or accepting definitions. Some participants described how their attitudes had changed from derogatory definitions of sex offenders as "dirty horrible person" (Mark) to more understanding definitions "sex offenders are human beings" (Mark).

The belief that the sex offender label is an enduring phenomenon and the stigma associated with it produced some irrational cognitions while participants were in denial.

*I actually thought I'm going to commit an offence that's not sex related, I'm gonna go rob a bank, so I can go I'm in for robbing a bank, or I'm going to race down the*

*motorway at 200 mph in a car and get in the news for that rather for being a sex offender...that was my thinking, how can I make it not as bad as a sex offence Harvey*

Harvey verbalised that he really thought about trying to commit what he perceived was a less stigmatised crime, so that his identity would not be affected by the sex offender label. Most offender-participants put forward similar views, initially distancing themselves and rejecting the sex offender label. As Goffman (1963) notes, when someone is labelled deviant the problem for the individual becomes how they manage their identity when interacting with others. This certainly was apparent in the participants' accounts of why they initially denied their actions.

### **Becoming a 'new' me**

As participants were 'retelling' their experiences of offending and 'being' in denial it started to emerge that the participants were constructing (or had constructed) new narrative identities. Narrative identities can be understood as "an active information-processing structure, a cognitive schema, or a construct system that is both shaped by and later mediates social interaction. People construct stories to account for what they do and why they do it" (Maruna and Copes, 2005: 33). In this way participants' accounts are not impassive or value neutral but attempt to construct and convey a narrative identity. In the interviews here participants' 'old' self, the denying sex offender, was rejected and replaced by a 'new' adaptive person. For Anakin it was his progress and process through treatment that helped him begin to construct a new identity or a 'new me'. Anakin was able to restory his life through identification of the Star Wars character 'Anakin Skywalker' and ultimately believing he could be redeemed in the eyes of loved ones.

*I really identify with the character of Anakin Skywalker. Throughout the whole saga...he starts making the wrong decisions for what he thinks are the right reasons, like when I was taking drugs and what have you I thought I was getting friends...which is the way I see myself with my offences, just you know, I knew it was wrong but it didn't seem wrong cos my step daughter [8 years old] didn't seem too bothered, there was no physical pain it was only touching and oral sex and she never performed it on me, she seemed to enjoy it. You know all the cognitive distortions...Then Anakin is ultimately redeemed in the end by the faith of his son, like our X believes in me. I can understand that. In the end he actually turns around and destroys his evil self and is*

*redeemed, which is what I've done in the SOTP so I use the Star Wars story to help people understand me. Anakin*

Anakin is allowing us a glimpse into his meaning making as he attempts to 'narrativise' his experiences (Bruner, 1990). The making sense of his behaviour and in some respects his 'new me' is through a retelling of his story using a star wars analogy. However, the analogy is more than this, for it is through this narrative where he can become 'new me' and achieve 'redemption'. This is important for him in the moving on process. He wants to demonstrate that he has changed and that he is no longer the person he was. In Maruna's (2001) work on crime desistance in (non-sexual) offenders, he found that offenders who were 'going straight' had supplied themselves with a 'redemption script' which was characterised by wanting to 'give something back' and a recognition that although they cannot change the past they were aware that no-one but them was controlling their present and future. In criminological literature the process of obtaining a new internal narrative (new me) is achieved by the offenders' recognition that their 'old self' is qualitatively different with new or future self. The old self is seen as incongruent with 'new me' and so past behaviour is shunned in favour of the new identity (Vaughan, 2007). For most participants in this study recognising and being cognisant of who 'old me' was, while wanting to make amends and yearning to be redeemed seemed to facilitate a new adaptive identity. This appeared important for leaving denial in that their old self could be disavowed in favour of a 'new me'.

What appeared important for participants in this study in terms of overcoming denial was being able to reconstrue their lives and the subsequent facilitation of a new adaptive identity. The process of redemption seemed one way in which participants could achieve this 'transformation'. The process can take many forms, for instance a recognition of the old self as qualitatively different to new self, the desire to change and to prove to people that you have changed, or to attain redemption from a higher power.

*One of things I based it on [admitting] was a Christian belief. I had read in the bible that (.) well lying is not a good thing anyway and I read in the Old Testament some stories about people who denied things that they should've admitted and it didn't turn out good for them. When I took that step and it was a big step for me in going guilty, I made a conscious decision that god was behind me, he'd open doors for me and protect me if necessary as a personal belief... they [family] encouraged me to get right with god, I feel stronger now I'm*

*back with god, before I had fallen away from god. Harvey*

For Harvey his belief that god was with him and protecting him allowed him to overcome his offence denial. It appeared a source of strength for him and in some sense gave him permission to admit his offending without adverse consequence. In Harvey's narrative his Christian beliefs take a central role and through their meaning to him he is able to assert that he is on the path towards redemption. It also acts as an important mechanism as it affords him a certain protection from the fear associated with overcoming denial and the views of others. Interestingly this links with Sykes and Matza's (1957) neutralisation technique 'appeal to higher loyalties'. However instead of the technique facilitating offending, it is used to restore his life in a positive manner. Thus believing that a higher power is "behind" you and protecting you, the process of admittance may become easier. Perhaps one way of rectifying the dissonance which could lead to denial (Russell, 1993) is the belief that a higher power is with you.

Harvey's narrative seems to be characterised by 'moral reform', in that he has returned to 'being good' through his process of "getting right with god" (Presser and Kurth, 2009). Through such narratives offenders can portray 'good selves' and assert that the person who offended is not really who they are (ibid). Maruna, Wilson and Curran (2006) found that religious 'conversion' helped prisoners maintain a viable identity in a time typified by identity crisis. Such conversion was seen as an adaptive mechanism in shame management and allowed negative labels to be replaced with a new identity. It also provided the offender with a framework of forgiveness. All participants alluded to wanting to be redeemed, with the need for redemption a reoccurring theme. Indeed Harvey claimed that the time in his life where he offended was one that coincided with his "falling away from god".

### **The phenomenology of shame and guilt**

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 the observers. The experience of shame engenders feelings of being small, worthless and "often motivates denial, defensive anger and aggression" (Tangney and Dearing, 2002: 2). The experiencing of guilt, however, is characterised by reparative action, and wanting to put things right rather than emotional reactions that impair functioning (Proeve and Howells, 2006). In most of the participants' narratives, there appeared a divergence when discussing being in denial and how

they feel now. Recounting their experiences while in denial seemed to be characterised by shame, while recounting their views of 'self now' were characterised by guilt and wanting to make amends.

Experiencing guilt had profound effects on some of the participants. For instance John would intentionally punish himself by not indulging in certain leisure activities whilst in prison. His interview was replete with examples of feelings of guilt and wanting to make things right. Similar to Anakin's narrative, John was seeking redemption.

*John: I feel like I shouldn't be happy in here, cos of my partner, they're out there I'm in here and I shouldn't be happy, it's sorta like an in-built guilt thing when you're having a laugh and joke. A lot of the other guys on the landing say the same thing...*

*Interviewer: It seems like you're trying to punish yourself (interrupts)...*

*John: Yeah, yeah, I do punish myself quite frequently, this is something that has come out on the course, [facilitator] said you do punish yourself and everything and I do, but why shouldn't I... It's hard to explain, it's just something I feel I need to do, so when I walk out of those gates I can say I've been punished and now life starts again.*

It is important when attempting to understand John's guilt that we account for the context in which it occurs. The experience of guilt for John seemed to give rise to self-punitive behaviours within this context. He would restrict his leisure time, restrict his engagement in 'banter' on the wings and not watch certain T.V programmes (comedy programmes). He appeared to be describing shame when recounting his experience of denial which was characterised by being selfish, with blame assigned elsewhere (e.g. he blamed his wife for downloading indecent images of children). In an everyday context, not watching certain programmes or not 'having a laugh' may not be readily considered a punishment. However within the prison context such instances provide moments of levity, thus the conscious and wilful exclusion from a modicum of enjoyment can constitute a form of punishment. Certainly, from John's experience, the purpose of excluding the self from these events was as a form of punishment. John's use of the pronoun 'I' in this extract orientates himself as the object; it is he who does not deserve happiness. He wants to feel punished and be miserable so that he is, in his view, deserving of his new life. Similar to Anakin, John feels his redemption can be achieved through an unpleasant prison experience and from the love of his partner.

Guilt feelings can be seen in most of the participants' accounts i.e. feeling bad, wanting to make amends. For example, Ron (below quote) felt that going on an SOTP course and informing his ex-wife about the truth was the first steps towards reparative action.

*I hadn't told my ex so she didn't know the actual truth. So doing the SOTP I owed it to my victims to tell her the truth so she knew they weren't lying...it was one small way I guess of err starting to put things right* **Ron**

## **Fear**

Fear seemed, at least in part, a strong generative mechanism of denial and contributed to the protection of self. Fear was a reoccurring and prevalent theme throughout all the interviews and links with both the superordinate themes 'maintaining viable identities' and 'being in denial'. For instance the fear of judgement and condemnation affected most participants.

*fear of hate...people hating me for who I am, not who I am, but what I did* **Peter**

All the participants articulated that fear, including fear of loss (family and friends), fear of rejection (family and society), fear of negative consequences (social and legal) all played a major role in their denial. Fear seemed to be a 'block' in the process of admittance.

*fear of judgement, society's judgement, but fear of admitting to myself as well, fear of rejection, I don't know, fear of losing what I had...fear of being exposed as a child sex abuser. That was basically it. That fear drove me to deny everything* **Anakin**

As with Peter's quote, Anakin cites the fear of judgement and rejection as reasons for his denial. However, the main fear was the fear of being exposed as a 'child abuser'. That fear and the resultant effect it would have on his identity and self concept, coupled with the fear of losing family, job, and status seemed to drive the denial. All participants experienced fear such as being ousted as a sex offender, fear of being labelled, judged, rejected and of negative consequences (both social and legal), which links with the previous analysis. While this analysis is highlighting the self-protective properties of denial it should be noted that all participants claimed that they had awareness that their behaviour was wrong. There was little ambivalence about their offending

behaviour as they knew they had committed the offence, instead the ambivalence came from issues pertaining to disclosure. This seems to demonstrate that on some level there was awareness that their transgression was socially and legally unacceptable.

*I just knew I was going to lose everything. So I think the biggest thing was fear of admitting to myself of what I'm capable of, fear of what my family would think and fear of losing my freedom ultimately. That's enough to make me make up a story. Harvey*

Harvey's quote seems to support the assertion, that fear is one of the drivers of denial. The fear of loss was enough to make him deny his offence and 'make up a story'. Interesting when recounting his fear, that it is the fear of what he is capable of which is articulated first. He did not want to admit to himself that he was capable of such an act. The failure of not wanting to think that of himself may be due to wanting to maintain a coherent sense of self. Thus by avoiding thinking about the offence or admitting it to oneself, he is able to maintain his social identity (Hudson, 2005).

## **Superordinate Theme 2: 'Being in Denial'**

### **Chaotic and impulsive lifestyle**

Most participants describe the time they were 'in-denial' or experiencing denial, as a time of chaos characterised by instability in their lives. Participants described how denial was a way of galvanising their fractious lives which enabled them to cope.

*It was messed up [life while on bail and in denial]...To be honest I don't know what was going through my head half the time I was either thinking I'm gonna live life to the full cos I'm going away or I was thinking I'm gonna live life to the full cos I felt invincible. So it was hectic, chaotic, it was the worst time of my life for unstableness or recklessness – full stop. Harvey*

Harvey's struggle with making sense of uncertainty at that time led to his impulsiveness and chaotic lifestyle while in denial. For Harvey, his chaotic lifestyle was the result of either the negative affect associated with impending prison sentence or a feeling of invincibility because he believed he was going to get away with his offence. The context of his impulsive lifestyle at this time is one characterised by imminent changes both to lifestyle and views of himself. This insight into sudden core role change (imminent changes to ones core view and beliefs about self) can



produce the experience of threat (see Kelly, 1991) which can result in unpredictable behaviour. Harvey's unpredictable behaviour may then be the result of perceived core role change (associated with possible imprisonment), although his use of denial seemed to enable him to cope with the situational context (albeit chaotically). Most participants articulated that they had difficulties with coping while 'in-denial'.

*I felt very alone, I tried err I got baptised, I tried to go to my doctors he told me to paint the house, I said I'm losing it here...he said take up painting and decorating. I went to see the local vicar...he never got back to me so I kept painting and decorating. I went to see err, you lie on a couch, counsellor, he said we didn't gel so I went back to painting and decorating. I did try and get support...I told the professional people, I couldn't tell friends I'd done it. **Martin***

What is striking about this section of Martin's narrative is solitude; he "felt alone" and isolated, as he was unable to disclose to family and friends. Although he sought professional routes to disclosure, this just facilitated him in developing avoidant coping strategies. Martin's narrative suggests he was trying to reach out. If he interpreted these early responses from professionals as rejections it is unsurprising that disclosure has been difficult. It is interesting that he comments that he got baptised and sought the help of the local vicar, perhaps seeking for a way to redeem himself. Martin further comments that getting baptised was an impulsive act and that he had not previously been religious. As has been noted religious conversion in offenders undergoing some form of identity shift, can aid in the maintenance of a viable identity (Maruna, Wilson and Curran, 2006). Martin was undoubtedly going through a time of identity crisis with the fear of going to prison, the fear of being found a 'sex offender' contributing to his denial. This reference to religion occurred in several other interviews, and may suggest that religions or other "appeals to higher loyalties" can influence/change/transform ones narrative identity.

### **Family**

Family was both a factor in maintaining denial and also paradoxically in overcoming denial. Participants generally posited that the fear of losing family and friends was a strong motivator for denial. However, family support was also important in overcoming denial.

*That was a strong part of the denial to be honest, you don't wanna be resented, you don't wanna be resented so you hide a lot from them cos you don't want them to find*

*out. I think family contributed to denial because obviously you don't wanna hurt them, I was very scared of losing them. Peter*

Peter's feelings highlight how the ambivalence of not wanting to hurt his family and not wanting to be rejected played an important role in maintaining denial. The offender's denial is often supported by the family, with most participants claiming that the family believed their innocence. This emotional investment further compounds the offender's denial. As Winn (1996) argues, sex offending extends beyond the offender and encompasses the family. The resulting shame, stigma, and negative ramifications like loss of status, employment and financial hardships are all shared by the family. This dual denial (offender and family) is a way of maintaining the family's homeostasis (Laflen and Sturm, 1994).

Interestingly, during the interview with Martin, he disclosed that he was still actively denying to his family and friends. It could be argued that he is still in the transition out of denial. It should be noted that Martin had told this researcher that he was fully disclosing his offence.

**Martin:** *[talking about family] If this is the way they treat me when they think I'm 'not guilty', you know, you know (5)*

**Interviewer:** *What about friends?*

**Martin:** *I think, I don't know, I'm sure they know, I'm sure they know, I think they know*

**Interviewer:** *Can you ever imagine a time when you will tell (interrupts)*

**Martin:** *I probably will tell them, I probably will tell them, but it's finding the right moment isn't it. It sounds horrible but I really need them, I need something, it's just, it's really difficult giving up everything. Do you really wanna give up everything?...I could tell them, but is it worth it?*

Martin's interview illuminated why he still cannot disclose to family and friends, the main reason being self-focused – 'he needs them'. His use of the pronoun 'I' demonstrates his concern for himself. "I need them". Martin appears fearful of losing his family and losing his support network on the outside. However, it could be argued that his denial, in this instance, may be providing an adaptive transitory function. Martin is admitting his offence to others and has completed an SOTP programme, he stated in the interview that if his family asked him or wanted to know more he would tell them. However it is important to note that research suggests that an offender's perception of family support can be important for offender 're-entry'. Not only can it

be important for reintegration it can also have a positive impact on aiding the offender to lead an offence free life (Martinez, 2009). Martinez (2009) argues that the transformative potential of family members and other significant others is often excluded from criminal justice policy and that treatment intervention could better utilise these groups. Martin's extract also highlights the robustness of denial and how resistant it can be to change. Indeed some of the underlying mechanisms of denial were still affecting his decision making regarding disclosure; despite sentence, treatment intervention and three years in prison he could still not admit to his family.

### **Conscious and Relational Denial**

Participants asserted that denial was a conscious state, or a choice, and this was influenced by stigma, fear (rejection, hate, negative ramifications) and identity (how they perceive self and others perceive them). This is reminiscent of Rogers and Dickey's (1991) adaptational model which considers rational choice elements of denial. This model rests on three assumptions: 1) The individual sees that they are in an adversarial setting; 2) They believe that if they disclose their offence they have something to lose and that there is something to be gained from denial; and 3) The individual considers what the best approach is for them to achieve their goals.

*"I knew what I was doing, so yeah denial was a conscious decision" Harvey*

Participants, in the main, claimed that they were making a conscious effort to hide the truth. However this notion of denial is poorly articulated, with most definitions and conceptions of denial viewing it as an unconscious process (see Jenkins-Hall and Martlatt, 1989). Whether denial was mediated in consciousness or unconsciousness was not always clear-cut and thus requires further explication. Anakin's quote (see below) for instance highlights how he was aware that his actions were wrong, but through distorting information and consciously trying to avoid 'thinking' about his wrongdoing he was able to continue his offending behaviour.

*"[I didn't] want to admit to myself, even though I had this voice in my head saying 'you know what you've done', you know, it was 'shut up', I didn't want to think about it I didn't want to talk about it...during the time in my offences I think I was in denial to myself, because we'd do something in the evening but in the morning at breakfast it was like nothing happened" Anakin*

Anakin was aware of his wrongdoing (the voice in his head), but at the same time aware of the ramifications this voice presented and so tried to block it out ("shut it up") and avoid discussing or thinking about it. This process seemed to happen in consciousness. He was aware, yet did not want to be aware. Resultantly he was able to avoid the pangs of guilt and this enabled him to both maintain his offending behaviour and allowed him to keep maintaining his innocence. Anakin's underlying schemata and offence supportive beliefs could have facilitated this process. Anakin attempted to normalise the child abuse by perceiving it as an adult relationship, *"it was like I was having an affair with her"*. Interestingly his use of the term *"we'd"* does however imply that he continues to regard the offence as a joint venture and may still represent underlying distorted thinking.

Anakin's quote seems to evoke the concepts of both self-deception and bad faith. Implicit within most frameworks and understandings of self-deception is that it is in part an unconscious process (Trivers, 2000). Cohen (2001) suggests that self-deception need not be totally unconscious; people can make a choice not to explore regions or ask themselves certain questions that may confirm some hidden cognition, which in effect appears to be evident in Anakin's extract. Thus if we image the 'voices' as homunculi in the mind of Anakin, one making him aware of his actions, the other trying to make him unaware, it appears that the negotiation is being done, at least in part, in consciousness. Anakin's narrative appears to have parallels with Sartre's concept of 'bad faith' which he posits is the lying to oneself within the unitary of a single consciousness (Sartre, 1957/2007). According to Sartre bad faith happens in consciousness, there is no deceiver and deceived, and it is not an unconscious process (Sartre, 1957, 2007).

It seems then denial, at least for some sex offenders, does have an actively conscious aspect. It also appears that denial may be more than just a cognitive component or just the result of underlying schemata. Denial seems to have clear relational properties and seems, at least in part, mediated by the presence of others and hence a form of social action.

*"[denial] it'd like a weight on your shoulders permanently, cos you know you've done wrong but you won't admit it cos you're scared of what people may perceive you to be* **John**

As previously discussed and again highlighted by John's quote, a strong contributor to participants' denial was the perceived rejection by loved ones, by society and to avoid the label 'sex offender'. There appears clear relational properties to denial. The experiential and relational

properties of denial seem to stem from participants not experiencing the self directly but instead experiencing the self as a subject to themselves. As Mead would argue, participants here “first become an object just as other individuals are objects to him and his experience” (Mead, 1934: 38). Such awareness enables individuals to manipulate the situation, to present themselves in more desirable ways in order to boost the appraisal for self. Denial seems, in part, due to the experiential and relational properties of the self being perceived in the light of others. This analysis would appear then to link with Clegg and Moissinac’s (2005) proposal of a relational model of self-deception. They argue that the related concept of self-deception is not due to a fragmented psyche, but instead highlight the rhetorical properties of self-deception rather than on mental phenomenon. The relational and linguistical features of denial thus need to be better understood. However, the purpose here is not a full treatise on the issue, but to highlight what is an under developed concept.

Relatedly some participants claimed that if they had been found not guilty they would have stayed in denial. This is interesting as all participants viewed overcoming denial as positive and being in denial as negative.

*I’ll be honest with you I’d have celebrated and got on with my life, I’d have been anxious and felt bad for her but I’d have thought “you’ve had a lucky escape”* **Mike**

*The tragedy is that if I was found not guilty I would’ve stayed in denial all my life...it would’ve proved I was innocent, it would have proved my denial* **Anakin**

Mike felt some remorse for his victim, but this would not have stopped him celebrating and getting on with his life. In this way the ‘performance’ of denial would have become an entrenched part of his character. Mike’s view of his victim as ‘being up for it’, the rape myths that facilitated his offending and his more global view of women at the time would have remained unchanged and unchallenged. As Anakin states it would have ‘proved his denial’ it would have served to legitimise his biased and faulty beliefs. Thus, for these participants, the underlying cognitive distortions and implicit theories (see Ward and Keenan, 1999) would have remained and could have put other potential victims at risk. This can be linked to relapse prevention and specifically to the cycle of offending. Without an understanding of their offence cycle and the early warning signals that precede their problem behaviour, it is possible such participants could have reoffended. As Hunter and Longo (2004) point out, the first stage of the cycle of sexual

abuse is the pretends-to-be-normal phase, thus if the offender has poor awareness of their problem area(s), it may trigger off phases in the cycle (i.e. build-up and acting out) and consequently lead to further offending.

### **Incongruence and Internal Conflict**

Several participants described how they felt incongruence typified by internal conflicts while experiencing denial. This internal conflict seemed to represent the participant's ambivalence in wanting to admit versus wanting to stay in denial. As Rogers (1961) argues an incongruent self often gives rise to defence mechanisms such as denial. The incongruent, ambivalent denier could be construed as being in a 'precontemplative' state, as at that time they have no desire to change (Prochaska and DiClemente, 1983) or may not have considered change.

*I had a lot of internal conflict cos I knew it was wrong and I knew what I was, well not only what I was doing but what I had done was wrong... Anakin*

*I always had conflict, knowing what I've done and the guilt and the disgust...I didn't want to lose my wife or my step-daughter John*

Anakin and John knew they had 'done wrong', but that was not enough to allow for admittance. All participants articulated that punitive societal views and not wanting to be a 'sexual offender' influenced his decision to deny. As with previous analysis it appears that the perception of being labelled or viewed as a sexual offender is not without high costs for the individual.

## **Superordinate Theme 3: Personal change**

### **Internal Process**

Although participants overcame denial at different points, the constant theme throughout all the interviews was that the overcoming of denial was an internal process; it came from a desire to change. Most participants described coming out of denial as a gradual process. Though, for Anakin and Ron, their process was accelerated by the presence of overwhelming evidence. There was, as Anakin put it, "*nothing left to deny*". Thus far these results have highlighted the incongruence, internal conflicts and the ambivalence offenders have experienced while in denial, and these seem to typify the internal processes that facilitate the process of maintaining denial. However

participants seemed to get to a point where they could not deny any more. Almost like a revelation, they could recognise the detrimental effect denial was having.

*The denial was more painful then actually owning up...it was a wound that kept open*

**Mark**

*It has to be yourself, nobody can make you come out of denial, you have to believe in yourself and just do it, as much as you don't want to, if you can't admit to yourself or come to terms with it I don't think anybody else can, even if you put a gun to their heads* **John**

Mark is describing his offence denial in terms of a corporeal reaction. Denial for him, was painful and likened to a wound. This use of metaphor conveys Mark's meaning making. The denial is equated to physical pain, a pain that held him back, it stopped him progressing and moving on. It appears from the participants accounts that one has to reach a point of acceptance where disclosure is reconstrued as the 'right thing.' Whether this is because disclosing becomes less of a high stake situation (the adaptational model), or through personal development/growth or support, is unclear and requires further exploration.

### **Main Vs Therapeutic Establishments**

When asked how HMP Whatton, an exclusively sex offender establishment, compared to other establishments, all participants (except Roger) were overwhelmingly supportive of the prison and its treatment-focused orientation. Participants' experiences of HMP Whatton were much more positive than their previous establishments, with participants feeling less fear and anxiety. The experience of the environment was described as less hostile and threatening, enabling offenders to personally develop.

*It's so much more relaxed in here, everybody knows that everybody here has been convicted of a sexual offence and there's no stress...[in other prisons] you hear horror stories about people getting slashed up and boiled sugar water being thrown all over and stuff like that and being beaten up in their pads. You hear stories of 'guvs' turning a blind eye cos it's a sex offender* **Anakin**

*[In other prisons] having things thrown at you by other prisoners knowing you're a sex offender...everywhere you went you were looking over your shoulder, so you had to be in denial for all your crimes Mark*

Participants felt less fear and anxiety and generally experienced less stigma in HMP Whatton because everyone had been imprisoned for a sexual offence. The ethos of this establishment seemed to engender a climate of trust and participants felt like this helped them in disclosing their offences. Anakin's and Mark's responses show that in other establishments there seems a greater need for the self-preservation and self-protection aspects of denial. Most participants claimed that such an establishment can be effective in reducing an offender's denial, as there is less situational pressure.

**Interviewer:** *Ok so what was it or what happened that made you decide you are going to tell your family?*

**Ron:** *It's when I came here [HMP Whatton], it was a more relaxed atmosphere and I did the ETS course...in the review I started admitting, this was over a year later.*

Ron was admitting to prison staff when first arriving to prison (a local prison with mixed population, unlike HMP Whatton), but had not disclosed his offence to his family and other prisoners. While he commented that denying to other prisoners was a survival strategy, it was fear of loss and rejection that propelled his denial to his family. It was not until coming to HMP Whatton and engaging in treatment, firstly Enhanced Thinking Skills (ETS), then SOTP that he fully accepted responsibility and disclosed his offences. However for Ron it was the thought of his family finding out the truth from a third party initially propelled his admittance. Though he could still not admit to his ex-wife, and he feared losing his daughters. It was only after completing the Rolling SOTP<sup>10</sup> that he fully admitted, three years after being convicted. He commented, as did most participants, that the support of the group and the positive therapeutic atmosphere fostered by HMP Whatton made disclosure easier. The situational context of HMP Whatton should not be overlooked for engendering the conditions for leaving denial; the positive therapeutic milieu had affirmatory affects on most participants.

Some participants did comment that 'deniers' within the establishment were having a negative impact on the treatment ethos of the prison and that they were contributing to the

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<sup>10</sup> low risk prison sex offender treatment programme



myths about treatment. The myths and rumours purported by the deniers seemed to be excuses to exonerate them from participation in treatment. Myths circulating the prison about treatment ranged from the purpose of treatment "it messes with your mind" to the goals of treatment "all about money". Although most participants mentioned the negative rumours that circulate the prison, one participant claimed that some staff contributed to this as well.

*You speak to some prison officers and they go 'I know such and such' and they've totally changed [since treatment] even the way he looks, he's a proper mong, he looks totally fraggled out* **Harvey**

Rumours and speculation appeared to be countering some of the positive effects of this establishment and is a significant issue as it potentially serves to negate the positive treatment ethos.

### **Treatment**

Virtually all participants in this study had been through treatment (N=10) with one participant having just commenced treatment at the start of interview. While most of the participants were out of categorical denial at the time of treatment, two of the participants (Ron and Mark) were still denying that they had committed their offence when admitted onto treatment. However both fully disclosed while on treatment. The main reasons for their disclosures came from internal processes initially (i.e. wanting to change), but the nature of the group and the trust that developed allowed disclosure to permeate. Factors such as trust, the openness of the group and the support they received from group members were all cited as major factors in being able to fully discuss and disclose their offending behaviour.

*It wasn't easy [disclosure] from day one we had to disclose our crimes cos as a group we decided to, you know, no holding back lets go for it, from day one, by doing that you get trust and when you start trusting, trusting people...* **Mark**

Mark highlights that the dynamics of the group, particularly a group that engendered a climate of trust and one which was supportive and open, enabled disclosure and aided the overcoming of denial.

*[Prison officer] said I don't listen to sex offenders, I said I'm not, "I've read your file", you're scum, you're just denying, "I'm not", he was err being all aggressive...I just went in my shell, I definitely wasn't going to admit, it made it worse Simon*

Simon's experience of a local establishment served to entrench his denial, more as a situational response to fear and threat. Although not in a therapeutic climate, this does highlight that direct confrontation of individuals offence denial, particularly if the individual perceives themselves in adversarial settings (see Roger and Dickey, 1991), is likely to cause resistance and to further entrench the denial state. Most participants felt that engaging deniers in some offending behaviour programmes would be positive and should be encouraged. There was also support for using ex-deniers as mentors or role-models, to discuss their experiences of being in denial and the benefits of admittance.

*I think it is a very good idea [ex-deniers mentors] and like I said I've already spoken to people...in fact one guy wants to speak to me today Anakin*

As has been discussed in this analysis, for some offenders it was the process through treatment that helped the participant overcome elements of their denial. The treatment process helped the participants make sense of their offending.

*It put into perspective why I did the offence, what was the background, what was the background factors of the offence... I'll admit it in past relationships the trust element was never there. I was never really me who left them, they left me, my ex wife went off with someone else... It was there, the victims trust in me, they saw me as an uncle I was there step-uncle and they trusted me not to do anything and I abused their trust. Ron*

For Ron, and other participants, treatment allowed an understanding of their offending behaviour and as a result they began to see themselves as different from their offending selves.

There was a split amongst participants as to whether they believed those in denial could be treated.

*I think people that are in denial get them on courses, in a group so they can get trust, let people*

*open up and let them come out with it. Mark*

*I think the problem with denial and being in denial is such a hard thing to treat. Cos I think if that person believes they haven't done it, you know if someone has a leg complaint but if they don't think they have they won't go to the doctor, the doctor won't go to them. It's like you can lead a horse to water, but you can't make them drink. I think people in denial you can't treat them, whatever you tell them they're not going to listen, I don't know how you'd integrate with someone in denial. John*

Mark and John's quote typified participants' views towards treating deniers, some believing that they are amenable to treatment and others believing they are not. Mark believes that by getting them on groups, allowing them to trust and gain rapport with others they could 'open up' and engage in treatment. This view seemed to support the 'early' approaches to treating denial by putting deniers onto structured group programmes. John, however, is sceptical, he believes that someone in denial will not want to participate and engage in treatment. Furthermore John has reservations about how a denier would integrate into the group. However, in his interview John did suggest that something may work, but not SOTP. His view seems to mirror 'developing' approaches to treating denial. Where the denial itself is not the target of treatment and where offence disclosure is not necessary. It would also seem to support preparatory programmes or programmes just for deniers, at least initially in the treatment process. In the next chapter these views will be expanded on through an analysis of the experiences and perspectives of the programme's staff towards treating and managing denial.

## **Discussion**

This study has sought to take an idiographic approach to understanding denial in sexual offenders and has attempted to convey that denial is experienced and embedded in the offender's life world. Denial can be considered relational in that it occurs in the context of interpersonal relationships; however it is more than a social activity, in that it is a product of the individual's meaning making and interpretation of experience. In this way denial should not be seen as a maladaptive phenomenon, but as a product of the offender attempting to make sense of and cope with the high stakes situation in which they find themselves. The phenomenologies of the participants seem to suggest that the process of overcoming denial rests on an interplay between internal, social, situational, contextual and temporal processes, but underpinned by a desire or want to change.

The superordinate theme of 'maintaining viable identities', reiterated the effect that stigma, negative labels, and consequent negative self-evaluations have for the utilisation of denial. Indeed it appeared that denial, at least initially, enabled offenders to reject the label 'sexual offender' from their 'extended social identity' (see Hudson, 2005) and so allowed them to maintain a coherent sense of self. It was clear when recounting their experiences and perspectives that how the participants saw themselves now had changed from when they were offending and while in denial. The self in denial was seen as an incongruent person trying to hold together their self-concept through presenting themselves as the victim of wrongdoing. The self now (or new me) was one wanting to make amends and be redeemed, in essence striving for a second chance. Maruna (2001) refers to this as wanting to "make good". It seemed like redemption was an important element in overcoming denial, both in terms of others 'still believing in them' and in wanting to make amends. Participants seemed to be articulating that their change from offending self and self in denial to their new self was by a process of redemption through the looking glass self (i.e. what others thought of them), but also from an internal process (Maruna, LeBel, Naples and Mitchell, 2009). In some ways the latter seemed more important, participants claimed that change came from within; it was (to some extent) intrinsically motivated. In essence they did not want to be the person they were. This process of change occurred in participants after being convicted, having gone through lengthy court processes and undergoing a major life transition i.e. going into prison. Participants articulated that they wanted to move on and put the past behind them. This could have been the catalyst for change, in that participants recognised that in order to move on they had to come to terms with their offending, but also recognise that they did not have to be the 'offending self' and had the capacity to change. It appears that overcoming denial and 'moving on' are negotiated through internal and external motivators. Internal, through the offender wanting to change and view themselves as 'causal agent' in that change. External, through support from others, incentives (e.g. treatment completion), and some external recognition of their reform (like the belief of therapist/facilitator) (Maruna, LeBel, Naples and Mitchell, 2009).

The ability to be able to create a new identity seemed equally as important, participants viewed themselves as qualitatively different from a previous self, with the new self emerging from the old self in a positive manner. In participant's narratives there was a sense of 'new me' being a rebirth, a chance to start over and prove to others that they can change and lead pro-social lives. Interestingly Rumgay's (2004: 405) asserts "successful desistance from crime may be rooted in recognition of an opportunity to claim an alternative, desired and socially approved personal

identity". These identities offer 'scripts' for offenders to follow and live by. Such narrative identities offer the offender a more adaptive social identity and one that does not solely revolve around being 'criminal' or 'prisoner' (Hughes, 2009). This is important as it allows offenders to regain control of their lives and a sense of personal agency, instead of viewing their life as unchangeable.

Participants' shift in identity strikes at the heart of the 'Good Lives Model' (GLM) for offender rehabilitation (see Ward and Stewart, 2003). The GLM aims to help offenders construct more adaptive narrative identities while also giving the offender the tools to enable them to attain those goods which are important to them post-release. This parallels Vaughan's (2007) argument that change in one's internal narrative identity comes from a reconsolidation of their ultimate concerns (primary goods to use the GLM parlance). Thus offenders not only recognise the old self in light of others, they recognise that they can change and take ownership of their lives. Participants became aware that they did not have to become victims of their own biographies (Kelly, 1991). It was through getting over their internal struggles and wanting to change that denial, for them, began to erode. Interestingly, research on crime desistance has found internal personal change a major contributor to desistance (Bryne and Trew, 2008, Maruna, 2001).

For some participants denial also served as a situational survival strategy to protect the self from physical and mental abuse and this was especially noted in local/dispersal prisons where participants had to manage their identity so as not to be identified as a 'sex offender'. Participants' perspectives of why they denied in such settings seemed to support Rogers and Dickey's (1991) adaptational model of denial. However the adaptational model does not appear to fully capture the experiences of denial and offenders concerns of neutralising the label 'sex offender'. It appeared that the maintaining of a viable identity coupled with the fear of losing family and friends were more important for their continued denial. This is more akin to Laflan and Sturm's (1994) contention that denial is a narcissistic coping mechanism. Indeed the situational response (choosing denial) seems to be just the tip of the iceberg when denying. Internal and contextual factors appear of paramount importance for overcoming denial in sexual offenders. Lord and Willmot (2004) have offered a stage-wise model of overcoming denial based on the work of Prochaska and DiClemente (1983). However, participants' experiences did not seem to fit neatly into a stage-wise model of behaviour change. Denial seems more complex, affected by context, situation, motivation, internal narrative and dispositions. Denial maybe linked to

readiness to change. The recent readiness to change work of Burrowes and Needs (2008) seems particularly noteworthy in that it offers a more sophisticated view of change. They conceptualise change using an analogy of a river, change, then, is rich and dynamic, not wholly predictable and offering limited controllability. They argue, similar to the analysis here, that while there may be catalysts for change it is down to the individual to accept them. The therapist must carefully tailor the catalysts to the abilities of the individual.

This research shows that the experience of denial results in incongruence (Rogers, 1961) and internal conflict which was characterised by ambivalence and feelings of shame and guilt. Most participants experienced feelings of anxiety and fear while in denial and commented on how chaotic and impulsive their lifestyles became. Paradoxically, denial seemed to help participants cope with the transition into imprisonment, protect the self and significant others, yet simultaneously increase negative affect. Interestingly some of participants claimed that if, had they been found not guilty, they would have stayed in denial, despite the internal conflict and ambivalence they were experiencing. This demonstrates not only the robustness of denial as a defensive strategy, but also points to the powerful emotive experience of being accused of a sexual offence. Although the process of denial was often lengthy and overcome gradually, some participants commented that an event (e.g. presented with overwhelming evidence) triggered their initial disclosure. For most participants it was the reconciliation of internal conflict and coming to terms with what they had done that started the process of coming out of denial.

## **Possible Implications for Treatment**

This research suggests that sustaining viable identities is important for both maintaining and leaving the denial state. Perhaps, then, the task for therapists dealing with deniers, particularly in the initial stages, should be attempting to assist an offender in maintaining a viable identity whilst still addressing the issue of denial. Yates (2009) has suggested that clinicians should focus on the underlying schema resulting in denial and distortion rather than just on gaining full admittance. Through such an approach confrontation would be avoided and a collaborative therapeutic alliance would be fostered with the anxiety of being forced to admit diminished. This research also bolsters and supports previous assertions (see Lord and Willmot, 2004, OBPU, 2002, Mann and Rollnick, 1996) suggesting that the ambivalence in deniers maybe amenable to treatment interventions, particularly motivational interviewing (MI). For instance, the MI strategies of 'de-stigmatising labels' and 'reflective listening' used by Mann and Rollnick (1996) were successful in

motivating a denier onto treatment. Such strategies may also be effective with ambivalent deniers. Working with deniers in this way may enable the therapist to unpack and identify sources of internal conflict and aid the offender in coming to terms with them. Certainly this seemed important here as all participants wanted to avoid the stigma and label of sex offender and all articulated the incongruence of denial.

It is increasingly advocated that treating deniers should be done sensitively, in a non-judgmental setting free from confrontation (see Marshall et al, 2001, Roberts and Baim, 1999) with the emphasis shifted from an explicit focus on admission (Northey, 1999). The focus of therapists in wanting offenders to have internal stable attributions of their offending may be counterproductive and runs contrary to established research (Yates, 2009). It should be noted, and as has been found here, that when faced with stigmatisation and punishment, some offenders may not accept their deviant sexual acts as a reflection of their true self and may distance themselves from those whom they perceive are the real sexual offenders. Through inoculating themselves in this way such offenders may be less likely to become 'secondary deviants' (Maruna and Copes, 2005). Similarly, while offence disclosure may be seen as a useful precursor of progress, it may also be a misnomer, with research suggesting that full disclosure (particularly when the individual is not ready) can have negative results particularly for individuals' self-esteem and self-image (Kelly, 2000). Kelly (2000) argues that clients who incorporate desirable images into their self-views are more likely to describe themselves in these ways in the future. Similarly Maruna (2001) has proposed that 'internalising shame' may not be necessary or needed for offender reform.

The prevalent notion in forensic settings that denial in sexual offenders is somehow maladaptive or inherently 'bad' needs challenge and it is suggested that a more sophisticated view of denial is needed. With such a view will come more constructive ways of treating and managing denial rather than simply excluding deniers from treatment. It seems key that any intervention with deniers requires a skilled responsive therapist who engenders a strong therapeutic alliance. Establishing a strong therapeutic alliance with the pre-contemplative denier could be crucial in starting the process of change. Therapeutic variables that have been linked to behaviour change are empathy, warmth, genuineness, respect, support, therapist's style and self disclosure (Serran, Fernandez, Marshall and Mann, 2003). In such therapeutic styles there is a separation between person and act (offender and offence). Perhaps the role of the therapist in the early stages of working with 'deniers' is preparing the offender for change by creating a non-judgemental setting,

gaining trust and rapport and avoiding confrontation. Moreover a therapeutic milieu and treatment ethos, like the one fostered at HMP Whatton, could also be invaluable in establishing the conditions of change. Participants' narratives here appeared to concur with this.

Finally, although the analysis here has highlighted some important underlying mechanisms for understanding sexual offenders' maintenance and leaving denial, there are clear limitations. The use of a small N sample size means that generalisation is problematic, however first and foremost this study wanted to emphasise understanding. Participant's narratives also suffer from retrospective analysis, meaning they could have been influenced by biased recall or personal motivation (i.e. participant's may have wanted to convey a changed identity). One suggestion (see Lord and Willmot, 2004) has been to design a longitudinal study and so elicit changes in the denial state as it happens. Other suggestions may be to use different techniques to uncover beliefs, implicit theories/schema. For example the use of repertory grids could be used to uncover implicit thinking in this way and could offer invaluable insight into their construing.



## **Chapter 5**

### **Treating and Managing Denial in Sexual Offenders: The insider perspective.**

#### **Introduction**

The previous chapter focused on offenders pathways, experiences and perspectives in maintaining and leaving denial. It provided a clearer understanding on why and how deniers leave denial and engage in treatment. It highlighted the need for conditions to be in place in order to allow offenders to maintain a viable identity. This chapter focuses on the professionals who manage and work with deniers on a daily basis. Professionals included trainee forensic psychologists, treatment managers and facilitators. All participants have extensive experience in working with, assessing and treating sexual offenders.

The aim of this study is to gain an insight into the perspectives and experiences of professionals who treat and manage deniers. The purpose was to ascertain their views on whether they thought they were amenable to treatment, their views on treating this population, and what they believe may work with this population. It also aimed to elicit their views on the current policy stance regarding the treatment of deniers and to position this within the context of wider debate. There is a paucity of literature that focuses on the perspectives of those who treat and manage sex offenders maintaining their innocence.

#### **Method**

##### **Data collection, participants and recruitment**

Firstly it was decided that although a small sample would be used for this research study a cross-section of roles and backgrounds was required, so as to account for a variety of experiences. Interviews were conducted with a chartered forensic psychologist (N=1), trainee forensic psychologists (all with over two years experience) (N=4), group facilitators (N=3) and trained prison officers (n=2) who also facilitate treatment programmes. Appropriate staff were informed of the research and were given contact details if they were interested in taking part. Arranging these interviews was difficult as they lasted between 1-1.5 hours and were conducted in work time. This meant finding time to conduct interviews during participants' busy workloads and

meant that some interviews had to be rearranged several times. The interviews were all semi-structured<sup>11</sup> and were conducted at a time that was convenient to the participant. The interviews were conducted in purpose built interview rooms at HMP Whatton.

## Sampling

As has been outlined in previous chapters the sampling strategy for this study utilised snowball, convenience, and purposeful sampling in order to select participants. Participants were recruited through email communication and posters about the research. An email was sent to the appropriate staff in programmes detailing, in general, the purposes of the research and asking whether they would like to participate. Although the final sample could be considered small (n=8), it is an appropriate and ideal size for interpretative phenomenological analysis (Reid, Flowers and Larkin, 2005). The table 5 details the information relating to the participants in this study.

**Table 5: Treatment professionals participant information**

Pseudonym	Job role/title	Length of time in role	Programmes led/facilitated
Peter	Treatment Manager	18 years	ASOTP, Core, Rolling, BLB
Igor	Prison Officer/Facilitator	10 years	ASOTP
Lillian	Trainee Forensic Psychologist	4 years	Rolling SOTP
Sally	Treatment Manager	2 years	Core, ETS, HSF, CSB
Trevor	Group Facilitator	5 years	ETS, Rolling SOTP
Alan	Group Facilitator	2 years	ETS
Janice	Treatment Manager	4 years	Core
Jess	Trainee Forensic Psychologist	3.5 years	Rolling, HSF, ETS

<sup>11</sup> See appendix for interview schedules

## **Ethics**

This study, as with all the studies in this thesis, was approved by The Nottingham Trent University ethics policy and cleared by HM Prison ethics. The ethics procedure at Nottingham Trent University is mandated in the 'Research and Ethical Governance Framework Document' (REGFD, 2008). This research also adhered to the British Psychological Society's (BPS) ethical guidelines which are subsumed within the REGFD. Before any research commences it must first be passed by the Nottingham Trent ethics committee. This process allows for reflection and consideration of ethical issues that may arise during the research process. In order to do credible and sensitive research one must recognise the potential for risk and sensitivity in all phases of the research, both for researcher and researched. Such issues are covered in detail in the methodology chapter.

## **Analysis**

As with the studies in chapters four and six the studies were analysed using interpretative phenomenological analysis. This analytical approach has been detailed in-depth in the methodology section with a rationale and justification also presented in that chapter. However, just to reiterate the methodological approach was considered most relevant here because the study is interested in eliciting the views and perspectives of programmes staff on the treatment and management of denial. The aims of this research study reflect an IPA-informed study. IPA aims to explore individual and personal experience and examine how participants make sense of their personal and social worlds (Smith and Osborn, 2003). The emphasis of IPA research is on the meanings particular experiences, events and states hold for the participants (Smith and Eatough, 2007). IPA treats research participants as the 'experts' and so allows the researcher to get closer to the insider perspective (Larkin, Watts and Clifton, 2006).

## **Results**

There are four main subordinate themes derived from the analysis in this chapter and they will be unpacked throughout this results section (see table 6 for the superordinate and subordinate themes list). The first superordinate theme was 'working constructively with deniers'. In this theme participants discussed the process of working with deniers, some of the practical issues in treating deniers and outlined their own experiences of working with deniers. The second superordinate theme was 'treatment, engagement and interventions with deniers'. This theme

was based around participants perspectives on treating deniers, what the process should involve what could work with deniers. The third superordinate theme was 'personal views on treating deniers'. This theme illuminated participants beliefs on whether they believed deniers were amenable to treatment and how that treatment should be delivered. The final theme was 'the process of denial', which illuminated participants' experiences and views on what maintains an offender's denial and how they overcome it. There are clear links with this superordinate theme and the main findings from chapter four.

**Table 6: Treatment professionals superordinate and subordinate themes**

<b>Superordinate Theme</b>	<b>Subordinate Theme 2</b>
<b><i>Working constructively with deniers</i></b>	Frustrating and rewarding
	Time consuming and labour intensive
	No consistent approach
	Ambiguous understanding of denial
<b><i>Treatment, engagement and Interventions with deniers</i></b>	Building rapport, trust and breaking down the barriers
	Sowing the seed
	Using other prison staff
	Motivational interventions and conflict avoidance
<b><i>Personal views on treating deniers</i></b>	Beliefs about deniers – Risk, need and responsivity
	Dynamics of treatment and therapeutic delivery
	Deniers "not ready" for SOTP...but "something should be done"
<b><i>The process of denial</i></b>	Shame
	Family, culture and ethnicity
	Ownership, change and gradual process

## Superordinate Theme 1: Working constructively with deniers

### Frustrating and rewarding

This superordinate theme focuses on participants' views and perspectives of working therapeutically with deniers. There was ambivalence in the participants' responses as to what it is like working therapeutically with deniers. Although most participants could see the benefits of working with deniers, some pointed to the inherent frustrations of working with this group.

*IV: Have you ever had an offender who just won't come out of denial?*

*RSP: Oh yes I've had that as well. I find it quite frustrating actually. But although I try not show my frustration. My frustration comes out after he's gone and I'm back in the office and I'll be kicking chairs around...It's dead frustrating really. It's really frustrating. **Igor***

*There could be consequences to the impact on the other people. Facilitators as well. It can be frustrating. Not to move people far. **Sally***

Not being able to move the offender, to shift their denial was a source of frustration for most participants. Igor demonstrates how his frustration can boil over into an act of physical release or venting process. The frustration seemed in part due to the investment of time in the offender for no result, but also because of their professional ethos. They wanted the offender to go on to address their offending behaviour and in their view address their risk. Almost all participants viewed denial as a risk factor and that not addressing or changing a denier's stance could put them at risk of reoffending (this is expanded on later in this chapter).

Participants' frustration may itself be (or become) a barrier for treatment. If a denier's stance is not changed the therapist or facilitator may believe that 1) the offender is not engaged and not benefitting from treatment, and 2) may view the failure to shift denial to reflect their competence and so either question their ability, or become less inclined to work with deniers due to perceived failure. Offender's denial did seem to challenge participants' perceived competencies and professional skills. This issue will be unpacked in greater detail in the following paragraphs.

Most participants in this study recognised that personal frustration was just one aspect of working with denial and in most cases it did not affect further therapeutic endeavours with other

deniers. Indeed most participants had developed a defence to frustration by resigning themselves to the fact that some people will not move or by intimating that change, ultimately, is the responsibility of the offender.

*There's a saying, you can take a horse to water but you can't make them drink. You can't treat someone that doesn't want to be treated. You can't treat someone that won't admit that they've got a problem or admit they need help. They can't be treated until they admit that there's something to work on. So to my mind whilst they are at that level of denial nothing. That's my personal opinion. Jess*

*people come from different approaches in our department about how to work with people generally, and I think some people find it more difficult to let go and just see it as their responsibility and not that they're just there to facilitate things erm they're more controlling and directive of the process, which I think goes against the whole ethos of working with this population...some people make it their goal to change someone err like a personal battle, but that's not the right approach. Lillian*

*I've noticed that some people can see it as a victory for themselves as well if they can push someone out of denial erm and a failure if they don't. Sally*

Jess echoes the long standing conventional wisdom that one cannot change someone who does not want to change. Jess posits that in order for the process of change to commence it is important that the client is making some disclosures, even if they are small or trivial. Lillian's extract conveys her belief that the responsibility for change is ultimately down to the individual, she facilitates the process rather than being an agent for change. For Lillian the difference between someone who facilitates change and someone who views it as their responsibility to change the individual is that the latter are unable to "let go" and are "directive and controlling". Lillian's views of conceptualising and working with denial were shared by other participants (notably Jess, Sally and Igor), in which denial is not seen as a battle of wills, but rather it signifies the therapist's responsivity to the client in facilitating their change. This view links with perspectives from the post-denial participants in chapter four, where participants articulated that change came from within, from an internal desire to change. There was a sense of personal autonomy and agency within the decision. Relatedly research in therapeutic communities has found that change is related to self-agency, ownership and some aspect of self-determination

(Miller, Sees and Brown, 2006). Change can be seen as dynamic, gradual, variable and person dependant (i.e. some are ready for change sooner than others) (ibid).

Lillian also allows us an insight into her own professional beliefs and values about treating offenders when she comments that the “*directive and controlling*” approach is counter to the ethos of working with such populations. The beginning of her extract “*people come from different approaches...*” is poignant. A reoccurring theme from the interviews was that participants felt there was not a consistent or unified approach to treating deniers and this appears to be a source of ambiguity when dealing with this population. Similarly, Sally has observed that some therapists’ interactions with deniers are to view the process as a battle, with success being ‘victory’, and failure if the client stays in denial. This conceptualisation of denial will undoubtedly be a source of frustration if an offender in denial is unwilling to move.

Thus far it may seem as though working with deniers is at present a frustrating and ambivalent experience. However, participants did discuss the positive aspects and rewards of working with deniers.

*[The] positives being some people, I’ve had a few in my ETS course, they have maintained their innocence but through just the programme work, just looking at their thinking patterns they’ve actually then admitted to the offence. I’m pretty sure they never would have done that if they’d been kept in a group of people who always deny what’s going on. So it can really help people develop. But for my own selfish reasons it becomes more of a problem to deal with Alan*

*You hear from other people that he is starting to engage in the process and you know like you had a bit of a part in that because you had to interact them so that can be quite rewarding but in terms of the ones you talk to who don’t change their minds that’s just the nature of the job (yeah) and I don’t take it that personally yeah sometimes when you are walking back and you think he said that and I could have like, I could have like had him there and there is a good chance and I missed that and there is that on reflection but there is a big rewarding element but not like dissatisfaction, it is not my job to change their minds (yeah, yeah) Trevor*

In Alan's experience, by engaging deniers on groups he has seen positive effects including some moving from denial towards admittance. However Alan's experience of treating sex offenders has been through non-offence related programmes such as ETS. It may have been the orientation of that programmes ( i.e. not talking about their offences) which enabled the requisite trust and rapport to be developed in order to facilitate the offender's transition out of denial. Alan's quote is supported by some of the participants' responses from the post-deniers study. In that study those who were denying while entering treatment commented that the trust and ethos of the group played a pivotal role in starting the transition out of denial.

Trevor comments that the rewards can come from seeing individuals who you have been working with start to engage with treatment. He also does not take maintenance of denial personally and subscribes to the view that it is not his job to change minds. Interestingly it appears for many participants that the rewards with working with deniers come from shifts/changes in their denial and their subsequent engagement on treatment. The efficacy of this thinking will be discussed later.

#### **Time consuming and labour intensive**

There was consensus among all participants that working with denial/deniers was labour intensive and highly time consuming. Thus it appears one issue with treating and managing deniers is their demand on resources.

*If you were quantifying time, say this is just hypothetical, with somebody that is a treatment refuser you could probably turn him round in say 2 weeks. Compared with a denier may take 6 months. Igor*

*It can be very time consuming. At the end of the day there's no guarantees. I think they [prison service] want some sort of guarantee at the end, that they've achieved something and I think that's the problem. We are too focused on achievement. Igor*

*They'll need a lot of time and resources and I think unless the time and resources are there I don't think it will ever happen [treatment for deniers]. That's why I think we'll always struggle, cos there is always too many people who need the treatment who are ready to engage in treatment, that need the time and resources. Janice*



The first two extracts illuminate Igor's views and experiences of working with deniers and why there is no real approach to working with this group. Firstly Igor deals with the quantity of time it takes to engage and overcome the initial barriers of denial. Interestingly he makes the distinction that treatment refusers are comparatively easy to work with, as they do not present with the same level of resistance. As with Janice, Igor emphasises how dealing with deniers can be very time consuming and presents a strain on resources. Interestingly Igor points to the issue of managerialism in offender rehabilitation (see Nash and Ryan, 2003), which focuses on measurable targets and outcomes in treatment. He asserts that the focus on achievement could be one explanation for why deniers' are not treated. Igor makes clear that when working with deniers there are no guarantees, clients may not change their stance and may not engage in treatment and so facilitators, on the face of it, 'achieve' nothing. This potentiality of 'no achievement' would make denial an unattractive phenomenon for intervention, unless the shifting or moving of denial was not made a primary goal of intervention. Thus would not be a marker for progress or change (Hayles, 2006)

Janice believes because of the resource issue deniers present, and the fact that there are others who are willing to engage on treatment, the prison will struggle to cater for deniers unless they are given more resources.

### **Lack of consistent approach**

One of the fundamental problems identified by participants was that there was no unified or consistent approach to dealing with deniers. In the main, participants were unfamiliar with the 'national deniers strategy' and HMP Whatton's amended version. Although most participants advocated a motivational approach and commented that they used motivational skills, most participants seemed to have created their own approach based on their experience of dealing with deniers.

*[U]nderstanding, people's understanding of it [denial] I think and just a non-consistent way of dealing with it. Which hopefully should change...[to] have a consistent approach that needs to be done. So that we have a system where they are not forgotten about **Sally***

*I see a discrepancy between erm my personal views and kinda, at times, the culture around programmes and what programmes are there for erm and I know they are target linked to*

*targets...but that's not the reason why I work with someone in a treatment programme...there's that conflict achieving the two... the outcome side is prioritised over the actual treatment side* **Jess**

Sally emphasised that there was no consistent approach to dealing with deniers and that the absence of such an approach was causing confusion within the department. Indeed such confusion was noticeable in some of the interviews and in the apparent discrepancies in participants' responses. Jess again highlights the tensions between her values and that of overarching policy, in her view the success or outcome of treatment is deemed more important than the treatment process.

*IV: I mean where do deniers fit into people's job role...*

*RSP: Erm yeah good question... I think in the end it falls into everybody's job role. I think that programmes like A to Z for example those kinds of things they seriously should be here, they seriously should be already running definitely* **Trevor**

Trevor seems quite unequivocal in his expression, dealing with denial falls within everyone's remit and that courses dealing explicitly with denial should already be up and running. Some of the participants alluded to the A-Z programme as a denier's course; however this does not seem to be the case. The programme is set up as a preparatory motivational programme for those not ready or refusing treatment. While the desired effect is that such offenders will engage in behaviour programmes, reducing denial and increasing disclosure was not an explicit goal of the programme (Home Office, 2004). Given the findings from chapter four, it seems motivational preparatory programmes with deniers may be beneficial.

*It is not part of my job role, job description to work with people in denial or not taking responsibility it is just I work with the ones who are being allocated to me or are on the waiting list for the programme.* **Trevor**

*I think it is probably our job to find the right way to approach him, to get him ready to take responsibility for all of it.* **Trevor**

There appears some ambivalence and ambiguity surrounding Trevor's perspective of his role in treating/managing or intervening with denial. On the one hand Trevor is articulating that

to some degree intervention with deniers falls into everyone's job role, and that staff should find the right approach to deal with that offender. However on the other hand he clearly states that it is not his job to work with people in denial and that overcoming denial is the responsibility of the offender (see Trevor's previous quote). This disjunction appears to strike at the heart of the 'should denial matter to treatment' debate, outlined in chapter two. Putting the responsibility for change squarely at the door of the offender could be suggesting something akin to asking the offender to treat themselves (Schneider and Wright, 2004). Though similarly the efficacy of treatment with someone not disclosing their offending behaviour has been questioned (Roberts and Baim, 1999). There is clear ambiguity, however, as to who should be working with deniers. Moreover participants are preoccupied with the idea that offenders need to be out of denial i.e. taking responsibility before treatment can commence. The idea of deniers shifting their stance appears to point to confession being an organising principle for treatment. However, such positions are not without critique. Indeed the position taken by Marshall et al (2009), Marshall et al (2001) and Ware and Marshall (2008) suggested that denial need not matter to the treatment process as underlying risk factors pertinent to offending behaviour can be addressed without admittance.

#### **Ambiguous understanding of denial**

Some of the confusion seemed to stem from participants' different understandings of just 'what is denial?'

*IV: I was wondering if you make a distinction between someone maintaining their innocence and someone or who is a 'denier'?*

*RSP: I think I probably do, I would think somebody maintaining their innocence might be somebody who in my eyes would be saying 'ok I understand I was in this situation, I was there, I was doing this I was doing that but I didn't commit that part of it', but then that's basically just the same as, there's a blurred line between men minimising or denying or erm*  
*(4) Lillian*

*IV: Could you tell me how you define a denier?*

*RSP: Somebody who is, who says they didn't do what they were accused of in regards to the offence. It may be the whole offence or it may be part of the offence. It may even be they don't agree with actual bits within the offence, such as victim's age or things like that. Jess*

*I suppose denier is quite a wide umbrella for quite a lot of different contexts within it. So people generally call deniers people who have to be broken down into people who deny their offence completely, people who deny aspects of their aspects. I can't define it without breaking it down. Sally*

Lillian highlights how some of the participants were not altogether clear of what constituted denial and what constituted minimisation, with the term 'maintaining innocence' adding further confusion. This term appeared to be used in interactional contexts between therapist and denier in order to facilitate communication as the label 'denier' can evoke negative reactions in clients. In the main, participants viewed denial as the total refusal to accept any part of the offence, though some used it as an all encompassing term i.e. partial denial and minimisations. Sally emphasised that denial is a complex phenomenon and best viewed as a scale with total denial at one end, with partial denials and minimisations located at different parts of the scale. However the section of the interview which focused on definitions of 'deniers', 'treatment refusers', 'non-compliant offenders' and 'maintaining innocence', caused confusion for most participants.

*RSP: I guess similar in the sense that they might be quite agitated or become resistant if they are kinda pushed or feel like they are being pushed towards treatment, but I guess generally those who are in denial, it is resistance, defensiveness, you see them get quite agitated erm, quite suspicious of questions and lines of questions (2) err yeah that sort of thing.*

*IV: Yeah, ok, that's the end of that section the last of the defining questions...*

*RSP: I don't like the defining questions (both laugh) I had to think Lillian*

Some participants viewed the practicality of dealing with a treatment refuser or denier as similar, with both types of individual posing similar problems e.g. resistant and defensive. It may be that on a practical level the different terms present similar problems, but possibly differ in their degree of barrier. Lillian also viewed a difference between 'denial' and 'maintaining innocence' and seemed to view the latter as akin to a form of minimisation. However most participants viewed maintaining innocence as synonymous with denial. Some participants suggested it was mainly a term used for the offender's sake and so used as a compromise in interactional settings.

*No that's their favourite phrase. They think by saying, 'I'm maintaining my innocence' means they're not refusing to do programmes. That's why they use that term. I just use the*

*word denial. He will say I'm not in denial, I'm just maintaining my innocence. I say, well what does that mean then? Igor*

Igor rejects the term 'maintaining innocence', as it can be used as a get out clause for deniers to do programmes; the term also evokes less serious connotations. Some participants seemed to view the phrase 'maintaining my innocence', as a way for offenders to legitimise non-engagement. In the next chapter it can be seen that offender-participants never referred to themselves as 'in denial', rather they are 'maintaining their innocence'. Participants maintaining their innocence had a desire to demonstrate they were moral men who are innocent of their crime(s).

## **Superordinate Theme 2: Treatment, engagement and interventions with deniers**

### **Building rapport, trust and breaking down the barriers**

Participants were unanimous in the belief that establishing and maintaining rapport and workable relationships was vitally important to any approach to working with deniers. One particularly important way of doing this was to first begin to break down the barriers erected by deniers for self-preservational reasons. Some participant's here advocated procedural approaches such as having open days for programmes so that prisoners are able to interact with psychologists and facilitators in more relaxed settings and spend more time informally with such offenders.

*Gives you a chance to build a rapport with them and make them feel a bit more comfortable to ask questions if nothing else. A lot of the time they just want to ask questions, they don't know who to ask. A lot of the reasons why they don't want to do group are really tiny reasons that actually if they'd just asked you you could have solved that years ago Sally*

As Sally suggests developing rapport and spending time with deniers can begin to break down the barriers, it also provides the opportunity for them to ask questions about treatment freely and openly. Some participants suggested that staff interactions, particularly when first entering the establishment, are key to building rapport and breaking down the barriers. This is, of course, good practice when treating any offender and recent research has demonstrated that the

therapeutic alliance is key for treatment success (Serran et al, 2003). This need may be amplified in the case of deniers, particularly as denial is linked to treatment attrition (Beyko and Wong, 2005). Investing more time into building good working relationships, while using treatment promoting techniques could bolster program engagement in deniers (ibid).

*I'm sincere in what I do with him. I'm not doing it to get something out of him. I'm quite sincere with the guy. You can see he wants to move on. You get the feeling, I don't know what it is, it's just, I've been doing it a long time you get the feeling that this guy is going to move. Igor*

Igor's extract seems to point to an important aspect of treating this population and is articulated in the use of the word 'sincere'. He is not doing it for personal gains, but because he feels that the person wants to move on and wants to change. He describes the process as an intuitive process, his experience has made him more adept at knowing when someone will 'move', when to push and when to challenge. There are parallels here with the sentiments of cognitive analytical therapy and its underlying aphorism of 'push where it moves' (Ryle, 2005).

*I'd go and see them have a chat, sit in the office and have a chat and a cup of tea and you know I'd skirt around issues of offending and hear things and, you know, and get talking about it and you could actually move someone away from denial in just that process really...sat down like here with a cuppa tea we're human we're two people talking, let's talk this through, where you are, where you could go, what could be the barriers to it and unpicking all that. Pete*

Pete's initial approach is centred on forming a relationship with the offender and allowing the offender to become comfortable with him, which as he states "creates a safe environment" for him to discuss and disclose his offending. Pete's approach is very informal, the process of sitting and chatting over tea is one which seems to engender trust, rapport and aids in establishing a working relationship. It also allows preliminary discussions to occur about their offending and the opportunities available to them. The approach also seems to provide the offender with a confidant, someone who will not judge them and someone whom it is safe to disclose to. Offenders may 'test out' or use this relationship as a springboard to disclosure. Thus, as Pete states, this process may enable deniers to begin admittance and engagement onto programmes. This process appears vital for deniers, as can be noted in the analysis in chapter 4;

deniers are more likely to be fearful, defensive, incongruent and wanting to distance themselves from the stigma of being a sexual offender.

### **Sowing seeds**

While rapport, trust and breaking down barriers appears a perquisite, some participants alluded to, and emphasised, the importance of staff interaction in the process of working with offenders denying their actions. Both Pete and Igor outlined identical approaches to working with denial, and described a technique they utilise using the same language.

*Yeah, yeah and that's how I do it that's erm, whether people are in denial or not I treat everyone in here exactly the same so they'll always get the same respect and non-judgemental approach and that works, I used to just sow seeds, you knew there are certain questions I'd ask but I'd say no don't answer it now think about until next week when we meet again and then I'd go and they'd go away and think about it and then I'd build on what they'd come back with and then it'd be right I'll see you next and then most of the time it would be like 'oh I've got this to tell you' and it was just real gentle slow drip drip approach **Pete***

*I accept what they say to me at first. I say, Ok, fine, that's great. I need to go away and think about this because the victim is saying something different. It will give you a bit of time to think. Then I walk away and leave them. So I sort of sow the seed if you like. Ok he's listened to me. He hasn't agreed but he's not disagreed. So I don't agree with him but I don't disagree with him. I leave it hanging in the air. But I sow that seed, saying, oh I need to go away and think about this because your victim is saying something different. So OK I'll go away and come back later. That's the way I work it. Now I send them away and give them something to think about and then I'll go back and approach them again and this time I'll go that step further and perhaps pull out something his victim has said that is totally contradictory to what he is saying and ask him what he thinks about that. So it's something that's not very challenging but something that he might feel safe to say, oh actually yes that did happen. Instead of saying, oh your victim said that you ripped her knickers off or something like that, I say, actually your victim said that she couldn't get out the room. Tell me about that. He thinks, oh I feel safe about this, I can perhaps say that. It's just being careful **Igor***

It is interesting that the two participants have developed near identical systems of working with this population. Their approach appears based on their extensive experience and their belief that offenders can change. The two participants have worked closely for a number of years and their shared experiences will have no doubt influenced their approaches. This 'sowing the seed' approach seems one worthy of merit. There is no direct confrontation; the emphasis is on creating the conditions for disclosure i.e. a supportive, informal and non-judgemental environment. The emphasis on their initial approach is on person-to-person normalised interaction. They then plant the seed with the offender by asking an open question but deliberately getting them not to answer but to go away and think about it. This then leaves the offender to think about the question. Both participants asserted that this approach had yielded positive results.

### **Using other prison staff**

A further important initial approach advanced by some participants was the improved use of other prison staff and not just psychologists and programmes staff.

*Some of them [wing officers] are quite good at talking to these guys and getting them out of denial. We have them that are really good. No experience of programmes, no experience of dealing with these guys in a group setting and yet they've managed to turn these guys...[wing officer] he has a lot of respect. They see him as non threatening because he's not programmes. As soon as you introduce yourself from programmes, it's like oh, wall is up straightaway. You tend to catch them off their guard if you like. Because they are in a relaxed position. They are perhaps playing darts or pool and you're in there just supervising or wandering round and they'll stand and have a chat with you. And that's when they start releasing things. So I just think there's a lot to be said about that style. And that's the style I use where I sit down, non-threatening. Sit like we're sitting now opposite each other, having a chat, bring a cup of coffee along if you want. You sit and talk. That lends itself better than sitting over a desk having questions fired at this guy. Igor*

Wing staff were identified as being able to help offenders with their transition out of denial and towards engagement. Such staff are well positioned due to their location and non-programmes affiliation for supporting offenders in their process of change. Igor alludes to some wing officers having a lot of 'respect' and that they are able to interact with offenders during association time and generally interact in more non-threatening settings. This is reinforced by



some of the views of denying participants (see chapter 6). One participant in particular (Bryan) stated that "[in terms of who prisoners respect the most] "prison officers win hands down every time [against psychologists], ask anybody". Perhaps it is because prison officers are seen as less threatening or more reflect societal attitudes than psychologists. Either way utilising wing staff and prison officers more could be a valuable resource.

However, if wing staff and other prison staff are to be utilised more than they are currently, there would need to be a greater provision of training. Research has shown that some prison officers can be sceptical of the rehabilitative ideal of corrective programmes (Shamir and Drory, 1981), which was alluded to in some participants' responses in chapter 4. Research has also demonstrated that prison officers hold more punitive views towards sex offenders than non-sex offenders (Weekes, Pelletier and Beaudette, 1995). Weekes et al's (1995) study found that sex offenders were construed as more dangerous, harmful, bad, unchangeable and violent than non-sex offenders. It has been noted that prison officers' views may be a reflection of society's views. A study in Northern Ireland found that (74%) of the public (N=1000) thought that courts go soft when sentencing sex offenders, with (84%) believing they should be informed if a sex offender is relocated in their area. It was also found that (58%) thought it was unacceptable for sex offenders to be living in their community (McAlinden, 2007). Some researchers have posited that societal views could be a cause of role conflict within prison officers (Shamir and Drory, 1981; Lea et al, 1999). The source of conflict is between, on the one hand personal views e.g. perhaps not liking the offender, and the other, professional views e.g. offenders can be rehabilitated (Shamir and Drory, 1981). Research has found that criminal justice professionals hold more punitive views and less empathy for sex offenders (Johnson, Hughes and Ireland, 2007). However, a consistent finding is that with adequate training prison staff can change their attitudes towards sex offenders (see Hogue, 1995).

### **Motivational interventions and conflict avoidance**

There seemed almost ubiquitous support for the inclusion of motivational elements in interventions with deniers or the use of motivational interviewing as a form of intervention with this population.

*I think definitely a very motivational interviewing approach to the whole thing like, you're in charge, your heart is not going to stop if you admit to the offence that you have been committed of, nobody's head ever exploded Trevor*

*It needs to be motivational, pacey [sic], sometimes taking it off them so they don't feel that they have to put the walls up. Then probably begin to engage. Jess*

*Motivational interviewing is necessary for any of the programmes, any of the clientele here. Because sometimes you've got to tease out their desires. You've got to tease out why they're digging their heels in? What's it going to take for them to step that little bit forward? I think motivational interviewing is very important. Alan*

The use of a motivational approach was advocated by most participants primarily as a form of intervention for enhancing motivation to ultimately engage them onto programmes. This seemed like the end goal for most participants using motivational interviewing. Though most participants utilised the non-confrontation approach and recognised that change had to come from within the individual. However there did seem confusion over understanding the principles of motivational interviewing. Motivational interviewing has been defined as;

*"a directive, client-centred counselling style for eliciting behaviour change by helping clients to explore and resolve ambivalence...Instead of seeking to persuade directly, the counselor (sic) systematically elicits from the client and reinforces reasons for concern and for change, while maintaining a warm and supportive atmosphere for exploration of ambivalent feelings...Underlying this process is a goal of developing with the client a motivational discrepancy between present behaviour and desired goals, based on evidence that such a discrepancy triggers behaviour change" (Miller, 1996: 839-840 original emphasis)*

Rollnick and Miller (1995) outline the 'spirit' of motivational interviewing; they outline an approach and make clear that it is not simply a technique. Although goal-directed the motivation to change comes from and is elicited from the individual, there is no coercion or persuasion. It is also the client's task to articulate and resolve ambivalence; the therapist does not try and persuade or give advice. Importantly for this population readiness to change is not seen as a fixed trait, thus denial is not seen as a trait but as feedback regarding therapist behaviour. As Rollnick and Miller (1995) argue too often therapists assume a greater amount of readiness to change than is the case and it is the cue to change motivational strategy. The therapist must respect the individual's freedom of choice about their own behaviour (Rollnick and Miller, 1995). In this way the overcoming of denial will not be seen as a personal battle of wills, or seen as a

success or failure if the outcome does not occur. Rather it is an approach which allows the individual to come to terms with their own ambivalences regarding behaviour change and work through them. It is, of course, very possible that denial will not be overcome but this should not be seen as a measure of the approach.

Lillian and Sally highlighted that the current use of motivational interviewing may not be correctly understood and may be going against the spirit of the approach.

*[Some here] think motivational interviewing is motivational interviewing, but they have a set agenda which means it's not motivational interviewing. It's about going and building up that rapport and spending the resources on the people who actually really do need it...Sally*

*There's a lot of motivational interview training about. I don't want to be nasty here. But not very good. People not knowing about motivation in the first place are doing a lot of motivational interviewing... But a lot of people have been trained, who think they have been trained and they haven't had very good motivational interviewing training. Good motivational training needs to be done. And also supervising after monitoring them, their quality of motivational interviewing. Having to be able to ask about dealing with situations, that is not there. But general, that thing about what people term as denial. What they understand as denial. Some are better than others but actually people's understanding of it are not very good. Some training needs to be delivered on that. Sally*

For Sally there is a need for good quality motivational training and a thorough grounding in the principles of motivational interviewing to use the approach successfully. Participants appeared to be suggesting that some professionals had misunderstood the foundations of MI and instead may be using a collection of different techniques. While Sally is in favour of using a motivational approach, she believes that more time and resource is required to ensure practitioners are adhering to the principles of MI. Lillian's previous quote that some staff "*they're more controlling and directive of the process, which I think goes against the whole ethos of working with this population*" supports Sally's views. Lillian's belief that they are there to facilitate change appears to fit with a MI approach. This is important as treatment promoting techniques like MI, appear to work well with deniers and can help motivate them to address their offending behaviour (Beyko and Wong, 2005). It is interesting that most participants seemed to advocate MI given that its evidence-base is in the addictions literature (see McMurrin, 2009), with no real evaluation of its

efficacy with sexual offenders (see Mann and Rollnick, 1996; Ginsberg, Mann, Rotgers and Weekes, 2002 for supportive literature).

MI approaches were seen as important for engaging with deniers both in terms of constructive relationships and in terms of attempting to get the offender to engage in therapeutic work. Participants were also unified in their views that in order to engage deniers the therapist needed to be responsive, tailor their approach to the individual, and avoid conflict. Jess's and Sally's (below) quotes seemed to underline the sentiments of most participants and also appeared to highlight the frustration some participants had in not being able to effectively engage with this population.

*"Just because they're maintaining their innocence doesn't mean we can't do anything with them" Jess*

*"I think there is a big chunk of those people we can quite easily work with if we were just a bit more responsive" Sally*

### **Superordinate theme 3: Personal views on treating deniers**

#### **Beliefs about deniers – risk, need and responsivity**

Participants seemed in agreement that there needed to be some form of therapeutic intervention with deniers, this was both necessary and needed from their perspectives. One of the reasons why intervention was seen as necessary was the belief that untreated deniers were at a higher risk of reoffending. Participants beliefs about treatment appeared influenced by the dominant rehabilitative model for offenders; risk, need and responsivity. The R-N-R model (as detailed in chapter 2) asserts that rehabilitative measures e.g. 'treatment' needs to be orientated by *risk* (i.e. those at the highest risk need the longest and most intensive treatment); *need* (criminogenic need or the offenders dynamic risk factors); and *responsivity* (the nature of the therapeutic alliance, the readiness for treatment of that offender and the type of therapeutic intervention). This model has been criticised as it focuses too heavily on offenders 'bads' (the deficits of the offender) and not enough on their positives or on approach goals (those goals that offenders can attain rather than avoid). Most participants believed that deniers were at increased risk because they has not addressed their 'risk factors'.

*For those –deniers that don't go on treatment it's gonna raise their risk... I think it's erm, I think when it gets to a certain level in the prison population it starts to cause problems it starts to cause problems on the landings Pete*

*I know it's not supposed to be [denial a risk factor] but it just seems risky err I don't know, it does, it feels risky sending them back out there with them still denying Janice*

All participants believed that untreated deniers posed a greater risk, and this seemed to highlight some of the confusion and ambiguity of the phenomenon denial. Some participants, like Janice, believed this despite knowing evidence to the contrary. However, the assertion that deniers pose a greater risk is not supported by research evidence; indeed some studies demonstrate that it has minimal effects on recidivism (Hanson and Buissiere, 1998), while others suggest that deniers who are not treated could be at a higher risk (Beyko and Wong, 2005). While research on denial's link to recidivism remains tenuous, it could be argued that through not participating in SOTP deniers are not reducing their risk. Pete also points to the pragmatic issue of the problems deniers can cause on wings/landings. For instance they can be disruptive and contribute to negative attitudes towards treatment. Participants' narratives in this study would support the idea that deniers should be separated from one another and placed on wings that foster positive attitudes towards treatment (OBPU, 2002).

A further tension can be noted in the narratives of participants. There was consensus that deniers were at an elevated risk of recidivism if left untreated, yet participants contended that categorical deniers should be excluded from SOTP programmes. Participants appeared to be at an impasse; wanting to offer some level of intervention, but not knowing what and furthermore not having the resources. It has been argued that because the absence of denial does not appear necessary for effective treatment of sexual recidivism it should not be used to exclude participants from treatment (Beyko and Wong, 2005). The community sex offender programme (CSOGP) often allow deniers onto their programme, though restrict the numbers to a maximum of two per group (Norman and Russell, 2008). However, one needs to be mindful of the demands deniers place on groups, as they can often be disruptive and effect the treatment received by others (Hudson, 2005). Furthermore denial has been linked to treatment attrition (Beyko and Wong, 2005; Wormith and Olver, 2002) with treatment dropouts found to recidivate at a higher level (Hanson and Buissiere, 1998). However the participants narratives again point to their

inherent belief that categorical deniers are either not suitable or ready for treatment and again points to the disclosure model of treatment. Such a model rests on the assumption that confession, disclosure are markers/indicators of progress and change (Hayles, 2006; Lacombe, 2008). There seemed an entrenched belief that offenders needed to be disclosing to be ready for treatment, this again emphasised and highlighted how participants appeared to construe confession as an organising principle for sex offender treatment. There are clearly tensions and dilemmas involved in the treatability of deniers, with participants having strong views about the amenability of current treatment on this population.

Participants' articulated that because of the numbers of deniers in the establishment there was a need to treat and engage deniers onto treatment programmes. While some commented that many deniers would not do treatment, there was agreement that some would participate.

*Sometimes I've met someone...who really wants to do it....I think they should have the right to do it, however the system we are faced with, in terms of resources...we can't justify allowing someone to go through at that level* **Alan**

This finding fits broadly with the views of the 'deniers' in the next chapter, in that half of the sample (N=5) said they wanted or would consider going onto an offender behaviour programme. Participants here seemed unanimous in that some intervention with deniers is necessary.

There was a further practical reason why some participants felt that treatment or intervention with deniers was necessary and this stemmed from participants' perspectives on the attitudes of deniers. Deniers were seen as a group that could have a deleterious effect on the treatment ethos of the establishment, and in particular have an impact on the motivation and engagement of other offenders considering treatment.

*I think there should be a strategy in place to deal with these guys. It's a bit like a cancer really, it spreads. You put 5 or 6 people on a wing that are in denial and it will affect other people that are on there. That are sort of on the edge of saying, I did this or wanting to talk about it. And these guys can change that completely. We can change them back again but that makes it really difficult, makes it more difficult then to get them into treatment that they desperately need* **Igor**

*I don't think they'll [deniers] effect those who really want to address their offending behaviour, but those who are wavering I think and you see it on groups...you'll get men wavering, the ones who don't want to do it will raise their voice and the ones who are wavering will join in cos they felt its safe doing that and they think it might get them out of roleplays. Pete*

Deniers were seen as 'infecting' other prisoners. Igor's use of metaphor appears to mirror conventional views of denial in forensic settings, as something that needs to be eradicated. Indeed his view of the disease of denial, which can spread is apt and would appear to support policy initiatives that suggest deniers should not be clustered together on wings and should instead be inducted to wings that have a positive therapeutic ethos. Pete's experience again demonstrates some of the negative aspects deniers can have on the therapeutic ethos, particularly on those prisoners who are wavering or ambivalent about treatment.

#### **Dynamics of treatment and therapeutic delivery**

There was further divergence within the participants as to the style or the dynamics of treatment i.e. group-based or one-to-one. This evoked some strong views within some participants.

*Personally it would fill me with a feeling of dread and fear if I had to go into a room with 9 deniers and expect to work with them, motivate them and address their offending. That's one of the reasons why I decided to stop consent meetings because I had so many deniers on there that in actual fact they were becoming less effective than seeing them one-to-one cos all that would happen is that the deniers or those that didn't want to do treatment were just putting the fear of god in them Janice*

Janice's quote is emotive and conveys her experiences, she would 'dread' and 'fear' having to facilitate a group of deniers. Her quote also reinforces the view that deniers can have a deleterious effect on those contemplating treatment. Janice's view of group-based treatment was shared by most participants who seemed to favour one-to-one based therapy.

*That's seven men in denial, and you broach that specific topic that one found hard the unity you would see amongst your group would be very strong. You'd suddenly be faced with a*

*wall of resistance. Breaking that down would be nigh on impossible. If you are doing a one-to-one session or even two-to-one you've got so much flexibility* Alan

*But it's difficult I think to put any sort of programme together to deal with that to be honest with you. If you put 9 people in a room that are in denial they are just going to deny forever more. It's difficult then to get them to change* Igor

There was reservations from most participants about having group-based interventions with deniers due to the belief that deniers would collude with each other and that facilitators would be met with a 'wall of resistance'. Practitioners felt this would breed frustration amongst the facilitators and so the endeavour would not be fruitful.

There was a minority of participants that could see the benefits of group-based treatment.

*IV: In treatment terms what do you think, group-based or one-to-one treatment, would be most effective for deniers?*

*RSP: ...I'd probably say in a group erm, but you'd need different levels on the scale to help shift people...you would put people at different stages and not together erm...have a low, medium, high type"* Lillian

Lillian's suggestion is that a group-based treatment programme would be more effective; with the participant's level of denial being staggered. Here, the example is reminiscent of a rolling style programme, where there would be people at different levels on the scale of denial (Carrich and Calder, 2003), rather than a programme of total deniers. However, the treatment model advocated by participants was still rooted in shifting offenders' stances towards admittance.

#### **Deniers "not ready" for SOTP...but "something should be done"**

There was a consensus amongst most participants that deniers were not ready for conventional SOTP treatment either due to not being poorly motivated or engaged or due to the perceived deleterious effect they would have on the group. In terms of readiness to change, all participants agreed that deniers were not ready for treatment.

*I think if they are in total denial they can't really go on the course because you really need to be, it allows them to look at how much of their offence they are admitting. If someone says,*



*oh I was charged with rape but I didn't do it. I'm not going to put them on my SOTP because they are not ready. Not because they are secondary or they are rubbish* **Jess**

*The pure blatantly no sexual element whatsoever, again there is like no point working with them because there is no sexual element erm in terms of like a treatment for them I would make a cut off point of somebody who is like in pure denial* **Trevor**

While it was almost unanimous that deniers should be excluded from SOTP programmes, there seemed a divergence within some of the participants' narratives, which appeared to link to participants' beliefs about deniers. Jess' quote for example suggests that while she would not put deniers on an SOTP programme this is due to the person not being able to handle the intensity of the course. The issue is not with denial per se, but rather is a judgement at the individual's readiness for treatment. Trevor's quote seems to view the denier somewhat differently. His use of language, "*no point working with them*", is more fatalist. The central issue is the denial, not the person. The 'pure' (categorical) deniers cannot be worked with in a group, and so should be excluded. While the differences between the two extracts may seem academic, they are both suggesting deniers should not be allowed on SOTP, the difference stems from causal attribution. For Jess, denial is secondary, the issue is with the person, they are not ready for treatment at that time. For Trevor the issue is with denial, total denial means they should not be allowed on treatment because it is difficult to work with them. This attitude would make it difficult to do constructive work with deniers.

Despite most participants believing SOTP should not be available for deniers, there was an overriding sense that some form of treatment should be given to this population and that 'something' would work with this population. Participants seemed committed to wanting to provide some treatment intervention to deniers. For some, the inadequate provision of programmes for deniers was seen to reflect poorly on their profession. Indeed Sally felt that she was not as responsive as she would like to be with this client group.

*[Deniers] create an area of responsibility that we don't cater for that well...it reflects poorly on us that we don't offer anything* **Sally**

Sally, along with other participants, believed that not being responsive to deniers reflected poorly on them with participants believing that they should be offering some kind of

intervention. On a professional level participants wanted to be more responsive to deniers needs. Many of the participants felt that treatment or intervention with deniers should be done using a motivational style, and in a non-judgemental, non-challenging setting. This would seem to suggest that denial be seen as a responsiveness factor, with therapists tailoring responses to the needs of the individual (Yates, 2009). However, some participants seemed perplexed as to how to treat this population and whether it could be done successfully.

Participants alluded to the need for training and felt that they would be better able to deal with deniers if they were aware of the research about denial and had a better understanding of denial. For example the different types of denial and the factors that help people overcome them.

*I must admit when I came in I thought I knew what denial was. But since doing the interview I think I better read up on it myself. It's a lot more complex than you think. Jess*

*Until it gets to a better understanding for each individual then yes people just think denial equals not barriers to treatment full stop. Actually that's not necessarily the case. Sally*

The first extract highlights that on reflection of their own knowledge on denial, the possibility of perhaps not being as knowledgeable as they initially thought was considered. They also comment on the inherent complexity of the phenomenon denial. The extract from Sally highlights her belief that staff require a better understanding of denial if there is to be a shift from the persistent belief that denial means a person cannot be treated. There does seem to be ambivalence in her views as she also states that total deniers should not be allowed on SOTP and therefore conforming to the current stance on the treatment of deniers. Further training on denial could focus on the role and relevance of denial in treatment and recidivism. It could highlight that denial may not be inherently problematic (Harkins, Beech and Goodwill, 2010). For instance denial is a common response to wrongdoing. Furthermore it has been found that attributing behaviour to internal stable factors is associated to poorer performance, while externalising can be associated with positive outcomes (enhanced well-being, improved mental health) (Maruna and Mann, 2006; Mann and Shingler, 2006; Synder and Higgins, 1988).

## Superordinate theme 3: The process of denial

### Shame

Most participants appeared to view shame as one of the primary drivers for sexual offenders' offence denial.

*I think shame can be, shame's a big thing for lots of sex offenders, and err you can understand their denial, why they deny at times. **Janice***

*shame is a massive one for them. Particularly if their family thinks they are not guilty. What's 4 years. To say I'm not guilty, get out. What difference is that going to make to me. So a lot of it is a family thing. **Sally***

Participants believed that shame was an important issue and thus it seems shame management in sexual offenders could be a useful avenue to pursue for sexual offenders. This was consistent with post-denial participants experiences in chapter four who contended that shame and guilt were motivators for denial. The phenomenon of shame compelled some participants to deny and reject sex offender identities. This issue is also noticeable in the narratives of denying participants (chapter 6 and 7) who actively distance themselves from sex offenders.

It also appears likely that a therapist's reaction to shame may, in part, determine the level of defence mechanisms utilised by the sexual offender. 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 and other defence mechanisms (Ward, Vess, Collie and Gannon, 2006). Thus a collaborative therapeutic alliance which builds on an offender's self-schemata through attaining authentic approach goals from the offender are likely to breakdown resistance and facilitate a positive and predictive relationship (ibid). Research has demonstrated a link between the quality of therapeutic alliance and denial (Beyko and Wong, 2005; Wormith and Olver, 2002). It appears vital that staff working with deniers invest significantly in building rapport and a solid working relationship.

## Family, culture and ethnicity

Sally's extract links with another subtheme namely that of family and cultural factors. In some respects both family and culture were seen as significant factors for offender's maintaining their denial and also suggested that the family can collude with the offender creating a feedback loop which bolsters an offender's denial (see Winn, 1996; Stevenson, Castillo and Sefarbi 1990).

*Like family sticking by them. As far as they are concerned their parents are sticking with them because they've not done it, their girlfriend might think he's not done it. There's all that fear of what they might lose. So you've got to chip away at that Igor*

As seen in chapter four, family support can actually aid in maintaining an offender's denial, due to fear of loss, rejection and their identity changing in the eyes of their loved ones. In the previous chapter participants discussed how hard it was telling family, with one offender still denying to his family despite treatment. For most participants in chapter four family and social networks contributed to participants' denial. The cultural context was also seen as a possible maintenance factor for denial.

*It could be a cultural thing. Such as a Muslim, have family, don't realise I've done this offence, I've got maintain this... Jess*

*Could be culturally based, in terms of the different roles of men and women. Lillian*

*There is race issues as well. For some individuals it's like their culture, it's bad to have sex full stop. To then admit to rape as well, which is kind of going against every belief they kind of, that's quite difficult for them because they will lose their support from outside. Sally*

Most participants felt that culture had some impact on denial. In those cases cultural beliefs, attitudes and values were seen to impact upon their decision making. Admitting to what they had done may result in loss of family or perhaps threats of death. Although the above quotes may be making generalisations about culture, the participants seemed to highlight a problem between denial and cultural background. The HMIC (2008) report for HMP Whatton found a similar problem. This report detailed there were more minority ethnic offenders in denial than white British offenders. Although an examination of denial and ethnic minorities was

beyond the scope of this thesis, further research investigating that link appears warranted (Kennedy and Grubin, 1992).

### **Ownership, change and gradual process**

Most participants felt that overcoming denial was a lengthy and gradual process, though some believed that for change to occur there needed to be a sense of ownership from the offender and that needed to come from within. Such a position links with the 'Personal change' superordinate theme in chapter 4.

*I probably haven't phrased it like this before but I think getting someone from denial to take responsibility is basically to empower them to be able to take responsibility for their own life, of their actions* **Trevor**

Trevor believes that denial can be overcome, at least in part, by empowering the individual to take ownership of their life and for their own actions. Interestingly, this broadly fits with crime desistance research which has found that those who have desisted from crime, tend to recognise their actions in terms of a past self, with the self now viewed as qualitatively different. This recognition appears important in personal change and ultimately crime desistance (Maruna, 2001; Maruna; 2004). Overcoming denial and going onto engage in the process of change may have parallels to crime desistance. The process may be highly individualised, dynamic, complex, ambivalent and perhaps at times contradictory.

Although most participants articulated that they saw overcoming denial as a lengthy and gradual processes, some participants highlighted the individualised aspects of denial.

*I think that is down to the individual. I think it's down to the individual. I think if they are a person that believes in themselves and wants to change, a positive person, they may feel like, their journey might be different to someone who fears how people are going to react, what will people say* **Jess**

This notion of a shifting stance in denial as, in part at least, being down to the individual is corroborated by findings in the previous chapter. Participants described overcoming denial as a want or desire to change, denial no longer served its purpose and was holding the individual back and they wanted to move on. Janoff-Bulman and Timko (1987) have argued that denial be seen as a transitory phenomenon, a form of scaffolding that is taken down once the need for denial

rescinds. There seems support for this assertion here. There appeared to be a shift in participants (chapter four) internal narrative from self-preservation to redemption and wanting to make amends. Denial then may remain if this shift does not occur or if the offender perceives no benefit (either immediate or long term) in overcoming denial. It seems, as in any therapeutic setting, that the individual needs to be internally engaged in the process of change.

*Like err they've almost got tired of pretending that it didn't happen that's one element or they accept what they have done more, their self-esteem, they've built their self-esteem up in some way to be able to recognise that well (.) a lot of people I've heard who've come out of denial say "I'm a good person whose done a bad thing", so they kinda really define the difference, so err before they may have thought "I'm a bad person whose done bad things".*  
**Lillian**

This extract supports and bolsters findings from the previous chapter. Lillian has noted an attributional shift in internal narrative of those that have overcome denial; they view themselves as good people who have done wrong rather than bad people who do bad things. The person who makes the latter attribution may view themselves as unchangeable, doomed to deviance and may live their lives through condemnation scripts (Maruna, 2001). Those who subscribe to the former will not define themselves by the act, but rather view themselves as a good person, which allows them to believe they can change for the better.

## **Discussion**

The main aim of this section was to gain an insight into the experiences and perspectives of professionals who have worked with those maintaining their innocence in order to ascertain their views on the treatment and management of such offenders. It was clear from the professionals' narratives that participants upheld non-judgemental attitudes towards offenders and fostered an arena of supportive and collaborative working with offenders. Lea, Auburn and Kibblewhite (1999) found in their study that professionals and paraprofessionals had an inherent tension between the professional-personal dialectical. This stemmed from workers wanting to cultivate a professional working relationship, while at the same time not wanting to cultivate a relationship with sexual offenders because of personal abhorrence to their criminal behaviour (see also Lea, Auburn and Kibblewhite, 1997). In this study such a dialectical was not found and

it appeared that participants did want to cultivate collaborative relationships and that these relationships were professional and genuine. As Igor states:

*At the end of the day these guys, I see these guys as much as I see my family. So you do have some sort of rapport, especially with a guy you're working with. Make that little bit more of an effort. I'm sincere in what I do with him. Igor*

Igor is genuine with his approach to offenders and does not see them as sex offenders to be treated. This view did not seem gender specific as female participants were similarly committed to facilitating professional relationships without inherent tension and believed offenders could change. Perhaps this reflects the training and experience of the participants and the context within which they work, HMP Whatton, which can be construed more as a therapeutic community than a traditional prison.

However, other tensions appeared to be apparent and these were orientated around *professional rhetoric – professional practice* and the *desire to change offenders – personal frustrations*. Participants in this study appeared to want to offer more to prisoners maintaining their innocence in terms of time spent with them and interventions. Some felt that the service currently offered to deniers was insufficient and reflected poorly on them. Though it was unanimous that those in categorical denial should be excluded from mainstream SOTP programmes (i.e. Core, Rolling, Adapted). There did seem a tension between their professional beliefs as psychologists and facilitators with current policy strategies which dictate resource and outline targets for the service. This tension is not too dissimilar to others within the criminal justice system. For instance the tension between traditional probation practice and managerialism has parallels (see Crawford, 1998). Probation officer's role is increasingly becoming more target outcome driven, focusing more on risk, risk assessment and bureaucratic procedures rather than on the traditional role i.e. time spent with offenders (Treadwell, 2006). This same culture was identified in the narratives of participants with some believing that because deniers are not permitted on treatment programmes they are given less attention.

There were some conflicted feelings from participants regarding the treatability of deniers. While all participants on some level believed more could be offered to deniers, there was also a reluctance in some participants to engage in treatment with deniers. Janice used the word 'fear' when discussing the possibility of a group programme with deniers while other participants

believed such a format with deniers would be unsuccessful. Piloted programmes have yielded success in 'shifting' deniers towards admittance (O'Donoghue and Letourneau, Shaw and Schlank, 1996,1997), with recent programmes not focusing on disclosure (Marshall et al, 2001; Ware and Marshall, 2008). Participants appeared at an impasse, wanting to offer something to deniers while simultaneously believing them not to be ready for mainstream treatment. Denial seemed to be acting as a barrier for most participants, with 'categorical denial' signifying that offenders were not ready for treatment. There needed to be some disclosure. Northey (1999: 32.1) contends that "all clinicians believe that 'breaking through' denial is prerequisite for successful treatment". To some degree this could be witnessed in the narratives of participants and seemed to be a source of frustration. The frustration and other negative feelings with working with deniers can be traced to the transference in the therapeutic setting between denier and facilitator. Deniers not moving signified that they had not changed, were not engaging, are resistant and had wasted their time. The frustration is borne out of the belief that confession should be an organising principle for treatment. Participants that denial meant that the offender was not ready or was not taking responsibility with some (the minority of participants it must be stressed) believing that coercion in 'moving' offenders stances was at times necessary. However there is now a need to be critical of this assumption and further still critical of the idea that admittance means progress. There is a need to challenge the widely held and long standing belief that constrictive work cannot be done with deniers based on the reason that they are not admitting (there may be other reasons why they are not suitable, but denial should not be a sole and exclusive reason for exclusion). Lacombe (2008) warns of the potential dangers in turning sexual offenders in confession machines, while Kelly (2000 a/b) contendsthat for cannot expect full honesty and openness from clients. Furthermore developments from Marshall et al (2009), Ware and Marshall (2008) and Marshall et al (2001) suggests that deniers can make equally good progress as other offenders without to disclose their offence(s). The emphasis is thus shifted away from 'confessing' their guilt about their offence.

Participants' narratives appear to converge with the argument that denial 'does' matter to the treatment process insofar as those in categorical denial are not ready for treatment. Maletzky (1996) has argued that to deny treatment to those that deny could be considered a crime in itself. While Ward and Birgden (2007) argue that one of the fundamental rights of offenders is access to good psychological services. While participants agreed that offenders should have access to treatment, they were unequivocal on view about deniers.



*What about the victims' rights? Pete*

*I don't buy that idea of human rights...I don't believe it is their right Trevor*

A further tension which was evident within the interviews was the '*desire to change offenders – personal frustrations*'. Some participants construed an offender's denial as a personal battle with victory attained when/if the offender admitted. This was somewhat surprising and paradoxical given that all participants' emphasised a supportive climate and rapport. It was clear though from participants that engaging with deniers can be a frustrating, daunting and angry process. Participants posited that dealing with a denier that wouldn't move was frustrating and caused anger. As Alan states:

*It can be hard working with them, it can be frustrating as well, like banging your head against a wall.*

Frustrations in working with this population appear to be down to offenders not 'moving' or changing their stance and so may be a product of equating reductions in denial with progress. Often denial can be seen as a marker of change, and that maintaining denial is thus a lack of progress or insight by the offender (Hayles, 2006). Research by Westland and Shinebourne (2009) found that therapists working with self-deceptive clients often described the process as frustrating and challenging and often evoked anger, feelings of self-doubt and incompetence. Although feelings of self-doubt and incompetence were not explicitly discussed, it is possible that such feelings emanate from feelings of self doubt. It could also be argued that those feelings of personal frustration are the issues of the therapist/facilitator. In psychoanalytical terms the issue of countertransference is considered to effect the dynamics of therapy and may be itself a barrier in the therapeutic setting (Westland and Shinebourne, 2009).

However, participants did believe that deniers would benefit from intervention and more resources. Participants also described positive outcomes with deniers, where someone with total denial started to admit and engage in therapy. Though again this demonstrates the emphasis on seeing shifts in denier's stances. Participants identified that there was a need for better understanding and training on the role and relevance of denial in sexual offenders and its impact upon treatment. As Jess states:

*I think training would be very much useful, very much needed ". "I must admit when I came in I thought I knew what denial was. But since doing the interview I think I better read up on it myself. It's a lot more complex than you think.*

The interview appeared to give some participants an opportunity to reflect on denial in sexual offenders and their own understandings of this. It appears that training and possibly close peer supervision is required when therapists are working closely with deniers. It may also be the case that "the very entry into a therapeutic relationship...permits the client to entertain and 'try out' possibilities of being that provide a temporary means by which the worldview is reconfigured" (Spinelli, 2007: 87). Thus it may be that working closely with trained professionals will bring about change in deniers, even if they are not overtly observable.

## **Implications for treatment**

This chapter has clear implications for treatment, while also acknowledging the challenges for professionals working with deniers. What appears crucial when working with deniers is that there needs to be a strong therapeutic alliance in place. Poor therapeutic relationships with deniers has been linked to treatment attrition (Beyko and Wong, 2005; Wormith and Olver, 2002). In such relationships with deniers there needs to be an avoidance of confrontation, particularly in the early stages. It has been found that deniers are skilled at privacy and when pushed, barriers can be raised and defensiveness increased, making them more vulnerable (Marshall, Serran, O'Brien and Marshall, 2009). There needs to be investment into such relationships before treatment occurs. Participants' suggestions in this chapter of open days and more social interaction with offenders could be worth further consideration and may aid in breaking down some of the offender's barriers. The position taken by Igor and Pete also seems noteworthy, initial social interactions (chat over a "cuppa") and 'planting seeds'. Professionals should also be mindful of the findings from chapter 4 in that giving the offender the platform to maintain a viable identity could be crucial in engaging deniers onto treatment.

There also appears a need to shift the focus away from denial with regards to outcome for treatment. Research from piloted programmes has demonstrated that dynamic risk factors can be targeted without the need for disclosure and that treatment can be successful without denial being addressed (Marshall, Serran, O'Brien and Marshall, 2009; Ware and Marshall, 2009; Marshall et al, 2001). Professionals need to realise that denial does not represent the endgame in

treatment and that success does not necessarily depend on its eradication. It may be that beliefs about this may come from personal views i.e. "it just feels risky...". Furthermore because denial is not linked to sexual recidivism (Hanson and Bussiere, 1998; Hanson and Morton-Bourgon, 2004) there is no evidence at present to suggest that we must overcome denial (Marshall, Serran, O'Brien and Marshall, 2009). However the challenge for professionals is being mindful of the ancillary aspects of an offender's denial. It has been documented that such participants can be disruptive and can damage the quality of intervention for others (Hudson, 2005; Levenson and McGowan, 2004). Denial has also been linked to an increase in treatment attrition, which could place such offenders at an increased risk of reoffending (Beyko and Wong, 2005).

It is clear then that there are challenges that need to be faced and it appears vital that strong professional therapeutic alliances are in place before treatment is undertaken. This will mean more investment in building up rapport and trust with those in denial, which may become a resource issue. The process of building rapport and motivating offenders onto treatment (even preparatory programmes) will take a sustained investment of time. Participants articulated some excellent ways of gaining and maintaining rapport and also of 'planting seeds' to encourage self reflection. Such techniques may be successful with deniers, particularly initially. All participants believed that motivational approaches and related techniques could be successful with deniers. Taking such an approach is advocated by Marshall et al (2009) who are currently running deniers programmes grounded in motivational interviewing, positive psychology, and the good lives model. This is also bolstered by findings in chapter 4 as post-denial participants articulated that they were an ambivalent and incongruent person when in denial.

As discussed professionals also need to be aware that overcoming denial may not be necessary for change. While some observable ambivalence or partial form of denial may be seen as acceptable for treatment, there will always be a sizeable population that will outright deny. Change in offence accounts when dealing with deniers may be small or even barely noticeable but an offender's views and beliefs may be changing. There may need to be some acceptance of 'delayed gratification' (Miller, Sees and Brown, 2006) from professionals in that they may initially feel their efforts are in vain, however get satisfaction when offenders lead offence free lives. It is conceded that the treatment of denial is a complex matter with no easy solutions; denial and deniers present challenging problems for clinicians, particularly when workloads are high and there are 'treatment ready' participants available. Though while the professionals interviewed here are willing and open to engage with deniers in treatment, more needs to be done.

## Chapter 6

### **Narratives of Denial: Toward an understanding of the cognitive, relational and experiential processes of denial in sexual offenders**

#### **Introduction**

This section analyses the narratives of sexual offenders maintaining their innocence. The purpose of this study was to explore how participants were making sense of being convicted for a sexual offence. It explored how they accounted for being accused and successfully convicted of their offence(s), how they were coping with prison life and their beliefs and attitudes towards treatment. The analysis revealed five superordinate themes (see table 8) these were; *mindset* which illuminated how participants were making sense of 'others'. In short, it illuminated participants thinking styles. The superordinate theme of *real/moral self* demonstrates how participants were concerned with presenting desirable and viable identities. This theme has direct relevance with the findings from chapter four. The theme *offence account formulation* highlights the relational (and, in part, discursive) aspects of denial and the reconstruction of the self (particularly in terms of moral standing) within participants' narratives. The final two superordinate themes *criminal justice experiences* and *treatment beliefs and attitudes*, focus on participant's views and perspectives of their process through the criminal justice system and of their views towards treatment.

The rationale for using IPA in analysing the narratives of participants has already been put forward. However, it is important to reiterate again why such a methodological approach was chosen, particularly in light of this study. Analysis of narratives so far has sought the 'insider perspective' and has been concerned with participants meaning making. However, this study wanted to move beyond that and explore how accounts were constructed and conveyed. IPA was suitable for this as it not only recognises and acknowledges the centrality of meaning and the co-construction of the research endeavour (Turpin, Dallos, Owen and Thomas, 2009), but also recognises that this is not a straightforward process. It allows researchers to ask difficult questions, such as 'what else is this person trying to convey? Is something leaking out of which they are not aware'? The approach makes explicit the 'double hermeneutic' of analysis, which posits, that the researcher's interpretation is one reliant on the participant's interpretation of their social world. Indeed "IPA also allows a hermeneutics of questioning, of critical engagement,

as the reader may well ask questions and posit meaning which the participants would be unlikely, unable or even unwilling to see or acknowledge themselves" (Smith, 2004: 46).

## **Method**

### **Data collection, participants and recruitment**

The participants for this study were again obtained from psychological and facilitator staff at HMP Whatton. This researcher also had access to databases which contained offenders' maintaining their innocence. Like previous studies in this thesis the researcher was aided in participant recruitment by programmes staff at HMP Whatton. They gave information on potential participants and referrals for whom may be suitable. The sampling strategy was again snowball, convenience and also theoretical (in that the most appropriate participants were selected – see Henn, Weinstein and Foard, 2006). Potential participants were approached through letters explaining the research and inviting participants for an initial meeting. In total 20 letters were sent out with 10 agreeing to the main interview and repertory grid interview (the repertory grid analysis and interview are not discussed in this chapter, but are expanded upon in chapter seven). Although the final sample could be considered small ( $n=10$ ), it is an appropriate size for interpretative phenomenological analysis (Reid, Flowers and Larkin, 2005). Participants information is detailed in table 7.

Data were collected through semi-structured interviews (in line with the studies in chapters four and five). Interviews with these participants lasted between 3-5 hours and as such would often be conducted over two meetings. The repertory grid interview would be done in one of the two meetings and would last around 1-1.5 hours. This researcher spent a lot of time with each participant in this study and between initial interview, main interview, repertory grid interview and debriefing, the time with each participant was between 8-10 hours. All interviews were conducted in the purpose built interview rooms at HMP Whatton. The length of time spent with participants was important for this group as it was important that rapport and trust was built and fostered. This group of participants was naturally more defensive and were often suspicious. They were also more difficult, at times, to interview and would often over elaborate on points and provide a lot of extra contextual information.

**Table 7: Deniers participant information**

Participant Pseudonym	Participant Age	Offence
Bill	24	Rape
Brian	56	Rape (U16)
Bryan F	54	Rape (2 counts)
Bryn	59	Sexual Assault (U13)
Bud	64	Rape (8 counts)
Chad	23	Rape
Clint	81	Rape
Kirk	58	Rape (2 counts)
Neville	46	Rape
Stef	60	Sexual Assault (U16)

## Analysis

As with the studies in chapters four and five the research study here was analysed using interpretative phenomenological analysis. This analytical approach has been detailed in-depth in the methodology section with a rationale and justification also presented in that chapter. However, just to reiterate the methodological approach was considered most relevant here because the study is interested in making sense of the perspectives and experiences of sexual offenders denying their offence(s). The study aims to investigate how offenders make sense of their offences, how they account for arrest, conviction and being put in the position to be accused of a sexual offence. It also wanted to investigate their attitudes towards treatment and treatment staff and how they coped with prison life. As such the aims of this research study reflect an IPA-informed study. IPA aims to explore individual and personal experience and examine how participants make sense of their personal and social worlds (Smith and Osborn, 2003). The emphasis of IPA research is on the meanings particular experiences, events and states hold for the participants (Smith and Eatough, 2007). IPA treats research participants as the 'experts' and so allows the researcher to get closer to the insider perspective (Larkin, Watts and Clifton, 2006).

## Ethics and consent

This study, as with all the studies in this thesis, was approved by The Nottingham Trent University ethics policy and cleared by HM Prison ethics. The ethics procedure at Nottingham Trent University is mandated in the 'Research and Ethical Governance Framework Document' (REGFD, 2008). This research also adhered to the British Psychological Society's (BPS) ethical guidelines which are subsumed within the REGFD. Before any research commences it must first be passed by the Nottingham Trent ethics committee. This process allows for reflection and consideration of ethical issues that may arise during the research process. In order to do credible and sensitive research one must recognise the potential for risk and sensitivity in all phases of the research, both for researcher and researched. Such issues are covered in detail in the methodology chapter.

**Table 8: Deniers' superordinate and subordinate themes**

<u>Superordinate Theme</u>	<u>Subordinate Theme</u>
<b>Mindset</b>	<i>Grievance Thinking</i>
	<i>Constriction and Innocent man identity</i>
	<i>Depersonalisation and condemnation</i>
<b>Real/'Moral' Self</b>	<i>Rejection/distancing from the sex offender label and reducing stigma by disassociation</i>
	<i>Rejection of denial label</i>
	<i>Moral self and Righteousness</i>
<b>Offence Accounting and Presentation</b>	<i>Vocabulary of motive</i>
	<i>Ambiguous, ambivalent and evasive responding</i>
<b>Criminal Justice and Prison Experiences</b>	<i>Losing enhancements – double punishment</i>
	<i>Isolation and loneliness</i>
	<i>Biased legal system</i>
<b>Treatment Beliefs and Attitudes</b>	<i>Treatment myths and rumours</i>
	<i>Positive aspects of treatment</i>
	<i>Treatment Motivation</i>

## Results

### Superordinate Theme 1 - Mindset

#### Grievance Thinking

One of the most striking superordinate themes derived from the interview data was that of 'mindset', or the particular thinking styles that seemed to characterise the participants in this study. While there was indeed variation among the participants in terms of how they accounted for being in prison for a sexual offence and how they construed self and others, there were notably similarities. All participants displayed some degree of grievance thinking, though none more than Stef, whose grievance and suspicious thinking was apparent throughout his narrative.

*...they do not want you to erm certain people they don't want them to get rehabilitated, if you're not towing the line they want you to slip up, but I've got no intention of slipping up.*

**Stef**

*I am gonna make waves. They know I'm doing an IT course in computers here so erm I'm familiar with and my son's pretty good, they know I'm gonna go on the internet and go on the different websites and let people know what they get up. Stef*

*They put pressure on your families to isolate you, to make you erm estranged from them, to be isolated from them. The family is there to support you, but they want you isolated, they want you in a situation where you've got very little support. Stef*

*Make us more miserable, get all depressed, they want us that way, you know, 'easy pickings' "come do this course" it'll make you feel better, you know. Chad*

Stef's grievance thinking was pronounced when discussing his thoughts and feelings about criminal justice and social work professionals whom he viewed as corrupt and "out to get him". It was clear from his narrative that he had created a 'them' vs. 'me' style of thinking. Stef's claim that they "don't want certain people to get rehabilitated", fits with his overall stance that he is being victimised by 'them'. Chad had similar views; he suggested that the prison system wanted deniers to be more vulnerable so they could be easily targeted for programmes (this seemed to



fit with his attitude towards treatment which is discussed later in this section). Stef appears to have a problem with authority particularly its personification in criminal justice workers. His third extract (above) conveys a sense that he perceives criminal justice agencies as predators trying to isolate him and make him vulnerable. It is unsurprising that every event recounted with these agencies was recounted with a negative bias; they were just there to get him to "slip up".

His grievance style thinking can be further noted in the following repertory grid interview extract (see chapter 7 for more in-depth analysis), which highlights his general suspiciousness of people and allowed a valuable insight into how he construes others. He is deeply suspicious of their motives and cannot take people at face value, for him, there must be something to uncover. This style of thinking had ramifications for his relationships and interactions with others in that it was difficult to let people get close to him and he struggled to trust people, as a result he felt lonely and isolated.

*RSP: Meanings define people's words; it's not what people say it's what they don't say.*

*IV: Ok looks for meanings in what people say, can you elaborate on that, what kind of person is this?*

*RSP: They're looking for motives and evidence; they're all pessimists, just like me. Stef*

Although denying and displaying grievance thinking, Stef is still demonstrating some form of self-awareness when he considers himself as a pessimist. He also revealed in his interview that he was lonely and felt depressed.

In line with a grievance style of thinking, Clint's narrative contained numerous instances of hostility (towards victim and others), anger and the belief that he had been wronged (Mann and Hollin, 2007; Beech, Oliver, Fisher and Beckett, 2005).

*IV: I just wanna say again that this research can't be used by anyone else and you'll remain anonymous...*

*RSP: Yeah that's what you tell me*

*IV: ...you signed the consent form last time we met and it says in that, I can't, it can't be used in parole assessment or treatment selection and will only be seen by me and my supervisors...*

*RSP: mm we'll see, you're all the same, psychologists and (1) carry on Clint*

*I've worked as a bouncer, I wasn't just a pussy, when I was young, that was before I met my partner, then I got married and had three children. My wife's dead now she's died now, smoking, erm dope I think it was. My eldest son is a dope addict, dope seller and thief. My mid son, he got into dope through his elder brother and my youngest son well,...it should never have happened, blackmail, you name it and I gave them work, employed them ...and that's how they repay me, so I'm very bitter Clint*

Clint's first extract demonstrates both a suspiciousness and hostility towards this researcher (and psychologists in the prison system more generally). In his second extract he is attempting to outline the reason for his imprisonment by suggesting his family's drug problem led them to extort money from him, which led his granddaughter to report being sexually abused by him to the police (although he is clear his family's drug problem is the reason, he does not clarify why this would lead his granddaughter to make a complaint). He articulates that he has been wronged, and that he is the victim of a blackmail plot.

#### **Constriction and Innocent man identity**

As expected from a sample of 'deniers' participants did not take responsibility for their actions and it was clear that they did not want to or were not ready to change. Their unwillingness to change seemed not only due to "I didn't do it, I wasn't there" excuses, as all participants posited, but also because they perceived that innocent people are those who do not change their minds or shift their stance.

*"...if you are truly innocent, it doesn't matter what they chuck at you, they could chuck the titanic at you and I ain't gonna move...I just couldn't live with myself, I couldn't look in the mirror" Bud*

An immutable position of maintaining a consistent stance was seen as important in conveying an innocent man identity. Interestingly when participants were asked whether they had met someone who was 'maintaining their innocence', but whom they thought were guilty. Participants articulated that they had and all cited changes in the person's narrative as to why they thought that person was guilty.

*IV: Really that's interesting, how can you tell who is really guilty and who isn't?*

*RSP: What the guys who really aren't innocent?*

IV: Yeah...

RSP: ... err they can't keep their story straight, one minute this happened and the next (.) and you're like "no I don't think so", I mean if you gonna lie do it well **Chad**

*There was one, the guy I was padded up with who had all his legal work, there was something not right, because what he was doing, he was going around the case, there was a lot of issues around the case, erm, goods of his didn't (.) were stolen or went missing by the police or whatever, but never did he ever say anything about the victim or so called victim* **Neville**

Chad's description of someone who couldn't keep their story straight was the archetypal description of a guilty person who was maintaining their innocence. Neville's description was somewhat different from the other participants' views in that it focused more on the legal and judicial process. This is especially interesting as all participants claimed that it was a biased legal system or that there was some injustice with their trial that contributed to them being incarcerated (this will be expanded upon later in this chapter).

Most of the participants articulated that they felt lonely or isolated and this was often due to their restricted social interactions. Deniers would limit their interactions with most positing that they despised or had negative feelings towards sex offenders. Thus many of the participants would only interact or mostly interact with other deniers. Participants viewed themselves as separate from other offenders in prison and part of a very select group of innocent men.

At various points in Bryn's interview he verbalised his desire to find someone 'genuine', who had definitely not committed the crime.

*I mean if I had the chance, if I could find a prisoner who was genuine enough, weren't beating around the bush, not being a silly bugger, who was 100% not guilty of the crime, kosher of being not guilty of the crime, but it would be hard for you to find these certain people that... I find him [another denier ](3) thinking the way I would feel basically, erm, and I think to myself hang on a minute is this particular person genuine, I'm not 100% sure as he wouldn't be with me, as you aren't with me, but I think he is.* **Bryn**

Indeed the person he is closest to in prison was someone he perceived as being innocent. Bryn is aware of the inherent difficulties of finding someone 'genuinely' innocent and comments that the high proportion of those saying they are innocent further complicates things. However, for Bryn, the perception that the person he is interacting with is innocent is important to him.

*...this particular person the other day and I've had nothing, no contact with him since then. He turned round and said to me I haven't done it, so I said that's fine. So I went out and his friend talked to me and said look he's been in and out of prison for the last 16 years and he's committed the same offence 7 or 8 times. I'm thinking what the hell's going on here, I've just spoken to this person and he seemed to be genuine enough Bryn*

For Bryn, it is important that he interacts with people he perceives as innocent. It is interesting to note that he cut contact with this individual when he learned that he was not being genuine. Throughout Bryn's interview it is evident that he views himself as qualitatively different from other offenders in the establishment and does not regard himself as a sex offender. Most participants in this study isolated themselves from others because they did not want to associate with sexual offenders, with some only wanting to interact with prisoners who they felt were innocent. However, participants constricted thinking of 'sexual offenders' coupled with the desire to promote an innocent man identity meant that offenders were often isolated.

This mindset may be a form of coping. It is well documented that admission into an institution comes with pressures to assimilate the labels ascribed to individuals (i.e. sex offender; prisoner; deviant) (Horley, 2008; Goffman, 1961). It may be that participants' denial and their seemingly constricted outlook and presentation (which will be unpacked later in the chapter) are something akin to Goffman's (1961) notion of 'playing it cool'. The resistance prisoners use for rejecting or avoiding labels in institutions can be seen as playing it cool, they are in essence adaptive and defensive strategies in response to the psychological pressures of becoming a prisoner (Manning, 1999), particular one as stigmatising as 'sex offender'. Participants' denial, in some respects, seemed to be a way of mitigating against the tensions of the institution and that of wider society (i.e. becoming labelled as a sexual offender). Recent research has suggested a conceptual link between avoidance as a coping strategy and offence-denial (Xuereb, Ireland and Davies, 2009; Ireland, Brown and Ballarini, 2006). Interestingly Xuereb (et al, 2009) found that taking responsibility for ones offence could increase distress, thus denial may be a way to minimise chronic distress associated with incarceration and committing an offence.

## Depersonalisation and condemnation

Another facet of the participants 'mindset' was that of depersonalisation. This allowed participants to reduce culpability by preventing the offender from recognising predisposing and potential risk factors and thus allowing the presentation of a person who does not have a deviant sexual preference (Schneider and Wright, 2001). Depersonalisation occurs when the offender rejects the possibility that he is the sort of person vulnerable to committing sexual offences (ibid) which was clearly articulated in the interviews. For instance Brian's depersonalisation allowed the separation of himself as a person capable of such acts.

*I was supposed to have had anal sex with her, I stuck a a (sic) bottle up her, stuck a knife up her...I mean that err kinda thing well it's not how I get my kicks, you know, I'm not like that*  
**Brian**

*That's not me I'm not high risk, how come I can run a pub all these years and nothing happened, I'm supposed to be high risk"* **Brian**

Brian rejects that he is both the sort of person that is capable of such acts and also that he is not high risk and ergo not at risk of future offending. As a historic offender he used the portrayal of a past self, one who ran a pub for years without any incident, as an attempt to justify why he is not that kind of person. The implication here is that if he was the 'sort' of person capable of such offences, he could not have run a pub without further incident. Incidentally, Brian disclosed that during his trial five other women came forward and accused him of rape, however the police made the decision that they would be kept on file and that he would not be charged with them. This actually may indicate the prevalence of his offending during that time, however this is speculation.

Deniers do not want or believe they should change. Their grievance thinking, depersonalisation and constricted outlook seem to be contributing to their immutable stance. The deniers in this study seem to be making sense of their predicament through subscription to 'condemnation scripts' (see Maruna, 2001). This script allows the offender to shift emphasis away from the self and onto external structure (victim, legal system). Although Maruna's (2001) conceptualisation of a condemnation script differs from how it applies to the participants in this study. In Maruna's study, crime persisters made sense of their life's through perceiving themselves as helpless, their life's already written for them, they had a poor locus of control and

saw themselves as "doomed to deviance". In some respects, the participants in this study are the opposite of this conceptualisation. Here it is not so much a condemnation script to suggest determinism i.e. "I was condemned to this life", but more akin to Sykes and Matza (1957) neutralisation 'condemnation of the condemners'.

*"The judge got personally involved"* **Neville**

*"You get a sex offence you're dead before you've even gone in the water and I've heard this so many times, so many times so you've got biased juries...they wanted to find me guilty"*

**Bud**

*"her jealousy and wanting to hold me back, she was really possessive and err she wanted to get back at me cos I was leaving her"* **Chad**

Deniers thus attributed their offending to external forces ('they put me there', 'they were out to get me'). This was a stable belief, with negative consequences to the self, avoided by them having a positive view of the self. Although a stable belief, there was a sense of uncontrollability; their being in prison was outside of their personal agency and the result of 'vengeful' acts by the victims. Participants were consistent across all interviews in that no one took any responsibility for their predicament, with participants (even when questioned) unable to reflect on their agency in being accused and later convicted of a sexual offence. This 'denial of responsibility' was pervasive and enduring in all accounts of how they came to be in this situation. Very few accounts contained any self-referential utterances and instead the focus was on the external forces/structures.

This style of responding seemed to convey a narrow or constricted style of thinking. Hartmann (1991) describes defences in terms of 'thick' and 'thin' boundaries, with thick boundaries used by people with more rigid styles of thinking. Someone with thick boundaries is likely to favour one particular defence (in this case denial) and use it almost continuously, whereas someone with thin boundaries is likely to use defences less and with less consistency. This implies an interesting hypothesis for those whose offence denial is more enduring compared with those whose denial serves as a more transitory phenomenon. Similarly Xuereb et al (2009)

contend that an individual's coping-style is a relatively stable trait-like phenomenon, with people likely to consistently use that coping-style.

## **Superordinate Theme 2: Real/Moral self**

### **Rejection/distancing from the Sex Offender Label and reducing stigma by association**

It is not surprising that most participants rejected and actively avoided the sex offender label and status. Although aware of the stigma of 'sex offender', their denial meant that they did not assimilate or be adversely affected by it.

*IV: You mentioned not so long ago about stigma of being a sex offender and the stigma of being in here. Would you say you feel stigmatised?*

*RSP: I don't feel stigmatised cos I ain't (sic) done it...I can understand what you say, you've been to Whatton – no no no...me myself I don't feel any stigma Bud*

By rejecting the label sex offender, participants were able to avoid the stigma normally associated with being a convicted sexual offender.

As noted in the last theme deniers limited their interactions with others and saw themselves as qualitatively different from the other prisoners.

*RSP:...so they are on the disgusting side to me you see and this is why, sorry, I keep myself to myself.*

*IV: Do you purposively try to avoid contact with other prisoners and could you tell me more about your views of offenders here?*

*RSP: Oh I, I don't want anything to do with most of them, just the guys I speak, the ones maintaining their innocence. The others here, the guilty ones deserve what they get I think they're disgusting.*

*IV: What about those maintaining their innocence, they could be guilty also?*

*RSP: True, but you just get a feeling for them err I still say that once your charged with something like this your going away, you've got not no chance of getting away with it, even when there's no proof or nothing Kirk*

Furthermore when asked how they viewed other prisoners in the establishment participants described them in derogatory terms e.g. as sick or perverted.

*[sex offenders] sick, mentally and spiritually sick, he's dirty, I'm not* **Neville**

*IV: Ok, so what are your views of sexual offenders err how would...*

*RSP: Well like anyone else pervs, sick, you know, they're evil, wrong all all (sic) that stuff*

**Chad**

*I've made it clear to them that I'm not here to talk about people's offences, I can talk to you but the minute you start talking about your offences I don't wanna know.* **Neville**

Consistent for the majority of participants was the view that sex offenders were sick, dirty, or perverted in some way. Participants either restricted their interactions with others, interacted with just those they believed were innocent or interacted on the strict proviso that no one mentioned their offending. Curiously deniers seemed to be denying the 'sex offender' status of other prisoners in order to allow for 'normalised social conduct' to occur.

*RSP: They keep the saying there are the same as you, you're are not same as me*

*IV: How are they different from you?*

*RSP: Well I would say they bottle it up to say they haven't done it, you*

*know what I mean, it's just a push you know...you've got to coax it out of them, you know what I mean...[they try] to gloss it over to make you look (.) that they are not as bad...I know mine didn't happen, there's discrepancies in everything.* **Brian**

Brian rejected that he was the same as any other person in the prison, he was different. This rejection of 'similarity' was a pronounced subtheme and seemed to point to Brian's issues with being associated or labelled as a sex offender.

As has been noted thus far in this analysis, participants viewed themselves differently to other offenders. Unsurprisingly, being associated or faced with the label sex offender appeared to be a major block for participants in terms of progressing through the system and for everyday interactions.



*If I say guilty that's it, that's it, I'm a rapist, I've done it. You can't say guilty and say I only did to get a lesser sentence, I did because I wanted a shorter sentence or whatever, whose gonna believe that? No one, they'd just say "yeah, yeah".* **Chad**

In this extract Chad discusses his frustrations with deniers who pleaded guilty at court (this was the same for all deniers) but maintain their innocence in prison. For him, a guilty plea means that you are guilty; you have lost all credibility if you plead guilty and then try and maintain your innocence. However, this extract also highlights a central theme in all participants' narratives, that if he were to admit, he would have to face up to being a 'rapist'. There is a sense of finality in the extract *"that's it, that's it, I'm a rapist"*, which conveys that his identity will be one irrevocably linked to 'rapist'. It will become his master status trait. This conforms to Salter's (1988) view that "for many, sexual deviancy does not occur when they commit the act, it occurs when they admit it. A sex offender is not a sex offender until he tells you he is. He is in some sense, a wrongly accused innocent until he says the words, "yes, I did do it"." (Salter, 1988: 186). Coming to terms with changes in one's identity, and wanting to protect the self, seems to be one of the first barriers for overcoming denial.

*Sex offenders err we are classed with a big SEX stamp on your head when you go out, the big wall. But when you look out there err when I think about the sex offender side of it err we can go through that, but to me it's still a crime, it's still as worse a crime to burgle an old granny knock seven bells out of her for £20 for £5 or whatever and you mention sex and we're are worse than these people, we're supposed to be worse than these people, as soon as the officer PO [prison officer] X when he was downgrading me, he says you're a different type of prisoner in here, I can see what he means, actually we're more gentlemanlyfied (sic) in here. There are more gentlemen in here* **Bud**

Bud recognises the stigma, his reference to the 'big SEX stamp', represents a view of the label, which is metaphorically associated with branding. Interestingly, post-deniers (chapter 4) posited that the fear of being seen as a 'sex offender' by others and avoiding the term being assimilated into their self-definition was a strong motivator for denial. Thus minimising the stigma associated with sex offending is possibly how some participants were 'doing' shame management. In this account Bud is attempting to shift the emphasis from sexual offending to other forms of offending, sexual offending is downgraded within this narrative. Bud appears to be managing his identity, the use of the extreme-case formulations 'it's still as worse a crime' and 'knock seven

bells out of her' shift the gravitas away from sexual offending to other types of offending, in this case burglary. Extreme-case formulations are references to the maximal or minimal properties used in utterances to make them more persuasive (Pomerantz, 1986). Bud's downgrading "for £20, for £5" serves to make the example of burgling the 'granny' more extreme and appears to perform two functions. Firstly, it serves to highlight the status of sex offenders as seen 'worse than these people', and second it orientates sex offenders in a more positive light. It could be argued that perhaps Bud implicitly views himself as part of the category 'sex offenders'. His use of the first person plural pronouns 'we' and 'we're' seems to suggest he views himself, on some level, as part of that category. Earlier in his interview Bud refers to sex offenders in line with populist opinion, here he is suggesting that this category of offenders is more 'gentlemanly' when compared to other prisoners. It appears that Bud's views become less punitive when 'sex offender' is enmeshed with his sense of self.

### **Rejection of the Denial Label**

Participants not only rejected the sex offender label, but they also actively rejected and challenged the label denier. For all participants there was a difference between a denier and someone maintaining their innocence.

*IV: You see that's an interesting point, so do you see a difference between the term denial and a prisoner maintaining their innocence*

*RSP: Oh I do, yeah, when they turn around and say you're in denial, I say I've never been to Egypt (laughs). Never been in denial at all, I'm maintaining my innocence, "oh what do you mean by that", well if your in denial if you work it out it says you have committed something or whatever and you are denying that it has been done and you've done it you're denying it, it's blanked out your mind, you're denying that. There is no way I am and I would like that put on my reports please. Brian*

*IV: Ok do you see a difference between someone who is maintaining their innocence and a denier*

*RSP: There's gotta be, it's gotta be a different term... I don't believe the mentality, you're supposed to be rehabilitating us, yet you are taking every incentive you can away from us*  
**Bryan**

Participants did not view themselves as 'deniers', they were 'maintaining their innocence' and this difference was important to them. Often participants would make officers or psychologists change the wording of reports to reflect their views and their stance 'maintaining their innocence'. Subscribing to this label seemed to reaffirm participants' beliefs that they were innocent and not guilty of any wrongdoing or transgression. As Chad puts it, "someone maintaining their innocence, is innocent", whereas the term denier was seen by participants as synonymous with lying.

### **Moral Self and Righteousness**

One of the most striking formulations within participants' narratives was that participants seemed to use the interview context to construct and convey themselves as 'moral' and 'decent' people. Such people would thus be unable to commit the offences they were accused of and served as evidentiary explanations of why they were innocent. In broad terms participants trajectories of 'moral selves' conformed to that of 'stability narratives' (Presser, 2004). Presser (2004) argues that stability narratives present the individual as a good person and someone of steady moral character. Indeed all participants claimed that they were individuals of repute and good standing.

*I'm, always been respected every job I did that's great, every Christmas they gave me a bonus... I've worked, I've worked hard, I don't like, well I'm here and I've just gotta make the best of it and see if I can get out. Clint*

*I'll still walk out though a proud man, the same proud man I've always been and I'll walk around the village, I know they'll be people who will come up and shake my hand, you know, it's who I am, I've always been respected you ask anyone I've done business with...Bud*

Clint emphasises that he has 'always' been respected, and highlights this point by asserting that his clients would give him bonuses, thus presenting further evidence that he was held in high regard. Bud claims he is still the same proud man; his views of himself have not changed and have remained stable. He also uses the rhetoric of evidence, 'ask anyone I've done business with', to posit that he is respected man. Brian's earlier quote, which highlighted his victim depersonalisation 'it's not how I get my kicks', also conveys the stance that he is not 'like that' and so not capable of such offences.

*I think I'm a reference point to people so if they have any concerns about things that they may not understand I can help them out get back to them so it's a support role...I want some kind of recognition...it's recognition of the work that you've done and also a kinda reassurance that what you've done in your situation has been of benefit, you are trusted, you're a listener* **Bill**

Bill's narrative was characterised by trust, he has always been trusted and this has carried through to the prison setting. He is also constructing himself as a respected person, one who people look up to, he is a "reference point" for others and others come to him. Throughout the whole interview Bill was keen to impress upon the researcher that he was a proactive person, he chased for being assessed, for information about courses, for vocational and educational courses. However the pursuit of these goals was seldom for their intrinsic properties (to make me a better person), but rather they appeared to be coveted so that Bill could demonstrate that he had maximised his time in prison and done all he could for parole. He wanted recognition for what he has done and be able to show the parole board that despite maintaining his innocence he has progressed. Indeed impressing and influencing the parole board seemed important for him. Upon finishing the interview he told this researcher that he would like a letter to say he had taken part wilfully and successfully so that he could show the parole board. I explained how this is not possible, as the interview cannot be used for parole assessment. He further wrote to the principal psychologist asking for this letter to be done, but it was reiterated that such a letter was not possible. All participants were reminded in the consent meeting and before interview that the research interview could not be used for parole or treatment assessment. At the point of Bill's request being declined he was reminded of his right to withdraw his data at any point, but he declined to do so and wanted to still be involved with the research.

Whenever Bill spoke about the past, present or future, it was always with a positive bias towards the self, he is someone that is a positive moral person from a good family. It has been argued that narratives from participants situate narrators, protagonists, listeners at the nexus of morally organised and occasioned past, present and possible experiences, (Ochs and Capps, 1996). Indeed most participants were, on some level, promoting a socially desirable self, there seemed to be impression management strategies at work. This would fit the findings of Paulhus and Reid (1991) who found that denial was associated with impression management. However, such narratives here may not be inherently maladaptive and could perform certain adaptive

functions. As has been found here narrative allows 'good' and 'moral' selves to be portrayed this may include denial of responsibility or by recasting the wrongdoing in a good light. It is the use of narrative that causes the distance, by accounting for what they have done they are re-storying aspects of their lives as they are standing apart from the protagonist (Presser and Kurth, 2009). Though this in itself is not enough, one must live up to it, must perform the role and actualise this self (ibid).

It has been argued that humans become 'moral selves' by being interpellated by others into the awareness of themselves as autonomous and responsible beings. This is achieved through others when they hold us to account for our actions, making us answer for what we have done in terms of what is classed as reasonable in our culture (Burkitt, 2008). Indeed we are called to account and to justify our actions from a young age (ibid), yet we also learn from a young age to deceive and misdirect in order to avoid the painful consequences that can be brought to bear if we are truthful (Livingston-Smith, 2003). In this way the presentational style, the portrayal of a person to an audience is not without intention (Goffman, 1959). The process, playing the character, modifying narratives, is relational (in this case occurring in the research interview). As with Presser (2004), it was found here that participants appeared to use certain opportunities within the interview to construct desirable self-images, and to present moral selves. Indeed the interview itself was portrayed, as a signifier of their standing i.e. someone with something to hide would not speak to a researcher. Furthermore eight of the participants wanted to use their own names instead of pseudonyms (this was of course rejected) because they did not want to hide anything – further demonstrating their moral standing.

### **Superordinate Theme 3: Offence accounting and presentation**

#### **Vocabulary of Motive**

The concept of 'vocabulary of motive' contends that linguistic behaviour provides a social function in co-ordinating human action. Motives or 'vocabulary of motives' provide functions in certain delimited social situations. As Wright-Mills (1940:904) contends "the differing reasons men give for their actions are not themselves without reason". Vocabulary of motive has been used to explain deviance with reference to techniques of neutralisation (Sykes and Matza, 1957) and excuses and justifications (Scully and Morolla, 1984; Scott and Lyman, 1968). Motives offer justifications for present, future or past acts, thus when we call upon such vocabularies of motive

we are attempting to influence others (and ourselves) and mediate action (Wright-Mills, 1940). Participants' accounts here have rhetorical properties in that they served to influence and persuade, while presenting themselves as the 'real victims'. Such properties can be seen in the below extracts.

*IV: Ok, so given that it's your word against hers [oh yeah] why do you think they convicted you?*

*RSP: Because they believed her, cos she was in there crying her eyes out, she'd done everything, crying and everything she even had me mum evicted from the waiting area that had to move them cos it upset her walking past and she did everything. It was her word against mine and I had witnesses saying that she wasn't in the pub **Brian***

*...the crying all this, honestly she said things that made me, just ruined me, honestly she sent me down no-one else did **Chad***

*my mate says you were guilty before you walked in; "what?" you were guilty before you walked in, what jury is not gonna convict you, I mean it's your daughters saying this they're gonna side with them **Stef***

*IV: Ok, I'm really interested in what you're saying here and for someone to bring these charges against you is a pretty extreme thing to do...*

*RSP: Yes*

*IV: Why do you think they made these allegations?*

*RSP: Why do I think, I honestly don't know err the the only thing I can put to it erm is that, if that youngest girl had come up one day cos she has err a mobile café err and she's a bit of a goer, you know, and this is my assumption of the job err I think it was jealousy. Now if she had come home and she saw her mother crying cos I was down the gym making myself look better and err I was you know I suppose it was the 55 year itch you know or whatever err you know slimming down and going to the gym and this that and t' other and maybe she came home and saw her mother roaring one day and "oh he's gonna leave me" and "oh we'll fix him" now whether that's in the calculations I don't know, I've had that said to me...**Bud***

Although different techniques were used, participants' narratives all served to avoid responsibility and blame. Some participants drew on emotional repertoires (Benneworth, 2006) to account for their imprisonment. Brian and Chad both used the emotional repertoire in accounting for their conviction; the victim's emotional state, crying and being visibly upset, was used to convey how the victim persuaded the courts. Implicit within this narrative is that the victims were playing the role of the victim in order to get the participant convicted. Stef's account contains a sense of resignation and hopelessness. He was going to be found guilty because the testimony from his daughter would be enough to convict him. This style of accounting shifts responsibility away from himself and his actions and instead evokes a sense of powerlessness. Bud asserts that perhaps emotions are what led to the accusations; he tentatively suggests that this may have been the beginnings, of a plot against him. Within deniers narratives there are apparent neutralisation techniques, which serve to 'neutralise' information that may disconfirm their position. It has been suggested that people, like bad scientists, seek out information that conforms to their way of thinking (makes sense to them) and elaborates their position, while neglecting to attend to information which may invalidate their position (Kelly, 1991). At the end of Bud's extract he alludes to external approval "I've had that said", which reinforces his stance.

Most participants subscribed to this position and used terms highlighting the emotional state of the victim as a causal factor in being convicted of their offence. Bill, however, could not subscribe to this, as his victim did not become visibly upset.

*what frustrates me as well is that she didn't even break down and cry in court there's no obvious physical emotion to say this person has gone through this abuse. I mean I'm portrayed as someone that was manipulative and deviant and a control freak Bill*

Bill articulates his frustration at the victim not crying, this seemed to make his conviction more difficult to accept because he was found guilty without the victim 'playing' the victim role. He uses this as evidence to support his views, there was no emotion to show that she had gone through abuse.

All participants, to some degree, were able to neutralise the possibility of being a sexual offender through 'victim discreditation'. Victim discreditation either came from the direct

assertion that they lied, that they were manipulated to lie or there was challenge to the victim's status and reputation.

*the lady was 87 years of age she was old enough to be my grandma, it's not in my nature to rape a woman...I don't know because she's old err they must have believed her* **Neville**

Neville makes two references to the victim's age, with the apparent purpose to both demonstrate further how he could not have committed the offence, while also explaining his conviction. His use of the participants' age, '87' to present the unlikeliness of him wanting to rape her. The victim's age is also used to explain why he is in prison; they believed her because she was an old lady and not due to his actions.

In many of the participants' accounts victims were portrayed as dishonest, or were being manipulated or controlled by others.

*RSP: they blackmailed me, they took my money (pause)*

*IV: In what way did they blackmail you?*

*RSP: [Explains granddaughter is getting married] I [granddaughter] want £500 for to get the cake now. I said yeah and she said, if you don't go and give me it I'll go to the police and say you interfered with me and all* **Clint**

*They wanted to help their mother, because their mother was vengeful and wanted to get at me and she used to tell me, you'll never get a divorce I'll see you in hell first...their mother is a manipulative cow, she knew which buttons to push* **Kirk**

All participants either suggested the victim was a dishonest character e.g. they wanted money; that the victim was being controlled or manipulated in some way; or the victim was motivated by anger or vengeance because the participant wanted to move on (see Chad's and Bryan's interviews for further examples of this).



### Ambiguous, Ambivalent and Evasive responding

The dynamics of how the participant accounted for being accused and later convicted of a sexual offence appeared to illuminate some of the dynamics of 'denial'. When free to elaborate participants would go into great detail about how they became put into the position in the first instance. Participants would go into great detail of how they met their victim, discuss different relationships in their lives. In some instances participants would provide a thorough narrative of the background of the case and why they thought they were put in this situation.

*It all started when I met this young lady in one of me booze cruisers and we got on well together this that and t'other... me and err the ex-wife and I always had it open, I always said if I found somebody a lot better than her or she did the same, she wouldn't be the last to know...I always remember the night I came home after meeting her [young lady] in the evening and err and I said to me wife, by god girl I could have been a naughty boy today and it was all a big joke and this that and t'other...I was going to Thailand and we were going to Australia and everything seemed to be alright. This was 2003 2004, I still used to meet this girl we used to meet when I went across there we had a laugh and a joke, we got on well together. Anyway last time I went A (girl he met in Thai and kept in contact) started saying that the ex had been ringing her and ringing her and then once time she brought a letter that the ex had written... I says you've behind me back you've broken the trust and we had a bit of err a few words Bud*

There are several striking features to this extract, which is in common with all the deniers, in that accounts are generally given at the abstract level. Like a narrator Bud claims 'it all started when...' he told his partner about meeting a women and insinuating that he could have had an affair with her. It is worth noting that Bud contends that his wife contacting A (woman he met in Thailand) was a betrayal of trust, though fails to reflect on his actions and behaviour which could have been seen as a betrayal of trust. Many of the deniers' accounts of the lead up to and subsequent arrest for their offence contain very few fine details/particulars of their actions. Despite their length, accounts would be presented as matter of fact, a précis or overview to the offence. Often these were lengthy and strayed off point, often with the minutiae of first meeting the victim explained. In one such account Bill (see lines 701-994) talks at length about how he met his victim and the lead up to the accusation. He presented himself in the account as someone who is respectful and honourable and who married his wife with good intentions. This presentation was similar across participants.

Although participants' accounts served to absolve them from blame, there was ambiguity and ambivalence within some of the participants' narratives. In the following account Neville had been drinking large quantities of alcohol, when he went round to a client's (victim's) house to fix a broken mirror (the victim is an elderly women in her late 80s).

*RSP: I'd woken up and there was all these police around me and I was on her bed, I had collapsed on her bed and I had woken up and she was supposed to have rung the police and cried out rape, so (pause)*

*IV: Right, well the next part of the question was going to be how do you think the allegations came about...*

*RSP: I don't know because, I'd love to meet her again I really would, I'd love to meet X erm to talk to her, to what actually happened. Something happened, I frit[sic] the life out of her erm I do not know what...*

*IV: Do you have no recollection at all...(interrupts)*

*RSP: No, no, no, what the police said to me, I said no that can't be me, if I was supposed to have sex with her and raped her, how would I have got an erection, how would this, how would this of happened I was paralytic, I was over the limit twice, if they did drink driving test on me they said I was over the limit twice (pause). So, I I, do not recall, I just woke up with all these policemen in yellow coats, but when duty solicitor came in he said co-operate with everything and err they did DNA tests and there was none of my DNA on her, none of it not one bit that's why I pleaded my innocence...whatever I did while I was under the influence of alcohol did I raise my voice at her, did I knock her over or did I, whatever did I do, did I, when she came and inspected the job did I pull her on the bed, whatever happened I don't know, I just do not know, but you see I always said to my solicitor am I guilty or not guilty and he said for what we have here on paper work you're not guilty, I said that's fine, that's what we'll go, cos if not I would've put my hands up, but because erm she lied I knew that within my own self that that (sic) wasn't me. **Neville***

This extract from Neville highlights both the ambiguity and ambivalence he has for his offending behaviour. What is striking about Neville's narrative is that he has a detailed recall of events both before and after the offence, but no recollection of what happened at the time of the offence. Before the offence he recalls that he was out drinking a lot with a friend, he can even explain why "I'd seen my son and I was just balling [happy]" and reasoned that "I knew I'd drunk too

much cos I thought I'm not gonna price this job up tonight and I should've rung her". He can then recall after the event and the police interview. Although he is denying the offence (the attempted rape), there is ambivalence in his account. As Neville states, "something happened", he then suggests possible scenarios including pulling the victim on the bed. However, he avoids any negative ramifications to the self or having to address the question of 'what' happened though neutralisation techniques. Firstly, he uses 'denial of victim', there was no victim because he would have been unable to sexually perform, he uses the fact that there was no DNA evidence to support the victim's assertions. It seemed this neutralisation was not enough to allay all the dissonance he had about the offence. An important factor was his solicitor's affirmation that he was not guilty. Neville states that had this not been the case he would have "put his hands up" and presumably pleaded guilty for his offence. There is also an aspect of the neutralisation technique 'condemnation of the condemners' (where the accused labels the accusers as hypocrites or deviants as well). His claim that the victim lied allowed Neville to reject any self-discrepancies and dissonance and assert that he is not capable of such an act.

*Then my barrister said you've lied then, she said if you put it that way then yes I have... you see she's an old lady maybe they thought there must be some truth, but yet they knew she lied. I don't know, I don't. All I know is it was not guilty on rape, I have that in black and white. Neville*

Neville makes the point that the victim lied in court and that he is not guilty of rape (this is accurate as he was found guilty of attempted rape). However, Neville struggles to see how he could be convicted for attempted rape, for him the rape either happened or it did not. While Neville did not have DNA evidence against him, this was not true for all participants. For instance Chad did have DNA evidence against him. There was again the selective subscription to external evidence to bolster their position.

*RSP: I don't like to say you know it's a bit well err she was supposed to have err some small tears in her her vagina and anus, I don't know how that happened though err what does that prove? Err it doesn't prove anything, like I said the last time we had sex it was err a bit you know a bit rough or whatever, who hasn't, you can't sit there and say you've never had rough sex or whatever, it doesn't make you a rapist though, does it?*

*IV: Was there any other evidence?*

*RSP: Well err right this again sounds bad but they said there was bruising on her arms, you know, like she'd been forced I think that's what they were trying to get at err like I'd forced her or whatever... honestly someone doesn't get raped and then goes round and has sex with him later, it's messed up it really is. I mean for an outsider that may get you thinking mm you know something's not right here, but I didn't rape her end of err I mean the bruising right, ok it's wrong but err nobody mentioned this, but she bruised quite easily err you know what I mean. She would, like say if she walked into a table slightly or banged her arm or whatever, now me and you well most people it wouldn't leave a mark, for Liz well she would mark up. Chad*

Chad attempts to systematically neutralise any evidence against him and he uses various strategies to enable him to accomplish this. Chad attempts to normalise the physical tearing suffered by the victim, through explaining it as 'sexual practice' (earlier in his narrative he discussed how often they would have 'rough' sex). It is worth noting Chad's attempt at bringing this researcher into his narrative as an attempt to confirm his beliefs. His statement 'you've never had rough sex...' seems to try and orientate the harm caused in terms of consensual sexual practice. The victim in this sense is denied; because the offence is formulated as a consensual endeavour thus he avoids the stigma of being a rapist.

There's ambivalence in Chad's account in that he knows the bruising is 'wrong' and 'looks bad', but the particulars of the case seem to allow Chad to justify and neutralise any wrongdoing. His case is complicated in that Chad was convicted of rape, which happened earlier in the day, but had consensual sex with his victim later that evening. He uses this to justify his claims of innocence by suggesting that "someone doesn't get raped...", this discrepancy appears to be making it difficult for Chad to recognise his wrongdoing in the transgression earlier that day. He appears confused as to why he is convicted of rape, because if he had raped her she would not have had consensual sex with him in the evening. Though the circumstances, (the victim's emotional and physical state) are not discussed by the participant. The denials from Chad and Neville and their ambivalent and (at times) ambiguous accounting, would seem to suggest that they could benefit from conventional SOTP interventions.

When participants were asked to account for their arrests and convictions their narratives notably shift in the structure. The long, rich accounts of how they could not have done it are

transformed into brief and less abstract accounts. Participants struggled to explain why they had been arrested and later convicted.

*I can't even explain or justify as to why she made this allegation. I have to kinda think to myself was it my uncles ulterior motive did he want her to come to this country get a visa erm live with them they had young err kids which both the uncle and aunty both work in Tesco warehouse on shifts so they were obviously struggling with looking after the kids, was that an aspect? err I don't know. Bill*

Bill is clearly struggling to account for his offence and offers what appear weak accounts for his arrest and conviction. For instance, he insinuates that his uncle may have wanted his wife to come over and get a visa so she could look after his children. Even Bill comments that he cannot explain his situation. In all participants' accounts there is a change from being detailed and focused when talking about the lead up to the accusations, to ambiguous when discussing why the allegations were made against them. Participants spent little time reflecting of their own actions and instead asserted that they were victims of a plot or a conspiracy. Participants were more detailed when asked about the motives of the victim e.g. blackmail, jealousy, but when asked to account for the victims reporting to the police and their subsequent conviction participants' accounts lacked depth.

There are parallels here with deception research, which has examined cues in narrative and behaviour, which are indicative of deception. Vrij et al (2008) and Vrij and Mann (2001) have put forward the argument that lying, especially in high stakes situations (the research interview could be classed as such, as participant is professing innocence to a stranger researcher), increases cognitive load i.e. the offender has to think hard about their lie. As a result Vrij and Mann (2001) found that lying utterances contained more speech disturbances, longer pauses and slower speech. There is some support for this here, there was evidence of more speech disturbances, more breaks and usage of 'erms' and 'errs'. Interestingly Vrij and Mann (2001) have suggested that it seems easier for someone to tell the truth than lie. It could be then, that when deniers are giving rich, detailed background information, that they are being truthful and are perhaps embellishing on their most positive attributes. A study by McCormack et al (2009) asked participants to give two accounts; one a true autobiographical event and the other a fabricated event. They found that accounts of fabricated events were limited in contextual details, interactions (e.g. I met X and then...) and contained spontaneous justifications. In short they

were more likely to be bare bones accounts (McCormack, 2009). Again, such phenomena can be noted in deniers' narratives, participants often gave spontaneous justifications and details were less apparent when discussing the offence. However, it is difficult to infer too much from such research given that the purpose of this section was not to detect deception, but rather focus on how participants' accounted for being convicted.

## **Superordinate Theme 4 - Criminal Justice and Prison Experiences**

### **Losing enhancements - Double punishment**

All participants put forward the view that losing their enhanced status because they were maintaining their innocence was a form of punishment. Participants believed they were being targeted, because they were 'in denial' and as such they were being subject to double punishment. Participants appeared genuinely aggrieved and angry about losing their enhancements, with some using the practice to bolster their own beliefs (e.g. that the system is corrupt and out to get them). There seemed some confusion over the issue, with participants suggesting that enhanced status could be achieved through good behaviour and conforming to prison rules. However this is not necessarily the case. Prison Service Order (PSO) 4000 details that establishments can set the criteria for standard and enhanced privileges providing that it is clearly laid out. PSO 4000 outlines some guidance on the criteria, which may be used to denote an enhanced status such as participating in sentence planning, constructive attitude and a willingness to explore treatment programmes. Given that Whatton is a treatment prison it is unsurprising that addressing offending behaviour and associated attitudes holds great weight. As such deniers can be seen as not addressing their offending behaviour. However, this did not stop most participants believing that enhancements were rescinded for other reasons.

*My view is and in a lot of other people's view is money. If they downgrade 300 people saving £4 per week that's 1200 quid a week, there's 52 weeks in a year that's 60,000 quid near on. To me it gives the wrong vibes for people going out, because it is making a negative vibe to people. Bud*

*I class as bullying from the system here i.e. taking your enhancements off you because you're maintaining your innocence to me that's just a form bullying Bryan F*

*IV: Ok, so in your view does maintaining your innocence in prison have an effect on how people interact with you?*

*RSP: Put it this way it takes on average (laughs) between I'd say between 6-9 months if you're doing your offence related courses and you're obeying the rules to get your enhancements...it took me 2 years and 5 months even though I have papers from Wamsworth saying you're an outstanding prisoner (laughs) exemplary disciplinary record and work record...*

*IV: Were you given a reason why it was taken off you?*

*RSP: Because I'm not, I'm not erm (3) erm I'm not going along with my sentence plan, so I asked for a copy of me sentence plan, then they turned around and said you don't have a sentence plan (laughs) Stef*

Participants felt that the loss of enhancements was coercive, a form of bullying and established for monetary reasons. All participants felt that they were discriminated against because they were maintaining their innocence. Stef's quote also highlights that it appears to take longer for deniers to get enhancements in the first instance. However, given that addressing offending behaviour e.g. going on courses enables offenders to achieve enhanced status, this is not surprising. Moreover given Stef's anti-establishment attitudes, his views may not be representational, though it does appear that losing his enhancements was not due to a failure to comply with his sentence plan.

Most offenders asserted that the practice of taking offenders enhancements was a form of double punishment and that it was contributing to negative feeling amongst prisoners. However, the practice was also galvanising participants' views and seemed to have an effect of bolstering their belief that they are innocent individuals. The adversity of losing their enhancements seemed to be strengthening their resolve rather than it being weakened. It may be that the criteria for rescinding enhanced status may require re-evaluation or clarifying, as it currently appears to be counterproductive. It appeared to be further disengaging prisoners maintaining their innocence.

### **Loneliness and Isolation**

One of the most pervasive themes from this was participants' narratives, of isolation and loneliness.

*Feel? Down, depressed, isolated, I spend a lot of time in my cell don't really socialise I don't wanna know I'm not here to make friends and I won't be keeping contact with anyone, I read a lot. Stef*

*I've never been so depressed in my life Bryan F*

Most participants articulated that they felt lonely and isolated and often participants would restrict their socialisation. This restriction seemed to be generated by wanting to avoid 'stigma by association' (see Hudson, 2005) and so distanced themselves from other sex offenders. It has been found that denying child molesters often hold punitive views of sexual offenders and actively avoid contact with them (McCaghy, 1968). However, the repercussions of the course of action lead to an increase of solitary time, often ruminating in their cell or dwelling on the particulars of their case.

### **Biased Legal System**

As has been previously noted all participants felt an injustice and felt that the legal system was biased against them. Participants felt that they had been convicted on hearsay and conjecture with no tangible evidence. This constricted way of thinking about their experience also seemed to be helping to maintain participants' offence denial and their maintenance of innocence. Five of the participants were historic offenders, convicted many years after their offence. This seemed to entrench their denials. Perhaps the many years following the offence have allowed for biases in their recall or for distorting of events. It maybe that such offenders believe that they did not commit an offence.

Some participants suggested that the jury was biased against them or that the selection of the jury inherently biased them toward the participant.

*IV... I was just wondering why you thought the jury found you guilty on four charges, what do you think happened there?*

*RSP: (exhales) I don't know, I honestly don't know, I mean the only thing I can put it too is that there was seven women and three blokes... I don't know because here's this woman who's been with this bloke for 30 odd years you how emotions can get strapped into the job that's the only thing I can put to it... They were looking for something to find me guilty on,*



*that is my belief and I think now my QC knew this and she said to the judge that this jury is being detective they wanted to find me guilty come hell or high water* **Bud.**

Although the response 'it wasn't a fair trial' was rarely articulated, all participants had some grievance with their judicial process, whether it was the makeup of the jury ("seven women three blokes" Bud) or poor legal representation "he's representing me, it's not fair, he just wanted outta there" (Bryan F) or a biased judge "he got personally involved" (Neville). All participants were unanimous in suggesting that deficits within the legal system contributed to their conviction. Bud claimed that the jury were going to find him guilty come "hell or high water".

*"I feel that when someone has been charged with something like this you've got no chance, no chance, you're guilty"* **Kirk**

*"you get a sex offence you're dead before you've even gone in the water and I've heard this so many times"* **Bud**

All participants contended that the legal system was inherently biased against such crimes and that they were found guilty because of this bias. This was especially prominent in participant's who were related to their victims. However, such notions run counter to the prevailing finding that convictions for sexual offences (notably in rape cases) are difficult to secure and typically suffer from high attrition rates (Thomas, 2005; Kelly, Lovett and Regan, 2005).

## **Superordinate Theme 5: Treatment beliefs and attitudes**

### **Treatment Myths and Rumours**

When first introducing the treatment section in the interview, it soon became clear that participant's had some extreme views about treatment. These ranged from treatment being money orientated and coercive to having no basis to exist because it did not work. What was striking, however, were that these 'myths' were based on enduring rumours and anti-programme sentiment, which seemed to be eroding some of the positive work that the programmes team within the establishment are doing.

*RSP: I mean that SOTP is a load of rubbish*

*IV: Ok, why do you think that?*

*RSP: Well one because the people that set it up are in prison, so, didn't do them any good did it and they set it up. But the other thing is that because to me prison, the minute you walk in that gate you are serving your time you're being punished, now unless there is something seriously wrong with that you want to get out there and do it again, you're sick, you're mentally, physically and spiritually sick, that if you wanna go out there and commit this crime again there is something wrong with you. Neville*

Neville starts by giving his unequivocal view that 'treatment is a load of rubbish' and details the myth partly driving the assumption, that those that created or set-up the SOTP programme are in prison themselves. This highlights just one particular potent treatment myth, with most participants subscribing to one of the various myths. However, Neville's 'myth' only partly explains his views, perhaps more accurately this articulated myth is a front, for his more global belief that you are 'sick' if you go onto commit further crimes and that there's 'something seriously wrong with you'. Neville seems to be implying that he does not require treatment because he will not be going to commit any further offences; in essence he is denying his future risk. His view that 'you're already being punished' serves to negate treatment because he is already doing his time. Several other participants articulated a similar response. For instance Brian stated that he was in prison "for punishment, not to be punished", in essence his restriction of liberty was his punishment.

*if if (sic) SOTP, was the sort of treatment that was like if you went to the doctor and you take a tablet and it forces you or if you break a leg it fixes you. But if psychology that is talking to this people and it's not doing anything for them, then what's the point, you know.*

**Neville**

Neville further challenges the veracity SOTP by claiming that it is not a treatment in the everyday sense of the word and that it is "not doing anything for them". However the basis for Neville's assertion is flawed. As evidence-based research demonstrates that sex offender treatment programmes are having positive effect and are successful in lowering recidivism (e.g. see Hanson et al, 2009; Hall, 1995). It appears that some of the rumours about SOTP treatment are due to incorrect information and knowledge about treatment. It would be interesting to see what effect a more detailed education processes could have on treatment refusal, as denial appears a crucial phenomenon in refusal (OBPU, 2002).

*A few people have said to me don't go on it, it perverts you and err you'll never be the same again; it messes with your mind. Chad*

Chad's treatment myth seems more ingrained in the populist mythology of psychological intervention, it 'messes with the mind'. The view that treatment will irrevocably change the person from who he is now must seem a great sacrifice, particularly if their offence denial is enabling the construction of a viable identity. As was highlighted in chapter 4, this myth is not just exclusively located with the offender population but with some of the prison officers too "it turned him into a proper mong" (Harvey). There appears to be the need for systematic educating of the goals of SOTP and a need to demystify psychological intervention within prisons.

*listening to people who've mucked about with with (sic) kids, now I'm not being funny, I'm being genuinely honest and I'm sitting there thinking hang on you've got a person there stating that he's meddled with so many, whatever, children and here's me got a certain amount of years for trying to plead my innocence and this person is admitting to mucking about with children and only getting a 5 years for children, it's so. I think I'd feel really down in the dumps with that, I mean I've already got a weak heart, I mean the stress would be astronomical to think what I'd be feeling...me standing in front in a course like that and mixing with people like that will not be good for my health at all, I think the doctor would agree with that, I wouldn't be able to take the stress for that, I would feel stressed out, it'd make me feel iller (sic) then I what am now Bryn*

Bryn claims that he would not participate in treatment because of the detrimental effect it could have on his health. However, it seems like the underlying reason for this is because he does not want to associate with 'sex offenders'. He evokes the stereotypical image of sex offender as someone who has 'mucked about with kids' and that 'mixing' with such people would cause stress and further ill health. Throughout his interview it was clear that Bryn did not like associating with sex offenders and use various distancing techniques (see Hudson, 2005) to ensure that he maintained the image (at least to himself), that he is qualitatively different to such offenders.

## Positive Aspects of Treatment

Not all treatment beliefs and attitudes were negative; indeed Brian had completed the SOTP (based on a previous offence), ETS and the A-Z programme and felt he had benefited from the programmes.

*RSP: To be honest with you if I hadn't done the SOTP I wouldn't have all the strategies in place for stopping reoffending, you're innocent and you haven't done it, but the strategies are there it covers your back your OM's back saying right there you go, err your going out and family brings the kids with you you (sic) think hang on a minute, oh there's adults so that's ok I've got to be with other adults when with them them. Oh I'm just nipping out, right "can you take kids with you"? You've got to put yourself in strategies where you don't put yourself in that position, same as lets be honest if your going out and your going to town you don't go at 3 or 4 when kids are coming home from school you look at differently now than you would have done before, ah I'm going out I'm going to the pub, oh hang on (makes "bumpth" sound) I've seen you on bus with a load of kids ooow "hang on a minute", before you have to stop and think about it put your strategies in place where I'm going at this time that time or whenever, move about, I'm going for job - are there any U18's that work there? School experience come in this day, you take it to probation can I go for this job work experience coming in U18, oh that's fine we know about it. Whereas before go home and get a job you don't think...*

*IV: In terms of the other guys on the course did they get out similar things?*

*RSP: Yeah I think, it gets you very emotional because your going back over a lot of things they, you know, they've done and everything. It brings to life what they've done and everything and you can tell the genuine people who wanna changed and you get other people who are thinking about their victim when they get out. Its, its, its these individuals are the doing, you know, I've known people sit and plot what they are gonna do when they get out, yet they've done the SOTP course, but they're still plotting for when they get out.*

The use of the subordinate clause 'if I hadn't done the SOTP' positions the account for its positive evaluation 'I wouldn't have all these strategies in place'. Indeed the strategies Brian feels he has gained through treatment are regarded as positive and will reduce his chances of reoffending. It is interesting to note how Brian's use of 'I' as in, 'I wouldn't have these strategies in place' orientates himself as the subject, it will stop him reoffending. There then immediately follows narrative repair 'you haven't done it', to deflect attention from himself as the subject.

This use of repair here essentially 'polices' his account in line with his presentation of an innocent man (Auburn, 2005, 2006, Auburn and Lea, 2003). Brian then outlines the strategies, which are essentially avoidant goals (see Mann, Webster, Schofield and Marshall, 2004) and procedures that will minimise his chances of being 'put in that situation again'. Despite doing the SOTP on a previous (much less serious) sexual offence, it is clear that that Brian has at least the recognition of how to minimise the chances of being put in this situation again. This has clear links to the treatment debate on whether deniers should be allowed onto treatment or whether their offence denial should exclude them from participation (this will be expanded in the discussion section). Brian's narrative would seemingly support the contention by Marshall et al (2001) that treatment targets can be identified and addressed without offence disclosure.

Brian makes an astute point, one again, which has ramifications for the treatment process, with his comments about offenders who plot their next offence despite SOTP completion. One of the arguments against putting deniers on a SOTP programme is that they will not engage or be able to understand and develop strategies to reduce reoffending. However, as Brian highlights (indeed not just Brian this was also articulated by post-deniers) some offenders simply 'pay lip service' but have no intention or desire to change. This surreptitiousness is difficult to spot and challenge, particularly from an offending group adept in deception and one that has learned to live (often for years) by leading 'double lives' (Salter, 2001). The benefit with total deniers in this respect is that the denial is expected and while it may not be malleable it may recede over time. Indeed giving such offenders the face saver of 'how to avoid being in these situations again' may mean that participants are receptive to such interventions. While this may constitute a form of treatment by-proxy. Brian's testimony at least demonstrates that he has retained the talk of treatment.

In terms of treating deniers, Brian's (below quote) has relevance for this controversial issue.

*You see I have all these barriers up, now it's up to you to get round them, if you run straight at it then it's like hitting a brick wall, you'll just smack into it, but you can go around...it's up to you to be creative and go around and not straight into it. If you can get round the barrier the other barriers are smaller, you know what I mean? Brian*

In some ways this quote appears a partial admission; however such a conceptualisation would seem to miss the point. It appears that Brian is trying to articulate how to implement an

intervention with him. His barriers, his denial needs to be circumvented rather than overcome. If challenged or any attempts to smash through his denial, it will only be met with resistance. Piloted deniers programmes have advocated a one step removed approach (see Marshall et al, 2001, Roberts and Baim, 1999), which seems to offer more to this populations than confrontational approaches geared towards them taking responsibility. Brian's quote does imply that, at least initially, the onus is on the therapist to get around the barrier, which suggests low motivation for change. However, this is to be expected in therapeutic communities, particularly in the early stages. Brian quote also conveys an image of game, he is the gatekeeper and it is up to the therapist to open the door. The sentiment of his extract is something akin to Kelly's (1955) oft cited quote that 'if you want to know what is wrong with someone, ask them they may just tell you'. Brian is telling us what to do in terms of implementing a psychological intervention with him. He also states that once one barrier has been negotiated the others are smaller and will not be as resistant to change.

Some participants had completed the ETS programme and all had positive comments for the course and all felt the course had been beneficial. All participants that had completed the programme all felt that it had made them more aware of their thinking styles and how they reacted to things in the past and the consequences of certain ways of acting.

*IV: So, you went on ETS, how did you find that?*

*RSP: Beautiful, very good...Erm, the way they explained it, right, 'perspectives' – I'd never heard that word, never heard it...*

*IV: Now what do you think you gained from it*

*RSP: Stop and think*

*IV: Mm*

*RSP: And self talk, talk to myself over situations, there's things that, before I was in prison, to me I'm like a bull in a china shop* **Neville**

Neville suggested that the ETS course had a positive impact on him; he gained an increase in perspective taking and consequential thinking, something he did not previously possess. He claimed he was impulsive and did not think things through (like a bull in a china shop). Interestingly Bud seemed to be using some of the strategies he used from the ETS programme to explain his victim's actions. Thus it seemed to be reinforcing his denial, as it allowed him to try to make sense and reformulate his actions.

*Stop and think all the abbreviations we used the ABC, the activator, beliefs and consequences err a lot of the stuff from the ETS is what I believe I've used all my life, its just cemented it for me that I've been on the right road... It's given me insight and all this, like with my offence was the activator jealousy, me getting fit leaving her behind type thing was that he thinking, did she err now believe I was gonna leave her so she thought she'd sting me first was that in the thinking, I mean we'll talk about this more in a bit I'm sure, but it makes you think doesn't it, the ABC has helped with that **Bud***

Bud perceives that the strategies he learnt from the ETS course were strategies, which he already had in place and they confirmed to him that he had been on the right road all his life. He uses the ABC model to try and explain his victim's behaviour, but in a way that validates his own position. It maybe that deniers, or rather some deniers, selectively attend to the information they want to believe about themselves thereby bolstering their own view of themselves.

#### **Treatment Motivation**

It is generally perceived that deniers would refuse to participate in a group SOTP programme if they were allowed to participate. However, in the interviews with total deniers half of the sample claimed they would be willing to go on treatment. The motivation for going on such courses was extrinsic i.e. if was for external rewards such as looking good for parole or demonstrating progression and not for dispositional motivation i.e. wanting to change.

*IV: What about if you could go on an SOTP programme, would you go on?*

*RSP: But I wouldn't be able to, what would I talk about, but err say if I could, I probably would, just cos I got on alright with ETS and I know how it works, I know they look good for parole and that lot (pause) **Bryan F***

*Though saying that I know it looks good and people say you know it'll benefit you and all this, sometimes you gotta do things you don't wanna just get from here to there, but it won't change me, I'll do it but I'll be pleading my innocence it'll just be for parole and things like that you know **Chad***

*I would like to do an SOTP just to see how it works, that's being an inquisitive mind **Bud***

There was a consensus among participants that going onto treatment would be good for parole and good for progression through the system, but all were adamant that it would not change them. Bud and Chad, however, seemed more ambivalent about treatment; they were worried how it may look for them (i.e. would it convey an image of a guilty person). While Bud states an intrinsic reason for wanting to go onto treatment he does comment that if he did he would not "be able to look at himself in the mirror". This image of being able to look at oneself in the mirror seems an apt metaphor for deniers; being viewed or perceived, as a sex offender is a status they try their utmost to avoid.

While half of the participants claimed they would not participate in an SOTP programme under any circumstances. These participants can be classed as having no motivation for treatment, as 1) they do not perceive themselves to require treatment and so reject it and 2) are not willing to enrol on a programme. In line with previous analysis reasons given for not wanting to participate range from suggestion they have no problem (because they have not done it), to the subscription to treatment myths or how they would react on the group.

*I couldn't sit on one of these SOTPs and sit and listen to err I've been told stories by boys that have done it. I don't know if it's true or not, but what people have said that they've done to kids, I'd be diving over the table and grabbing them, I would, I'd just explode and say you dirty bastard. This is what hurts, I'm getting classed as someone who has done that and admitted they've done it* **Kirk**

*No, I don't wanna do no treatment with sex offenders, I never did that to nobody* **Clint**

Kirk contends that the accounts from those in treatment groups would provoke a violent reaction from him. His use of the word 'explode' seems to highlight a frustration and a want to lash out; this fits with his hurt of being classed as a sex offender. It is clear from Kirk's short extract that he despises being viewed the same as sex offenders and that he views them as 'dirty'. His lack of motivation for treatment may stem from this and the want to convey an identity in opposition to such offenders. This reoccurring notion appears important and surfaces at numerous points in all interviews. Clint's treatment refusal seems more clear cut "I never did it", though his preceding comment orientates his refusal in terms of not wanting to do it with sexual offenders.



Reflecting on the experience of interviewing sexual offenders in denial it became clear that there were things that could adversely affect the research interview. These would appear transferable to clinicians doing rehabilitative work with deniers. There were a couple of rare instances when participants became defensive because they felt challenged. When this occurred participants became resistant. This reinforces the contention that work with deniers should be non-confrontational if it is to be constructive. It also appeared that deniers did not just deny their offence, but denied having any problems in their life, some participants seemed to have an over-idealised view of self. Interestingly Haywood and Grossman (1994) have found that sex offenders in denial also denied or minimised psychopathology. Indeed in interviews here when participants were directed to think about how they became arrested and later convicted of a sexual offence, most participants could not identify any problems or wrongdoing, They essentially denied they had any problems whatsoever (Marshall, Serran, O'Brien and Marshall, 2009).

## **Discussion**

It appears apparent from the analysis that denial can be thought of as a cognitive, social, discursive and relational phenomenon, though it would be rendered meaningless without language or more broadly communicative action. As can be noted here, denials can perform face-saving manoeuvres and can work pre-emptively to present the self in a positive light and mitigate against accusations (van Dijk, 1992). The analysis here has highlighted a number of important findings; it has illuminated aspects of participants thinking styles (cognitive), it has highlighted participants' desire to cultivate desirable identities (social/relational), participants' constructions and formulations of their offence accounts (relational and discursive), as well their beliefs and attitudes towards treatment and the criminal justice system. This study represents the first holistic rigorous analysis of deniers' narratives.

The chosen methodology was crucial for this study. IPA is a flexible approach and one which emphasises different levels of interpretation, from descriptive empathetic analysis which are characterised by attempting to stand in the participants' shoes, to a more critical approach which probes accounts in ways that participant's maybe unwilling or unable (Eatough and Smith, 2008). Using IPA allows researchers to ask critical questions such as what is this person trying to achieve here? Is something leaking out that wasn't intended? Do I have a sense of something that's going on that participants are less aware of? (Smith and Osborn, 2003). While IPA shares similarities with discursive traditions such as the notion that socio-cultural and historical processes are pivotal to

how we understand and make sense of our lives. However IPA believes that when people account they are doing more than drawing on culturally available stock of meanings. People may want to achieve a host of things such as to save face, rationalise, persuade, which transcends the specific local interactions (Eatough and Smith, 2008). For instance in this study there is perhaps little doubt that participants' denials are due, in part, to their experience of the world and the socio-culture situation of that world. As Hudson (2005) contend sex offenders do not live in a hermetically sealed vacuum but are fully aware of the vociferous public indignation they face. Thus their accounts are part of a historical and culturally located discourse that has consistently seen sex offenders as irredeemable monsters (Gavin, 2005). Though this is more than a discursive representation, but one, which has personal resonance for the individual and their life world. Indeed one of the most striking findings from this analysis is the desire of the participants to cultivate desirable identities. Not only was the label 'sexual offender' rejected, but, the moral 'normal' identity was posited in its place.

The superordinate theme of 'mindset' appeared to demonstrate that participants have a constricted way of viewing their offence, with some participants' displaying grievance and suspicious styles of thinking. This style of thinking coupled with the desire to appear qualitatively different from sexual offenders meant that many of the participants did not integrate with others and consequently their feelings of isolation and loneliness were exacerbated. Another important finding was that participants were explicit in their attempts to distance themselves from other sexual offenders. It has been argued that the biggest challenge for those who have been labelled deviant is to manage their identity in interactions with others (Goffman, 1963; McCaghy, 1968). If the label poses a threat to interaction, then it poses a threat to one's self and so an individual will attempt to take measures to cope with the situation through a process of 'deviance disavowal' (see Davis, 1961). This process allows for a viable identity to be maintained and for a 'normal' identity to be presented (McCaghy, 1968). As McCaghy (1968) points out a fundamental aspect of presenting an identity as normal is to distinguish oneself from others who are labelled deviant. Thus the deviance disavowal should not only pertain to the deviant behaviour (sexual offending), but to the actor as well. Deniers are then likely to have intolerant attitudes towards others who have committed a similar offence (McCaghy, 1968), which is consistent with the findings here.

One striking finding in the participants' narratives was their ability to systematically neutralise any information that would counter their position or threaten the self. Their seemingly global belief that they did nothing wrong, that they are good moral persons incapable of such

acts enabled participants to avoid any shame or guilty from their transgression(s) (at least observably). The crux of neutralisation theory is that despite offending, offenders maintain a strong connection to conventional society and are interested in maintaining an identity of a good person. To reconcile their offending with a desired self-identity offenders use neutralisation techniques – pre-emptive self talk justifications – to assuage any feelings of guilt (Sykes and Matza, 1957; Topialli, 2005). Maruna and Copes (2005) propose an updated version of Sykes and Matza's (1957) neutralisation theory by extending the theory to encompass contemporary literature on explanatory styles, self-presentation, excuse-making, locus of control, narrative psychology and attributions. Maruna and Copes (2005) argue then that the utilisation of neutralisations i.e. 'doing' neutralisations represents the outwards manifestation of an individual's self or narrative identity. A narrative identity can be understood as:-

*"an active information-processing structure, a cognitive schema, or a construct system that is both shaped by and later mediates social interaction. People construct stories to account for what they do and why they do it. These narratives impose order on our actions and explain our behaviour with a sequence of events that connect up to explanatory goals, motivations and feelings"* (Maruna and Copes, 2005: 33).

In this way participants' accounts are not impassive or value neutral but attempts to construct and convey a narrative identity, one motivated by how they want others to perceive them. This goes beyond Sykes and Matza's (1957) assertion that techniques are learnt to circumvent norms and values or moral imperatives and instead recognises the importance of the consequences deviant actions can have on a person's self image or concept. This indeed has particular relevance here as deniers verbalisations could be understood as allowing a quantum shift from internal dispositions to external structures, thus their offence(s) is blamed on external events/circumstances for their predicament. Indeed as will be expanded on later in this analysis all participant's are able to avoid any shame or guilt by blaming their offence on the victims motives and actions e.g. "it was a conspiracy to get me out of the way", "the victim was jealous and wanted me gone".

The participants' mindset could also be influenced by their subscription to particular implicit theories or other cognitive biases (this is expanded below). It is interesting to note, however, that analysis of post-deniers narratives suggest that those who have overcome denial make sense of their circumstances through wanting to make amends, desire for a second chance

and wanting to be redeemed. An important factor for the transition out of denial was the 'want to change'. This desire to change was internal and although influenced by situational and contextual factors, it came from within the offender (Blagden, Winder, Thorne, and Gregson, in press). However, deniers in this study were not at the point of wanting to change and were still focused on maintaining dispositional equilibrium. In stages of change terms they are precontemplative and so do not recognise or do not want to recognise that they have a problem (Prochaska and DiClemente, 1983). Participant's employed narrow and constricted forms of thinking and frequently used neutralisation techniques to avoid any pangs of guilt.

### **Implicit Theories, Stability and Change**

As noted in the analysis participants seemed to be presenting stability narratives i.e. they are people of steady moral character, good people who have been wronged (Presser, 2004). In a sense they have always been of this character, they possess these stable traits. While they may view their past self (out of prison) as happier, the core attributes (those vital to self definition) remain the same. While this has been noted in the narratives of participants there has been no real discussion as to what may generate this position or how the underlying mechanisms may affect their denial or vice-versa.

Implicit theories have been said to structure the way we understand and react to human activities and outcomes (Dweck, Chiu and Hong, 1995). Dweck et al (1995) distinguish between two types of implicit theories; entity theory and incremental theory. Entity theorists tend to understand outcomes and actions in terms of fixed traits i.e. "I failed because I'm stupid". Whereas incremental theorists do not view behaviour as wholly contingent on traits and instead tend to understand outcomes and actions as specific behaviour or psychological mediators "I failed because of my effort". It has been found that incremental theorists have better coping mechanisms, and more likely to take remedial action following poor performance (Hong et al, 1999). Thus implicit theories set up and provide the psychological context within which attributions occur (Hong et al, 1999).

Recently the concept of implicit theories has been applied to sexual offenders (see Ward and Keenan, 1999; Ward, 2000; Gilchrist, 2009). The approach as applied to sex offenders, states that offenders over time have developed a number of theories about how the world works and employ these in their expectations of themselves, others and the world (Gilchrist, 2009). As implicit theories are rarely articulated, but strongly held beliefs (Dweck et al, 1995), they differ from conscious thoughts and so operate at the unconscious level guiding cognitive processes

such as encoding, storage and memory retrieval (Gilchrist, 2009). However, an understanding of these underlying processes can be vital if we want to understand the sense making of particularly offenders and the mechanisms underlying offenders' beliefs e.g. 'sexual entitlement' and 'children as sexual beings' (Ward and Keenan, 1999).

Understanding the participants' implicit theories in this case may not only highlight something important for understanding their offending behaviour, but may help explain the mechanisms that hold together their denials. Ross (1989) argues that how we make sense of our personal histories, thus how we make sense of our lives 'now', is rooted in our implicit theories of 'stability' and 'change'. Implicit theories of stability are important for our unitary and stability of the self. Much of our personal identity is derived from the perception of temporal consistency or sameness. However there are times when people witness an alteration within themselves, people maintain their personal identity by subscribing to the view that the 'new' self has emerged from the past or 'old' self. Ross (1989) uses the example "I am better teacher today because of experience". If we transpose the notion of implicit theories of stability and change to deniers, we can note that deniers seem to be subscribing to stability theories. Their accounts, indeed their views of themselves, are ones of stable roles 'good father', 'decent hardworking man', 'moral' and roles consonant with their past selves. Ross (1989) found that the concern for favourable self-evaluation influences the tendency to view oneself as stable. This further links to participants' narratives, as conveying desirable and favourable identities was important to the participants.

It is interesting to compare the possible implicit theories driving participants' attributions and accounts. For instance, it was argued in the post-deniers chapter that participants wanted to make amends, to be redeemed. It was argued that they had supplied themselves with 'redemption scripts' and wanted to make reparation for their past behaviours. This broadly conforms to an implicit theory of change, people subscribed to this theory for reasons of self-improvement, which can enhance self-esteem. Similar to the stability theory, this theory is invoked in order to construct preferred images of themselves. Thus post-deniers positive accounts of change and the treatment process may be due to a desire to want to make favourable self-evaluations or due to a belief that they have changed following completion of a correctional programme (Ross, 1989). This belief allows the enactment of a 'new' changed self, one who is qualitatively different from the old offending self. This was evident in post-deniers narratives; the 'old' me was rejected in favour of the 'new' me.

## Relational and Reconstructive Selves

While cognitive components such as implicit theories and thinking styles influence the underlying mechanisms of denial, one must not overlook the importance of the context of the denial, in this case the situated context of the interview and the opportunity thus afforded for the construction and reconstruction of the self (Presser, 2004). The research interview is not an isolated event, 'knifed off' from other experiences, but it is an event in the participants' lives with which they are free to articulate their views and perspectives (something that is not freely available to offenders). The interview creates opportunities for participants to resist problem classifications (sex offender, denier) but also to make claims about social problems they have encountered (criminal justice or victim biases) (Presser, 2004). The research interview then offers the opportunity for self-reconstruction whereby individuals can monitor, update or change their narratives in order to present a particular conception of the self; both to others and the self (Smith, 1994). Indeed all participants presented selves as decent, moral and respected individuals who are the real victims, victims of jealousy, rage or circumstance. Participants were active in their construction of an everyday real self, one that was not an offender. The interpersonal context of the interview allowed for the 'business' of denial to get done and to allow participants to construct (and perhaps enact) desirable identities.

It has been suggested previously in this analysis that participants were 'performing' roles or enacting certain identities when accounting for their actions. This point, however, requires expansion in order to understand why participants may account or act in certain ways. Like Goffman (1959), Harre argues that social beings are like actors on a stage, playing different parts (performativity) and learning the scripts by which these roles must be played (Burkitt, 2008). Such roles are not arbitrary or without consequence, but contribute to our self identity and it is through the performing of these roles that we acquire a social resource that can be used in our everyday activities and in our accounting for such activities (ibid). Thus we speak in order to create, maintain, reproduce and transform certain modes of social and societal relationships. An account then, such as the ones presented here, are not just descriptive or objective statements to be taken as true or false, instead imputed within them is an 'action' a goal against situational consequences of questioned conduct (Shotter, 2007). They perform social action through their rhetorical properties by serving to persuade, influence, and misdirect the interlocutor. They also facilitate the enacting of the 'moral' and good self and can promote self-esteem and self appraisals (Harter, Waters and Whitesell, 1998).

Important to the notion of relational self is the work of Mead. For Mead (1934) the self can only come into being when it becomes an object to itself, this occurs in the social interaction or activity, which the person is implicated. In this way "the individual experiences himself as such, not directly but only indirectly, from the particular standpoints of other individual members of the same social group, or from the generalised standpoint of the social group as a whole to which he belongs" (Mead, 1934: 138). Individuals enter their own experience not from the self directly but instead from being a subject to themselves. Thus they "first become and object just as other individuals are objects to him and his experience" (pg, 138). Mead would thus argue, "we are more or less unconsciously seeing ourselves as others see us" (pg, 68). However, an awareness of this enables individuals to manipulate the situation, to present themselves in more desirable ways in order to boost the appraisal of the self. Indeed individuals, when forming self-appraisals, internalise their perceptions of approval or support from others (Harter, Waters and Whitesell, 1998). Similarly Higgin's (1987) self-discrepancy theory states that individuals are motivated to align their actual self with both their 'ideal' and 'ought self' (this will also be examined more closely with repertory grid in the next chapter) to enhance their self-concept. It is the self-concept discrepancies that motivate behaviour and attitudinal change (Higgins, 1987; Topialli, 2005).

It may seem obvious to point out, but undoubtedly much of how denial gets done is through social interactions with others (van Dijk, 1992). In this setting it appeared that participants were keen to impression manage their accounts, to produce socially desirable responses and to portray a moral and everyday self. There also appeared the use of more sophisticated discursive strategies i.e. discursive repression (Billig, 2006; 1999). For Billig (2006; 1999) language can be both expressive and repressive. Billig argues that instead of repression and denial signifying inner psychic properties, they are instead social practices and located in social interaction. The way the narrator shifts focus or evades or changes the subject and how this response is positioned can all signify discursive repression. In most research on denial, the relational aspects have been overlooked, with the situation in which the denial is done taken for granted. This perhaps points to the domination of quantitative research on the phenomenon as applied to sexual offenders, which neglects the context, form and interactional properties of denial.

An understanding of the relational and reconstructive properties of denial is important for understanding denial in sexual offenders more fully. It also raises some critical issues for

considering denial as a potential risk factor. As has been highlighted here, all participants wanted to demonstrate a decent and moral self. It may be that through rehearsing such roles, by enacting them in social settings, participants may come to 'live' them, believe in them, because much of their self-identity is tied into such roles. In such cases it could be that denial serves as a protective factor against recidivism. This argument may seem controversial and is at odds with the perspectives of professionals in chapter 5 who believed that denial was related to risk and that leaving denial unchallenged "just seems risky". However, denial's relationship with recidivism is unclear. Hanson and Buissiere (1998) and Hanson and Morton-Bougon (2004) found denial to have no relationship with recidivism. Recent research has been equally confusing, Nunes et al (2007) finding recidivism is related to low risk (incest, but not unrelated) sex offenders. Langton et al (2008) found that the presentation of denial post-treatment in high-risk offenders was associated with increased recidivism. Perhaps most controversially Harkins, Beech and Goodwill (2010) found that high denial was a protective factor for high-risk offenders, with the inverse found for low-risk offenders. They contend that high-risk offenders who do not deny their deviant and non-deviant sexual interests may feel that there is nothing wrong with committing sexual offences.

It may be that Harkins, Beech and Goodwill's (2010) findings have some qualitative support here. Participants in this study distanced themselves from sexual offenders and the label 'sex offender'. In doing so they are distancing themselves from past behaviours and past transgressions (even if not openly admitting to those transgressions). Through presenting 'desirable selves', wanting to maintain family support, kinship and friendship ties, offenders may 'live' up to their presentation. In this way offenders may be subscribing to something that is akin to a 'redemption script' and so distancing themselves from past selves (Maruna and Mann, 2006; Mann, Hanson and Thornton, 2010). Mann et al (2010) hypothesise that denial may be a protective factor for offenders demonstrating positive behavioural change in other areas (e.g. cooperative with supervision, avoidance of high risk situations), but increase risk for offenders committed to deviant lifestyles or criminogenic influences. The difficulty is getting to a measure of how one can ascertain who are committed to behaviour change vs. those committed to maintenance of deviant lifestyles. What is clear from this chapter is that, while participants promotion of moral/decent selves may be protective, offenders also demonstrate risk factors that can be targeted without offenders having to admit their guilt e.g. grievance thinking. Indeed there is a great deal of effort from clinicians in attempting to overcome denial and increase motivation for treatment. Harkins, Beech and Goodwill (2010) have argued for research evidence



to clarify whether factors routinely addressed in treatment actually function as treatment providers presume. This is unclear at present, however research has shown that dynamic risk can be targeted and treated without admittance (Ware and Marshall, 2008; Marshall et al, 2001). It may be that those presenting 'self' as participants here, coupled with treatment components that target deficits, may further decrease risk.

### **Denial and Post-Denial Narratives: Rebirth, Redemption...Reticence?**

The two analyses of denial (this chapter and chapter 4) provide an interesting point of comparison due to both occupying different levels of the denial spectrum. Such comparison may further highlight differences in 'mindset' and 'outlook', but will also provide a basis for comparing narrative construction and identity.

There was a sense of identity metamorphosis (see Robinson and Smith, 2009) (in essence becoming a new me) in the narratives of post-deniers. In narrative storytelling terms, the post-denial participants seemed to be engaged in a 'rebirth' plot, whereby the individual begins in an adverse setting and through various plots twists and turns becomes a 'new' person. This transformative episode (or rebirth) has been found to occur during and after traumatic events and related to identity transitions (Robinson and Smith, 2009). This identity metamorphosis has been linked to redemptive episodes where the negative past is reconstrued as a positive as it has led to the transformation of that person (McAdams, 2006). This narrative construction was seen in the post-denial participants, there was a reflection of the 'me now' being a product of the recognition of the failings of the 'old self'. In essence they recognised themselves 'now' as qualitatively different from the past self, they are no longer that person and so are reborn into the 'new me' where hope, future possibilities and an optimistic future exist. In each of the participants there was a desire to change and to show the 'new me' was different; they wanted to be redeemed in the eyes of loved ones and wider society and seemed committed to this. This creation of 'new me' or new narrative identity gave participants an optimistic outlook and a belief that they will not offend again.

Personal change, identity transformation and assigning oneself new core roles and beliefs is not an easy thing for someone to do, such transformations can be uncomfortable and liable to cause feelings of anxiety and fear. Transformations in ones identity require people to make substantial and at times global shifts in one's self-understandings, as well as requiring significant

effort in renegotiating interpersonal interactions (Veysey, Martinez and Christian, 2009). Goffman (1963) emphasised this struggle particular with regard to stigma and stigmatised individuals. He contends that the issue for the stigmatised individual is how they manage that spoilt identity in interactional and interpersonal contexts. One possible way could be to deny or disavow that identity and present oneself in a different light. Offenders in this chapter could be using impression management in order to present oneself in a positive light. Thus by presenting that identity the offender is able to avoid identity transformation and core role change (Kelly, 1991) and instead enact their preferred identity.

While post-deniers in chapter 4 seemed to have 're-storied' their lives and now view themselves as qualitatively different from their past selves, deniers seem to be making sense of their current self in relations to their old self. For instance deniers seemed to view self now as similar to their old self, a person of good character and moral standing. As has been noted there are different explanations as to why some individuals maintain their innocence while others do not. The first and perhaps most obvious is that the offenders may be innocent. The criminal justice system is not an infallible system and miscarriages of justice occur. It has been argued that the CJS's adversarial system is rarely a quest for the truth (Williamson, 2004) and so there will be wrongful arrests and to a lesser extent convictions. However, these are likely to be extremely rare, especially given the complexity and low conviction rates of sexual offences (Harkins, Beech and Goodwill, 2010; Thomas, 2005). This can be especially noted for the offence of rape where conviction is around 5% (1:20) and where attrition rates are high (Fawcett Society, 2008; Kelly, Lovett and Regan, 2005). The second is that denial should not be seen as a maladaptive trait, as denial and deceit is somewhat ubiquitous in human beings (Livingstone Smith, 2003, Saxe, 1991).

The third position is that denial may represent that the offender is not ready or does not want to change. There are benefits to denial in that it may help some offenders 'get away with it', as conviction of a sexual offence is usually from victim testimony. Thus, for some, denial will be a cost-benefits analysis where the benefits of staying in denial are pitched against the negatives. However, the implicit theories in the narratives of the participants (in both this chapter and chapter 4) appeared different. Deniers' accounts seemed to conform more with stability theories. It could also be speculated that deniers may be more likely to hold 'entity theories' (Dweck, 2000) and so make sense of things in relatively stable terms. To admit to an offence will mean they are a 'sexual offender' which they may perceive as a fixed phenomenon

forever assimilated into their core identity. The post-deniers seemed to be conforming more to incremental theorists, they were aware and deeply ashamed of their actions, but believed that such actions did not define them (in essence they saw themselves as good people who have done bad things). Thus they did not see themselves in concrete terms i.e. sexual offender. Participants in chapter 4 may be showing how they've adapted to admittance.

## **Practical implications**

The participants here have seemingly enunciated underlying grievance thinking and the desire to construct a viable identity. The implication here is that any challenge of their position/account will be met head on and will likely lead to confrontation. While strategies like motivational interviewing may have some benefit, clinicians need to be mindful of the deep suspicions held by these offenders towards offending behaviour programmes. Perhaps the first step with treating this population should hold no direct clinical value at all; instead it should be based on rapport and getting to know the person and their particular way of construing events. This way of initially working with deniers was highlighted in chapter five, particularly the participants Pete and Igor. This approach will do much for dissipating the spectre of 'psychological mysticism' within the establishment. This way, interaction would likely be construed as person-person, rather than psychologist-person. Indeed recent research evidence has emphasised the role of the therapeutic alliance in success therapy (see Serran, Fernandez, Marshall and Mann, 2003).

This research would agree with Yates (2009) that the treatment of denial should initially attempt to determine the function the denials are serving for the offender. This research also supports assertions from Beech and Mann (2003) and Yates (2009) that a more sophisticated approach with this population would be to identify and modify underlying schemas or implicit theories, rather than focus on the content of the process i.e. cognitive distortions. Yalom (1991) has argued that rarely is the content of what people articulate of primary importance, but the process by which they came to articulate such accounts (i.e. their implicit beliefs). Kelly (2000 a/b) has challenged the traditional assumption that high levels of clients' openness is essential for therapeutic success and instead offers her self-presentational view of therapy. She contends that it is acceptable for clients to reveal themes as opposed to details about their problems this way the content of denial is not the target but instead the underlying assumptions and schema generating the denial. It may also be the case that an understanding of the interpersonal context in which denial is 'done', its communicative and metacommunication processes (Jung, 2004),

may be potentially enlightening for those dealing with denial. This way denial does not become the organising principle in which work with such offenders is based.

It has been established that deniers here were concerned about presenting a desirable identity and as a result of their desire to portray and enact their identities they often rejected and shunned other offenders, leading to increased isolation and feelings of loneliness. There is thus a need for deniers to integrate better within establishments so as to erode the "I'm not a sex offender", "I'm not same as you" mindset. The findings here would suggest, in line with previous recommendations, that deniers should not be segregated together, as this only serves in allowing such offenders to collude and reaffirm their beliefs. Instead every effort needs to be made in integrating deniers with other prisoners in order to break down the divide. More social interaction with other offenders could also have the effect of breaking down deniers own barriers and enable them to see past the label sex offender.

What was unanimous within the sample was that taking away people's enhancements was having a deleterious effect on the population, who saw the process as a 'double punishment' and coercive. This process also seemed to have galvanising affect on the population as it served to legitimate their status of 'being' wronged and made them more resistant to engage with the establishment in terms of treatment. Indeed because they have adopted a stance of being wronged, further experiences that conform to this schema will be interpreted as "they are out to get me, to break me down" and further bolsters their position of defiance and righteousness. While the policy implemented by the prison may not have been designed to be coercive or a form of punishment, that was the perception. The process may have benefited from greater clarity and transparency particularly as some participants were aggrieved because they were enhanced and had complied with their sentence plan.

If the implicit goal of practice is to try and change deniers' mindset and get them engaging in treatment through avoiding an uncomfortable existence, then it appears misguided and requires rethinking. Motivation and engagement can only occur with this population if punitive measures are relinquished in favour of one's built on trust and rapport (Northey, 1999). This approach will aid in demystifying treatment and allow positive intervention to be realised. In this study half of the offenders would have done the SOTP programme, those that would not were ambivalent and cited treatment myths and attitudes based on conjecture as to why they would not do treatment. Over half of the participants had done some form of treatment including ETS,

with all participants citing positive aspects. This would seem to run counter to the established notion that deniers are untreatable and unwilling to participate in treatment. However, it should be noted that the participants who would do SOTP all cited external motivation i.e. not for self-betterment but rather for increased chance of parole or to progress through the system lower their risk and get D category status.

## Chapter 7

### **Making sense with sexual offenders maintaining their innocence: The practical utility of repertory grids**

#### **Introduction**

The last chapter focused on the interpretative phenomenological analysis of participants' narratives. This chapter will expand and elaborate on these accounts by taking a personal construct approach, which utilised repertory grid interviews and analysis. The blending of IPA and repertory grid methodology has proven to be a successful synthesis and has provided rigorous exploration of participants meaning making (Smith, 1999; Roche, 2000; Turpin, Dallos, Owen, Thomas, 2009). In most of the studies using this synthesis the repertory grids have played a supportive role as an adjunct to bolster and validate the findings from the IPA analysis. This chapter seeks to explore the data from both the repertory grids and the grid interviews and demonstrate how they further illuminate and elaborate on findings from the previous chapter. The grids also bolster the validity of those findings, by further elaborating on them. Furthermore this chapter also considers the scope of repertory grids as an adjunct to formulation and assessment with deniers.

There is still a limited amount of personal construct work applied to forensic settings, which is surprising given that such an approach can aid in identifying, exploring and formulating issues relevant to offenders' offending behaviour and idiosyncratic beliefs (Horley, 2008, Mason, 2003, Houston, 1998, Needs, 1988; Shorts, 1985). Indeed one of the primary aims of using repertory grids is to make underlying patterns of individuals thinking more apparent and this has clear benefits for research and clinical practice (Leach, Freshwater, Aldridge and Sunderland, 2001). Needs (1988: 495) comments that in using grids with sex offenders "an important aim of mine has been [the] facilitation of communication and understanding in clinical work". Needs' contention would also appear transferable to the research setting.

This section is split into three parts. The first part considers repertory grids as a way of facilitating meaningful dialogue. The second focuses on how repertory grids can bolster and elaborate on superordinate themes derived from the IPA analysis. Finally this chapter uses two case studies to demonstrate how repertory grids could be used to aid case formulation and initial assessment with deniers, without the offender having to disclose any information about their

offence. This last part has clear relevance to clinicians and supports the assertions by Marshall et al (2001) and Ware and Marshall (2008) that treatment needs can be uncovered and addressed without offence disclosure.

### **Rationale**

The purpose of this chapter is different to the other empirical chapters in that its purpose is to illuminate the utility of repertory grids with deniers rather than to focus on interpretation. Three sections then constitute this chapter.

- 1) **The repertory grid interview** – Most published research using repertory grids neglects the grid interview, with the interview becoming solely the process by which the grid is formulated. However the grid interview is a source of meaningful data in itself (Fromm, 2004). The aim of this section is to highlight its potential use for academics and clinicians for gaining insight into the meaning making of sex offenders in denial.
- 2) **Ancillary analysis to IPA analysis** – Most published studies combining IPA and PCP use repertory grid analysis to bolster and expand findings from the IPA analysis (see the methodology chapter for a justification for synthesising IPA and a personal construct approach. The aim of this section is to use repertory grid analysis to expand upon the IPA analysis from chapter 6. Specifically the repertory grid analysis will focus on two superordinate themes; ‘mindset’ and ‘social/moral self’. These two themes were chosen, as they were the most compatible with the aims of PCP and relate to the construing of participants.
- 3) **The practical utility of repertory grids with sexual offenders maintaining their innocence**– The aim of this section is to tentatively demonstrate the practical application of repertory grids for formulation and assessment of sexual offenders in denial. This section offers two illustrative case studies to demonstrate the applicability of using repertory grids with deniers.

The three aims of this chapter converge to demonstrate the practical utility of using repertory grids with deniers. It has been argued that using grids with this population is an effective way of facilitating meaningful dialogue with the offender, and could aid in the assessment (Blagden, 2010).

## The repertory grid interview

This section aims to highlight the utility of using the repertory grid interview to understand the meaning-making of the participants. This chapter draws heavily on personal construct theory and research in order to explore deniers' positions.

The repertory grid interview can be conceptualised as a form of structured interview (Fransella and Bannister, 1977). This complemented the inherently more flexible semi-structured interviews used in the IPA analysis. It was found that this style of interview was effective with deniers, as it kept them within the parameters of the research study. The semi-structured interview process was could be challenging as deniers can be difficult to converse with, at times they can be defensive, at others they can be over elaborate and whose loquaciousness can be difficult to manage. The structured nature of the repertory grid interview seemed to keep participants focused and appeared to elicit useful information for research and practice.

This section will attempt to demonstrate that the data from the grid interviews can be considered rich and as such should be considered more than just an adjunct to the semi-structured interviews. It has been argued that repertory grid interviews have been neglected as a source of meaningful data with grid analysis weighted too heavily on the content of the grid (Fransella, 2005; Fromm, 2004). The extracts below highlight some of the participants construing and through the elaboration of elicited constructs detail some of the underlying mechanisms contributing to their current stance. The below extracts are from the repertory grid interviews and not from semi-structured interviews which were detailed in the last chapter.

*RSP: ...your life falls apart overnight, it goes from happiness to sheer, how can I put it, it was sheer unhappiness. It's just existing*

*IV: That's interesting you've mentioned that before 'just existing'*

*RSP: I just feel as though in prison, you're just a number, you're blanked out from the outside world, you're a lonely person really, you know, like on the outside erm it's a different environment. Like deep down inside you don't show people your true feelings compared to the way you feel, so yeah, your lonely it's very lonely*

*IV: Ok, there's some really interesting things there, you've mentioned lonely, you feel lonely...*

*RSP: Yeah you feel lonely cos when you come in prison you don't know the particular people you come in prison with, you erm can't show erm (pause)*

*IV: How's this different from when you were on the outside?*

*RSP: On the outside, I feel as though I can breathe on the outside, it's just a totally different world prison, [when] your outside you have your freedom, you can take your dog a walk, you can go out with the wife and kids and different things, it takes everything away, it all stops all of a sudden, you have to abide by their rules. On the outside you have rules, you*



*have the law obviously but in prison you have more extension of rules, like I say I feel I shouldn't be here so that's another thing at the back of my mind, but I just have to cope with it. Bryn*

Bryn<sup>12</sup> is articulating his current affective state, he is not his 'true' self in prison, and he is lonely, defensive and unable to show his true feelings. He is guarded and the environment exacerbates these feelings. In personal construct terms Bryn seems to be displaying anxiety, as he is unable to replicate events successfully and so is uncertain in this anticipation of future events. Anxiety, in personal construct theory, is experienced when a person's construct system no longer applies and so one cannot make sense of what is happening (Lester, 2009). His narrative has resonance for 'psychologically' surviving in prison. The effects of prison have been found to result in some prisoners withdrawing, regressing socially and distancing themselves from others (Cohen and Taylor, 1981). This appears relevant here as Bryn is lonely, but actively distancing himself from others. His narrative points to a lack of trusting relationships "you don't know the people you come in with", which could further contribute to his disassociation with others (ibid). Kelly (1991) argues that the way we make sense of events and experience is derived from our capacity to construe past, present and future. When this process is interfered with or disrupted (e.g. negative event like imprisonment) one is unable to satisfactorily anticipate future events. When this happens our construct system or at least an aspect of it becomes invalidated (Cummins, 2006). Such invalidation can lead to threat (awareness of imminent change in core role) and anxiety, which leads to a resistance to change in ones construct system and a narrowing of the perceptual field (Hinkle, 1965). The below extract is a continuation of Bryn's repertory grid interview at a later point.

*IV you mentioned quite a lot there, one of the things that seems important from what you've said is that in here you have to hide your feelings...*

*RSP: Yeah, yeah, you do, it's not the same, me now, has to hide his feelings, you can't talk to people about it, well it's just not done*

*IV: So what for you is the opposite of someone who hides their feelings?*

*RSP: Do you mean sentimental feelings?*

*IV: I'm interested in what you mean by hides feelings?*

*RSP: Well when we come to prison, you gotta say to yourself you've gotta be tough in here, if you're not tough you don't survive, as far as I'm concerned. The way I hide my feelings, you can't go around wrapped up in cotton wool, sometimes I shut the cell door and I have a little cry but I can't show those feeling outwards. There is me when you're inside, erm (pause)*

*IV: Ok so we've got hide feelings, so what would be the opposite for you?*

*RSP: Not to hide them, to be able to show them to be able to open up clearly instead of having that little bit of non trust all the time. It's like when I first had the interview with yourself obviously I was a bit curious what is it on about, the thing about prison is you*

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<sup>12</sup> Note the participants in this empirical chapter are the same as those in chapter 6

*always feel that someone is trying to catch you out or someone is trying to put something in your head or go this way when you don't want to or this thing about pleading your innocence, oh if you plead your innocence things go better for you. It doesn't work that way with me, I got a 10 year sentence if the judge turned around to me and said right I tell you what if you tell the truth, if you say admit to this crime we'll give you 2 years and we'll then let you out. That wouldn't make difference to me. Bryn*

Bryn's narrative here seems to be one of incongruence, he has to hide his true feelings and erect a tough edifice so as to survive. The fragmentation corollary outlines that one may employ a variety of construct systems at the same time that may not always be compatible or at the very least may be contradictory (Kelly, 1995b). When construing becomes fragmented, experience can become inconsistent with ones construing (Houston, 1998). This would support the apparent incongruence within Bryn, he cannot be his true self, and he must hide his feelings in order to survive; yet he acknowledges his true feelings when in private. Bryn's use of denial maybe due, in part, to this fragmented construing. He must put forward one construction of self in order to survive, though he may be aware of his transgressions. There is also a sense that Bryn is trying to regain some sense of control and maintain his identity. Denial may also be helping Bryn not have to deal with his offence. It is interesting to note again that 'trust' seems an important construct for Bryn; he feels that he has a lack of trusting relationships in prison and this appears to be contributing to his incongruence. It has been found that in order to 'psychologically survive' prison one needs to foster positive social relationships with others, relationships built on trust and respect (Cohen and Taylor, 1981). In chapters four, five and six, it has been argued that there is a need for more time to be invested in constructive relationships with deniers; ones built on trust. This again would appear to be supported here and seems important if constructive work with deniers is to be done. If one continuously construes his environment and others in an adversarial way, it will become a validated way of thinking for that person and so 'others' will be construed as hostile.

It is interesting to note that some of the 'post-deniers' from chapter 4 claimed that their denial was in part due to a survival strategy. More generally, however, incongruence and internal conflicts seemed to characterise the denial state. Bryn mentions his private self; the self that is not revealed to others is different from the self he is portraying. It appears a factor for his defensiveness is that he feels that he cannot trust in this environment and he is wary of people's motives. His comment 'you always feel someone is trying to catch you out', implies that there is something hidden, but it is that which cannot be discussed.

Stef also had a lack of trusting relationships, both in prison and on the outside. The issue of a 'defensive self' can also be clearly noted in Stef's grid interview data (below), which further supports the assertion from the IPA analysis that he seems to be displaying a suspicious and grievance thinking style (as were many denier participants). Stef's suspicious thinking permeated through the interview and he seemed cautious of the purposes of the repertory grid interview.

*IV: Ok so you were saying there, that they're are happy and free err that they don't have this heavy feeling, so what for you is the opposite of that?*

*RSP: burdened, being burdened*

*IV: Being burdened (pause) Ok [writes down construct] err is this making sense what we are doing? Are you happy with this?*

*RSP: I'm withholding judgement*

*IV: You're withholding judgment, why?*

*RSP: Because I haven't seen the outcome, I can't make an evaluation until I have all the variables, can I?*

*IV: Ok (4)*

*RSP: I'm airing on the side of optimism, but (1)*

*IV: I hope so, you seem a bit paranoid about it*

*RSP: You would be too, you can never take things at face value Stef*

Stef articulates his reservations of the rep grid process when he states 'I'm withholding judgement'. He comments in the grid interview that he "can't take things at face value". For Stef there is always something to uncover. He discussed his inability to trust people and this was causing him to be lonely and isolated. When this researcher confronts him with his paranoia he replies that "you would be too". In essence his experience has taught him to look for hidden meanings. This may suggest that Stef's experience has taught him to interpret the actions of others with suspicion; he thus anticipates negative actions from others. Through anticipating in such a way he is validating his own construing and replicating events. In essence he is construing in the way that makes sense to him, that elaborates his own construct system. Kelly's (1955) choice corollary states that a person chooses the pole of a construct, which makes the most sense to them (Hinkle, 1965).

This may have relevance for understanding and treating participants in denial. The 'choice' corollary asserts people choose between the poles of their constructs when deciding how to behave or act in a situation. If the person wants to broaden their understanding they may opt to extend their predictive range of their system, ultimately they will attain a more elaborated construct system though may have to live with some uncertainty (Kelly, 1991). It appears 'uncertainty', lack of trust, isolation is leading deniers to constrict their perceptual field i.e.

narrow the predictive range of their system so as to not invalidate thinking. While it may be obvious to suggest deniers are resistant to change, it is often not fully recognised that such change must be difficult and is not without consequence for one's sense of self. As Willshire and Brodsky (2001:156) point out "to allow oneself to change requires an element of trust, and it is risky to do so whilst living in a hostile environment such as prison or in mixing with peers for whom being distrustful is a way of life". In any intervention with such a client group, it may be inevitable that the person makes sure that no-more change occurs by being hostile, which could be construed by therapists as being 'resistant' (Fransella, 2005). Kelly (1969) suggests that hostility is usually a product of the experience of guilt, with guilt described as the dislodgement from a core role construct. In essence they get a glimpse of the 'new self' and become aware that they have gone too far in their psychological change (Fransella, 2005). Hostility stops the process of change and prevents the person from having to face that guilt (or not being the person they thought they were) (Hinkle, 1965). This may result in the client regressing to a previous state. While some may regard this 'relapse' as negative, Fransella (2005) argues that it can be beneficial to go a few steps back in their process of change to a position where they feel more familiar. In interventions with deniers there may well be ebb and flow in change, though their denial state may not be reflective of their change.

This notion may have relevance for treating denial, particularly if we view denial as acting as a form of protective scaffolding for the self. Too sudden a change may have deleterious effects for the individual. Janoff-Bulman and Tanko (1989) conceptualise denial as a form of transition, it allows the self-concept to be protected and shielded from deleterious information. However, it only lasts as long as is required and dissipates once the person reaches some form of acceptance. For those that maintain their denial it could be that they do not reach that requisite level of acceptance. The transitory conceptualisation of denial seems to construe denial as initially positive as it protects the self and allows for change to occur gradually rather than suddenly (Janoff-Bulman and Tanko, 1989). For example, the cancer patient who refuses to believe they are dying and so refuses to arrange palliative care (Zimmerman, 2007; Zimmerman and Rodin, 2004), but eventually comes to terms with it highlights the adaptive and transitory function denial can serve. However, there are those that remain steadfast in their denial. Yalom (1991) argues that we must be mindful when removing denial and exposing clients to reality, that the client is ready for such a step otherwise it may do more harm than good. There must be something in place to replace the denial and enable the person to cope (Yalom, 1991).

Not all repertory grid interviews elicited instances of grievance, suspiciousness or lack of trust. Neville's interview suggested a stability narrative (see Presser, 2004) in that present and future selves are portrayed as stable and not the subject of change.

*IV: So we've got prisoner-admitting offence, you, as you'd like to be and alleged victim...*

*RSP: What's that? Me as I'd like to be. I'm happy as I am, I'm happy with myself, I'm more than happy with myself, I'm me, me that I want to be. I'm different to all of these. What's alleged victim? Well my alleged victim she told lies, I didn't, but it's not like I dislike her.*

*IV: Ok, well what if we change this around, does that make any difference?*

*RSP: No I don't dislike anybody err I dislike what they do, but err and I don't dislike my alleged victim I've got no problems with her, I hope she's alright, I'd like to see her again and find out what happened, like I said, why did she want to pay for the appeal why did she lie, but I don't dislike her. No. Neville*

Neville views himself now as his ideal self, he is happy with the person he is and so does not feel like he needs to change. Indeed Bivariate analysis (see next section) of Neville's grid reveals a perfect positive correlation between 'me now' and 'me as I'd like to be' (1.00). His current view of himself would suggest that Neville is not contemplating change and so will likely refuse or be resistant towards treatment intervention (Roche, 2000). It is interesting to note that in this sample a number of deniers had overly positive self-views, and close distances between self and ideal self. However in Neville's interviews there was a sense of ambivalence (highlighted in the last chapter), as he claims that "something happened...I must of frit (sic) the life out of her". Thus while he may construe self and ideal closely, there is a recognition, on some level, that he must have done something. Interventions with deniers may want to separate past self, from self now and identify what put 'past self' in the position to be accused and arrested of a sexual offence (Ware and Marshall, 2008). Such an intervention could use the concepts of 'old me' and 'new me', which could enable deniers to view differences in past and current self and enable the offender to begin challenge of their idealised self. Haaven and Coleman (2001) developed the 'old me', 'new me' style of intervention. The focus is on developing a discrepancy between 'old me's' goals, values and beliefs while constructing a 'new me' based on positive attainable goals and pro-social modelling. There is thus a qualitative difference between old me and new me.

## **Ancillary analysis to the IPA analysis**

The last section outlined how repertory grid interviews can be a way of producing meaningful rich data from participants. Such data may also have applicability for those working in clinical/forensic settings. The section had particular relevance for two of the superordinate themes from the last chapter; 'mindset' and 'social/moral self'. This chapter now considers in greater detail how the repertory grid analysis can further explore and elaborate on these two

superordinate themes. This form of combining IPA with repertory grid analysis has proven to be successful, with repertory grids complimenting the IPA analysis and adding validity to the themes (see Smith, 1999). As detailed in the methodology the two approaches can be seen as epistemologically complimentary and so can be used to expand on the explanatory power of each approach.

## **Mindset**

As detailed in the last chapter 'Mindset' is a superordinate theme derived from the IPA analysis of the semi-structured interviews with denying participants. This section conveys how the repertory grid analysis can further elaborate and expand on this superordinate theme. This chapter has demonstrated thus far that the repertory grid interviews can be useful at identifying underlying positions and facilitating communication. For instance Stef's (below) extract from his repertory grid interview again seems to demonstrate a grievance thinking style, which supports the subordinate themes in 'mindset'.

*IV: OK in what way are those two similar?*

*RSP: We both look for hidden meaning in what people say?*

*IV: OK, so what kind of...*

*RSP: Meanings define people's words; it's not what people say it's what they don't say.*

*IV: Ok looks for meanings in what people say, can you elaborate on that, what kind of person is this?*

*RSP: They're looking for motives and evidence, they're a pessimist.*

*IV: Ok so what is the opposite of someone who looks for hidden meanings?*

*RSP: Erm an optimist.*

*IV: OK [writes down construct]*

*RSP: err like the police officer and myself are both pessimists Stef*

Stef construes himself as a pessimist, he is someone who seeks out people's motives and looks for their hidden meanings. This further points to both Stef's inability to trust and his defensiveness. In illustrating how repertory grid analyses can further illuminate the themes from IPA analysis this chapter will be drawing on ways of understanding construing which have been developed from personal construct theory e.g. tight and loose construing.

## ***Tight and Loose Construing***

In previous research repertory grids have been used to give an indication of a person's measure of cognitive simplicity (tight construing) (Fransella, Bell and Bannister, 2004). In PCP terms,

cognitive complexity can be witnessed in an integrated and elaborated construct system, whereas cognitive simplicity is seen in overly tight construct systems and is characterised by black or white, 'all or nothing' thinking (Houston, 1998; Winter, 1992). The loosening and tightening of construing is part of the creativity cycle (see Kelly, 1955), which has relevance for the exploration of the theme 'mindset' from a personal construct position. The creativity cycle is concerned with the development of new constructions and this is done through two construing processes: loose and tight construing. Loose construing allows the generation of new ideas and these ideas are tested out by the person through tight construing (Winter, 1992). People who are functioning at normal levels of psychological well-being will generally have a balanced construct system (ibid). It is worth noting that our core constructs tend to be tightly construed, with invalidation or loosening likely to result in feelings of anxiousness (Fransella, 2005).

The use of repertory grids can be an effective way to gain an insight into an individual's construing and give an indication into *how* the individual is construing. Although there are many different ways to analyse repertory grids (see Jankowicz, 2004), the use of principal components analysis has been typically used to uncover cognitive complexity/simplicity in grids (see Fransella, Bell and Bannister, 2004). There is debate as to how accurate such measures are at measuring or signifying cognitive complexity and as such measures should be seen as indicative. It is not the intention here to discuss the subtleties of this debate but rather to illustrate how measure derived from the repertory grid may be useful in understanding a participant's sense-making. In this research the total amount of variance accounted for on the 1<sup>st</sup> component of a principal components analysis was used to give an indication of the complexity of the individuals construing (Roche, 2000, Landfield, 1971). The table below shows the measure of cognitive complexity derived from the repertory grid for each of the participants.

**Table 9: Repertory grid analysis of participants in denial**

<i>Name</i>	<i>% total variance by Axis 1 (rotated)</i>	<i>Constructs important to self definition</i>	<i>Elements positively correlated with self now</i>	<i>Elements negatively correlated with self now</i>
Bill	44.79 (71.52)	'True to self and others'; 'Truthful';	Me before arrest (0.94); self ideal (0.83) Police officer (0.87)	Person you don't like (-0.92; Alleged victim (-0.87)
Brian	60.28 (73.45)	'Looks at different perspectives'; 'calm'	Me ideally (0.97); person you like (0.96)	Sexual offender (-0.68); alleged victim (-0.32)
Bryan F	43.24 (45.36)	'Unsettled' (0.86); 'sad' (0.73)	Father (0.33); Me ideally (0.29)	Police officer (-0.26); Me before arrest (-0.21)
Bryn	48.18 (58.70)	'Unhappy life' (0.50); 'Understanding' (0.48)	Mother (0.55); Me before arrest (0.49); alleged victim (0.42)	Person you don't like (-0.96); sexual offender (-0.50)
Bud	49.59 (90.69)	'Shows true feelings' (0.82)	Father (1.00); Me ideally (1.00); Mother (1.00); Person you like (1.00)	Sexual Offender (-0.84); Ex-spouse (-0.82); alleged victim (-0.80)
Chad	68.06 (69.55)	'Has good intentions' (0.90); 'Thinks about others' (0.86);	Mother (0.83); Me ideally (0.82); person you like (0.70)	Person you don't like (-0.80); prisoner admitting (-0.78); sexual offender (-0.75)
Clint	43.47 (43.83)	'Negative outlook on life' (0.49); Sad (0.40)	Father (0.75); Mother (0.63); Me before arrest (0.39)	Prisoner admitting (-0.54); alleged victim (-0.37); Police officer (-0.30)
Kirk	43.88 (55.19)	'Depressed' (0.59); 'Sad' (0.56); 'Unfriendly' (0.55)	Alleged (0.84); Prisoner maintaining innocence (0.78); Me ideally (0.64)	Ex-spouse (-0.19); person you don't like (-0.11); sexual offender - (0.05)
Neville	61.50 (65.32)	Shows true feelings (0.55); Doesn't want to change (0.05)	Me ideally (1.00); Mother (1.00); person you like (1.00)	Person you don't like (-0.39); alleged victim (-0.17)
Stef	62.70 (63.63)	'Negative outlook on life' (0.64); 'can't let people near' (0.58); 'Hostile' (0.54)	Alleged victim (0.73); prisoner maintaining innocence (0.64); sexual offender (0.42)	Prisoner admitting (-0.26); Me before arrest (-0.10); person you like (-0.03)

Unrotated % in ( )



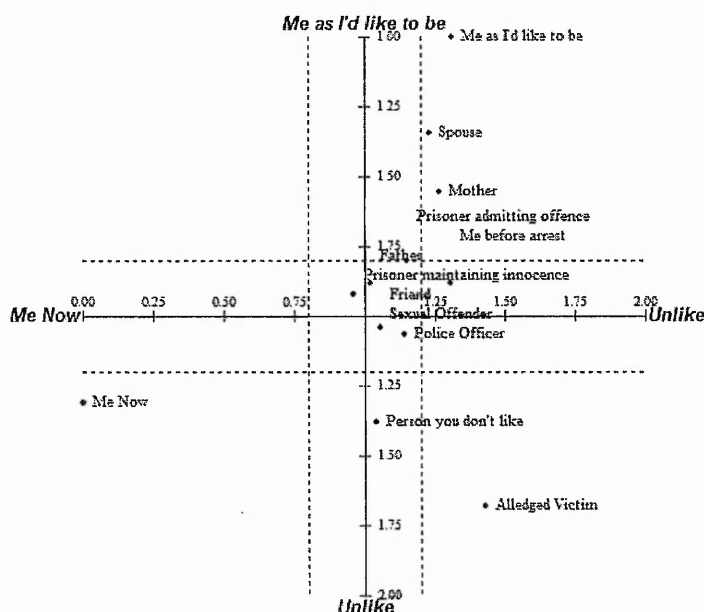
Table 9 shows both the rotated and un-rotated variance accounted for by the 1<sup>st</sup> component, constructs important to self- definition and elements both positively and negatively correlated to self. Fransella, Bell and Bannister (2004) argue that principal components of grid analysis should be done using a varimax rotated, which has been observed here. It has been found that in grids consisting of 16 elements 39% of variance by the first component indicates complex construing (Ryle and Breen, 1972). Though the variance would be expected to be higher in these grids as there were 13 elements and the population is a clinical one. An initial scan of the table would suggest that Bryan F, Bud, Clint and Kirk all have complex construct systems. However, further analysis of the grids, indicate that their construct systems are not as elaborated as they first appear. For instance it is striking that the elements positively correlated to 'self' for Bryan F are very small (father 0.33 being the most significant correlation). This may suggest low polarisation and an, 'eye ball' analysis (see Jankowicz, 2004), of his grid reveals that his ratings are focused more around the midpoint than others. It has been suggested that low polarisation is linked to depersonalisation and a separation of self from others. This is highlighted in Bryan's self-identity plot. A self-identity plot plots the elements between two elements (usually those important to self definition e.g. 'me now' and 'me as I'd like to be'). Figure 1 below shows the relationship between those elements Bryan considers important and meaningful in his world (the elements) and the way he views himself in relation to them (Mason, 2003).

**Figure 1: Self-identity plot for Bryan**

09/12/2009 (15:19:50)

*Self-Identity Plot for Bryan Ferry*

Indifferent Area Limits = 0.80; 1.20.



Bryan's self-identity plot highlights the isolation of self (me now) from other elements. This would correlate with what Norris and Makhlouf-Norris (1976) term 'actual-self isolation'. Actual-self isolation has been linked to depression and neurotic disorders. It is also noteworthy that four elements (father, prisoner maintaining their innocence, sexual offender and police officer) fall within the 'indifferent zone'. Elements in this zone are considered 'indifferent' with regards to their similarities/differences to other people (Grice, 2002) and may mean they have been given little thought. This plot appears to confirm Bryan's isolation from others and would support the hypothesis of depersonalisation within his construing. Interestingly Schneider and Wright (2004) have argued that depersonalisation is a facet of denial within sexual offenders. Depersonalisation will make it difficult for such an individual to perspective take and it would be difficult for Bryan to develop any victim empathy (Mason, 2003). A way forward with Bryan may be to attempt to elaborate on his construing of 'others' more generally in way that facilitates others as being construed closer to 'self' elements. An elaboration of construing of others more generally, may facilitate changes in his construing more generally.

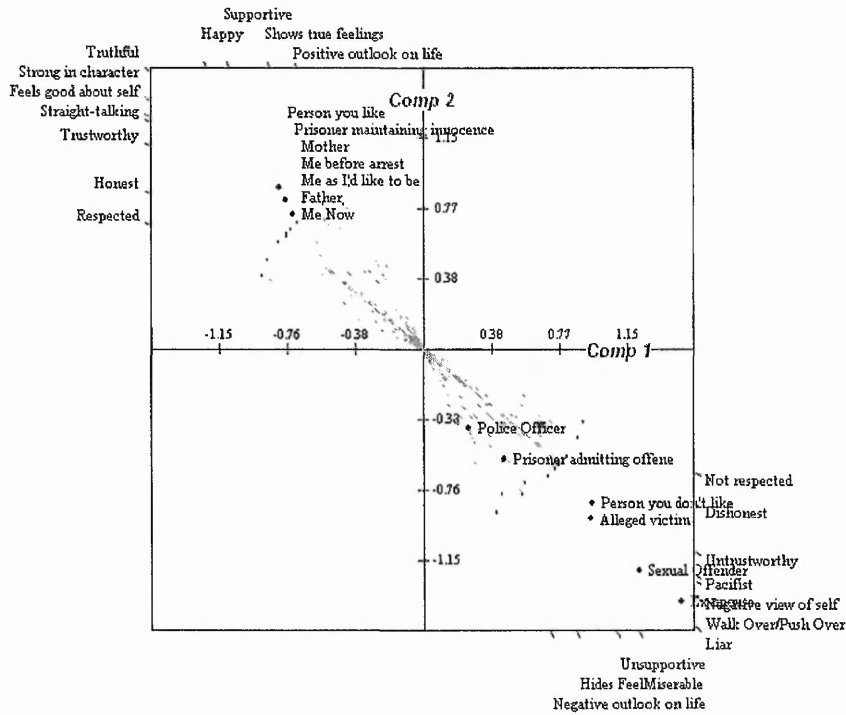
As discussed a useful and important analytical technique in repertory grid analysis is the principal components analysis. Figure 2 (below) shows Bud's rotated PCA output. The figure shows the relationship between the constructs and elements plotted in two-dimensional space. The PCA output shows the internal relationship between elements and constructs, which in figure 2 demonstrates the internal relationships held by Bud regarding the people important in his world (the elements) and the way he understands and construes they (his constructs) (Mason, 2003). For instance Bud's PCA (figure 2 below) appears to demonstrate polarised thinking, typically characterised by extreme ratings of the raw data. Bud seems to be construing people in terms of good and bad. This type of construing has been linked to cognitive simplicity or all or nothing thinking (Houston, 1998).

**Figure 2: Principal components analysis for Bud**

10/07/2009 (19:01:46)

*PCA (varimax) for Bud Grid*

Axis Range: -1.53 to 1.53



What is particularly noteworthy in Buds PCA output is the similarity in construing of the elements in the top left quadrant. These elements are typically seen as honest and trustworthy and can be seen as ideal elements. Elements such as 'alleged victim', 'ex-spouse' and 'sexual offender' are

diametrically opposed to elements such as 'me now' and 'me as I'd like to be'. 'Sexual offender' and 'ex-spouse' can be seen to occupy the nexus of the negative poles of the constructs. They are construed as 'liars', 'pacifists' and have 'negative views of self'. The ex-spouse is the most negatively construed element, this may reflect the blame he places on her for him being convicted of a sexual offence.

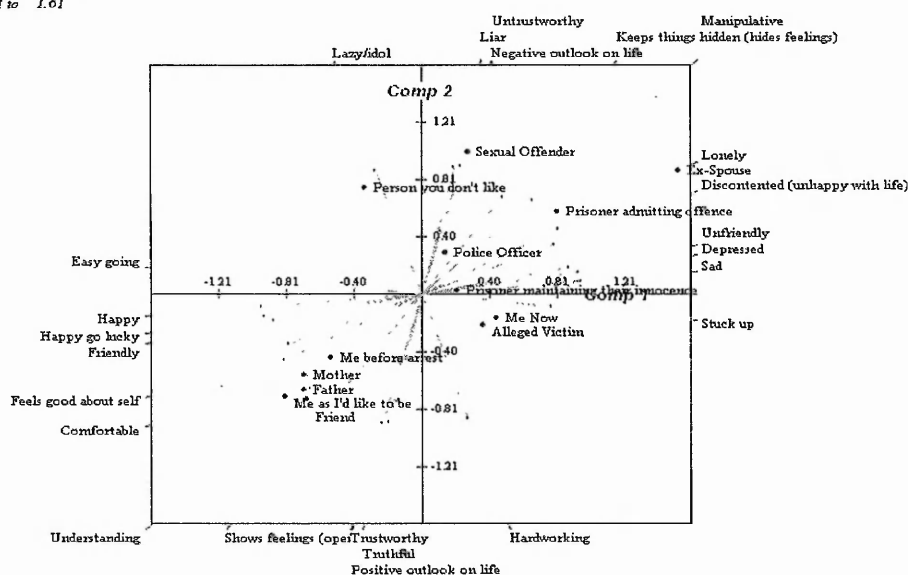
An initial glance at Kirk's grid would seem to suggest a fairly elaborated construct system, which are typified by a spoke-like PCA output (Fransella, Bell and Bannister, 2004).

**Figure 3: Principal components analysis for Kirk**

12/07/2009 (20:37:11)

PCA (varimax) for Kirk Grid

Axis Range: -1.61 to 1.61



However, like Bud's grid there are indications of tight construing. Again self-elements and close kinship ties are all construed positive and all construed similarly. 'Sexual offender' is construed in opposition to these elements and it strongly associated with negative construct poles. Analysis of the participant's grid seem to support the assertion from the last chapter that sexual offenders want to distance themselves from other sexual offenders and present 'self' as qualitatively different. However, perhaps the most interesting and noteworthy aspect of Kirk's grid is the close positioning of 'victim' and 'me now' with the ideal elements all clustered closely within the same space. The elements 'me now', 'victim' and 'prisoner maintaining their innocence' are all located

close to the centre of the grid, which may reflect an absence (or unwillingness) of thought when construing these elements (Mason, 2008). This may suggest that Kirk is avoiding thinking about these elements. This would fit with Kirk's style of coping, which seemed to be characterised by avoidance. In his interview he portrayed himself as strong, proud man, however he articulated that he coped with problems (particularly ones relating to the family) by avoiding them. He would leave the house or take on more shifts at work to avoid the problems. It has been suggested that avoidant coping is linked to denial in sexual offenders (Xuereb, Ireland and Davies, 2009)

Table 9 would suggest that Neville, Stef and Brian are all construing more tightly and this may explain their concrete ways of accounting for their offence and how despite constant invalidation of their position they can still maintain that they are the victims. Although it would appear that Clint might have the most differentiated construct system, the extremity of his ratings may offer evidence to the contrary. The figure 4 details the extremity ratings for the elements in Clint's grid and suggests a concrete style of thinking. Extremity analysis is a form of descriptive statistics and provides information regarding the extent to which the respondent uses the endpoints of the rating scale (Grice, 2002). Clint ratings are focused on the endpoints of the scale 93.75% of the time. The element 'me now' is rated at the extreme end in 91.67% of the time, while 'sexual offender', 'person I don't like', 'prisoner maintaining their innocence', 'mother' and 'person you like' are all rated at the extreme end on every occasion (100%). While some of the deniers had similar styles of responding, Clint's use of extremities was the most pronounced. This may demonstrate Clint's tendency to think in either/or terms. It is possible that Clint's defensiveness is resulting in his style of thinking, given that extremity ratings have been found to indicate pathology and have been found more pronounced in clinical populations (Ryle and Lunghi, 1972). Ryle (1981) found that patients' improvement within treatment was related to the modification of extremity in construing and the extremity in patients' dilemmas (Soldz, 1990).

**Figure 4: Extremity of Ratings Analysis for Elements**

	Mean Absolute Extremity						
	Min Endpoint [1] Frequency			Min Endpoint Percentage			
				Max Endpoint [7] Frequency			
				Max Endpoint Percentage			
						Min & Max Endpoint Frequency	
						Min & Max Endpoint %	
Me Now	2.92	7.00	58.33	4.00	33.33	11.00	91.67
Police Officer	2.83	6.00	50.00	5.00	41.67	11.00	91.67
Father	2.83	8.00	66.67	3.00	25.00	11.00	91.67
Me ideally	2.92	9.00	75.00	2.00	16.67	11.00	91.67
Alleged Victim	2.92	2.00	16.67	9.00	75.00	11.00	91.67
Prisoner admitting	2.58	3.00	25.00	6.00	50.00	9.00	75.00
Me before arrest	2.92	10.00	83.33	1.00	8.33	11.00	91.67
Sexual Offender	3.00	0.00	0.00	12.00	100.00	12.00	100.0
Person don't like	3.00	1.00	8.33	11.00	91.67	12.00	100.00
Prisoner MI	3.00	7.00	58.33	5.00	41.67	12.00	100.00
Mother	3.00	10.00	83.33	2.00	16.67	12.00	100.00
Person you like	3.00	9.00	75.00	3.00	25.00	12.00	100.00
Entire Grid	2.91	72.00	50.00	63.00	43.75	135.00	93.75

However, it should be noted that extremity in an individual's construing may not indicate pathology but could instead be the result of the 'personal meaningfulness' of the construct-element relationship (see Adams-Webber, 2003). Adams-Webber regards extremity as 'personal meaningfulness' and that people rate more extremely when constructs have been elicited from themselves rather than being supplied. Furthermore appraisals of individual self-evaluations are more accurate using constructs elicited from the individual (Adams-Webber, 2003). In this research the constructs were both supplied and elicited from the individual, fusing both approaches and thus allowing for personal meaningfulness.

### ***Implicative Dilemmas***

The concept of 'implicative dilemmas' is one that could aid in our understanding of the 'mindset' of some 'deniers'. Implicative dilemmas can be construed as cognitive conflicts based on correlations between congruent and discrepant constructs (Feixas, Saul and Sanchez, 2000; Feixas and Saul, 2004). Implicative dilemmas involve "awareness in discrepancies between a person's actual and ideal selves, as well as an implicit cost associated with becoming more like the ideal self" (Dorough, Grice and Parker, 2007: 83). For example someone may construe

themselves as pessimistic and their ideal as optimistic, however they may construe optimistic people as foolish (Dorough, Grice and Parker, 2007). Implicative dilemmas occur when an individual attempts to minimise the invalidation of a core role construct allowing the self to continue being presented in a favourable light (Catina et al, 1992). Feixas and Saul (2004) investigated the role of dilemmas in psychological health and well-being. They found that around one third (34%) of non-clinical populations had implicative dilemmas, while over half (52%) of clinical populations contained dilemmas. While the implicative dilemmas discussed below are generally low correlations, they still are useful for understanding a participants meaning-making and conform to the requisite correlation required for a dilemma ( $r=0.2$  – see Grice, 2002)

Several of the participants appeared to have implicative dilemmas, though this was most pronounced with Clint who displayed numerous cognitive conflicts. Below are Clint's implicative dilemmas as written in sentence form (dilemmas were formulated using Idiogrid v.2.4 Grice, 2002).

Me Now, is construed as "Angry"

...whereas, Me as I'd like to be is construed as "Calm"

The dilemma is a(n) "Calm" person tends to be a(n) "Evil (do you harm)" person ( $r = 0.59$ )

Me Now, is construed as "Angry"

...whereas Me as I'd like to be is construed as "Calm"

The dilemma is a(n) "Calm" person tends to be a(n) "Ignorant" person ( $r = 0.23$ )

Me Now, is construed as "Angry"

...whereas Me as I'd like to be is construed as "Calm"

The dilemma is a(n) "Calm" person tends to be a(n) "Untrustworthy (can't trust as far as...)" person ( $r = 0.39$ )

Me now, is construed as "Angry"

...whereas Me as I'd like to be is construed as "Calm"

The dilemma is a(n) "Calm" person tends to be a(n) "Selfish" person ( $r = 0.33$ )

Me Now, is construed as "Negative outlook on life"

...whereas Me as I'd like to be is construed as "Positive outlook on life"

The dilemma is a(n) "Positive outlook on life" person tends to be a(n) "Untrustworthy (can't trust as far as...)" person ( $r = 0.29$ )

Me Now, is construed as "Pessimistic"

...whereas Me as I'd like to be is construed as "Optimistic (look on brightside)"

The dilemma is a(n) "Optimistic (look on brightside)" person tends to be a(n) "Shows Feelings" person ( $r = 0.35$ )

The first implicative dilemma is interesting and again demonstrates the 'mindset' of some denier participants. Clint construes himself as angry, but would ideally like to be calm, however calm people are likely to cause others harm. It is possible he perceives calm people as surreptitious or scheming and who want to do harm. An eye ball analysis (see Jankowicz, 2004) of Clint's raw data reveals that he construes his victim as calm, but also as someone who does harm. This dilemma involves the affective construct 'angry vs. calm'. In PCP terms 'emotional' behaviour can be seen as a signifier of the state of a person's construct system (Cummins, 2006). According to Cummins at the beginning of treatment the common construct is generally anger/rage. For Cummins 'anger is an emotional expression of invalidation (pg.3). Although there can be many responses to invalidation, anger is typically one of the most prevalent. The anger presented by Clint could be a pre-emptive strike to avoid invalidation and maintain his outward construction of an innocent man. Anger, suspiciousness, lack of trust and grievance thinking all seem to be characterised by the deniers in this study to some degree.

Another further interesting implicative dilemma is the final one. 'Me now' is considered pessimistic with the ideal being optimistic, however optimistic people tend to show their emotions and are emotionally available. Not being able to show their emotions seems to be prevalent in deniers; this is possibly due to the incongruence of such individuals and their defensiveness (Rogers, 1961; Blagden et al, in press). Indeed Catina et al (1992) found implicative dilemmas to be associated with the use of denial in clinical populations. Below are the implicative dilemmas for Bryan.

Me Now, is construed as "Sad"

...whereas Me as I'd like to be is construed as "Happy"

The dilemma is a(n) "Happy" person tends to be a(n) "Low self-esteem" person ( $r = 0.23$ )

Me Now, is construed as "Sad"

...whereas Me as I'd like to be is construed as "Happy"

The dilemma is a(n) "Happy" person tends to be a(n) "Doesn't open up (hides feelings)" person ( $r = 0.22$ )

Bryan's implicative dilemmas are curious, he construes himself as sad and ideally would like to be happy, however he implicitly construes happy people as those who have low self-esteem or as people who hide feelings. This dilemma can also be noted with Clint and further emphasises the



importance of hiding one's feelings. Whereas Clint construed optimistic people as emotionally open, Bryan F. construes happy people as emotionally closed. Bryan's grid demonstrates that he construes himself as the sort of person who 'doesn't open up'. It is possible that Bryan would like to move from being defensive and guarded to a position where he no longer has to hide his true feelings.

There is a long tradition in psychology that has noted the negative affective states cognitive conflicts and cognitive dissonance can have on individuals (Festinger, 1957). Similarly Baumeister's (1991) concept of 'cognitive deconstruction', which can be understood as the tuning out of negative events by entering a lower state of awareness; so too denial involves excluding awareness of events that conflict with individuals' constructions or core constructs. In these instances the cost of being more open may involve facing up to an uncomfortable reality and thus a constricted way of construing maintains a sense of equilibrium for the participant.

## **Social/Moral Self**

The IPA analysis from the last chapter demonstrated that deniers appear to be actively attempting to portray viable identities and 'moral selves' (Presser, 2004). In this quest to present a desirable identity they reject and disavow the identity of sexual offender and everything associated with it. Horley (2008) stresses the importance of labels particularly in the clinical setting of sexual offending. Self-referent labels are those important to self-definition and are those which make up our core constructs. The invalidation of a core role e.g. 'good father' is likely to result in threat when that person is confronted as a 'paedophile'. It is unsurprising that one would use denials, excuses and justifications in that situation. Horley (2008) comments that much of the work he does is challenging existing personal labels and working on the long process of construct redefinition and revision. It is perhaps not surprising that in most cases participants shunned the sex offender label and construed themselves in opposition to sex offenders. Sex offenders were predominantly construed as negative and in opposition to 'self' elements, which suggests participants do not see themselves as sexual offenders. This section will use different kinds of analyses in order to illustrate the utility of the grid approach. Brian's polarity analysis (see figure 5) adds support to this assertion and bolsters the findings from the IPA analysis. Polarity analysis summarises the extent to which elements are rated on the emergent ends of the construct poles and the extent to which the elements are rated on similar ends of the construct scales (Grice, 2002).

**Figure 5: Polar Matches for Brian Grid**

***Element Emergent Proportions***

	Count	Total	Proportion
Me Now	2.00	11.00	0.18
Police Officer	4.00	11.00	0.36
Father	2.00	11.00	0.18
Me Ideally	2.00	11.00	0.18
Alleged Victim	4.00	11.00	0.36
Prisoner Admitting	2.00	11.00	0.18
Person Don't Like	2.00	11.00	0.18
Mother	2.00	11.00	0.18
Sexual Offender	10.00	11.00	0.91
Me Before Arrest	0.00	11.00	0.00
Prisoner MI	1.00	11.00	0.09
Person You Like	2.00	11.00	0.18
Total Number of Emergent Ratings:			33.00
Possible Number of Emergent Ratings:			132.00
Total Proportion of Emergent Ratings:			0.25

The polarity analysis demonstrates how 'sexual offender' is construed very differently to all other elements. For example 'Me Now' was rated on the emergent pole of only two constructs, whereas 'sexual offender' was rated on the emergent pole on ten occasions. Interestingly 'sexual offender' was the only element that was rated almost exclusively (apart from one construct) on the opposite pole and was located on the negative end of each construct. For instance Brian construed the 'sexual offender' as 'disrespectful', 'untrustworthy' and 'aggressive'. However, he construes himself as 'thoughtful', 'caring' and 'positive'. Furthermore an element pair wise analysis, which reports the number of instances with which pairs of elements are rated on the same poles of the constructs, provided similar analysis (Grice, 2002). In Brian's analysis 'me now' has been rated the same as 'me ideally' on the same pole for each construct. This demonstrates that Brian's view of himself is very close to his ideal self and suggests he does not feel the need to change (Roche, 2000).

In some ways participants' denial seems to be utilised in order to avoid the adoption of the sex offender label into their identity. This is interesting as all participants realised the stigma associated with sexual offending and the extreme cultural taboo such offending occupies, yet all

participants were able to reject the label and avoided it becoming a master status trait (see Goffman, 1963). On one hand denial seems to be having a positive impact on the participants as 'sex offenders' are recognised but are disavowed and seen as qualitatively different to themselves. Indeed so powerful is the defensive denial that participants could recognise that others may consider them sexual offenders, but that this does not reflect the true 'them'. The distance participants created between the 'real self' and 'sex offender' label is a consistent finding throughout this thesis. It is prudent at this point to consider how similar and dissimilar participants construed themselves to other elements in their grid.

### Correlations between 'Self' and Main Elements

**Table 10: Correlations between self and main elements**

'Self' (1.00)	Me before arrest	Ideal	Mother	Father	Police Officer	SO	Pers on you don' t like	Pers on you like	Priso ner admi tting	Prison er maint aining innoc ence	Vict im
Bill	0.94	0.83	0.78	0.79	0.87	0.04	-0.92	0.89	0.31	0.84	-0.87
Brian	0.66	0.97	0.70	0.89	-0.03	-0.68	0.31	0.96	0.91	0.81	-0.32
Bryan F	-0.21	0.29	0.14	0.33	-0.26	0.09	0.28	-0.02	0.09	0.16	-0.09
Bryn	0.49	0.39	0.55	0.50	-0.09	-0.50	-0.96	0.47	0.15	0.51	0.42
Bud	1.00	1.00	1.00	1.00	-0.37	-0.84	-0.52	1.00	-0.28	1.00	-0.80
Chad	0.69	0.82	0.83	0.59	-0.68	-0.75	-0.88	0.70	-0.78	0.59	-0.62
Clint	0.39	0.13	0.63	0.75	-0.30	.	0.23	-0.02	-0.54	0.10	-0.37
Kirk	0.58	0.64	0.64	0.60	0.09	-0.05	-0.11	0.59	0.39	0.78	0.84
Neville	0.63	1.00	1.00	0.63	0.11	.	-0.39	1.00	0.19	0.61	-0.17
Stef	-0.10	0.05	NR	NR	0.44	0.42	0.40	-0.03	-0.26	0.64	0.73

\* NR – not rated, Stef would not use mother and father as elements, he contended it made it "like a test"

\*\* all numbers represent the grid correlations between 'me now' (self) and other elements in the grid

As can be noted from the above table Bill, Brian, Bud, Chad, Kirk and Neville all construed themselves 'now' closely with their ideal self. Interestingly Bud and Neville construe themselves as their ideal, with Brian almost at his view of ideal (0.97). Participants were told to construe 'self ideally' as them when they are out of prison with everything going well and how they would want it to be (thus not some unobtainable self). It has been suggested that close approximations between actual self and ideal can be a signifier for positive outcomes (Higgins, 1987). However, the closeness of the two elements here is more likely a signifier of a distortive view of the self. The participants here are all convicted of sexual offences, all serving large tariff sentences and all claiming that they are in prison (in their view) for a crime they did not commit. It may be the last point that enables the participants to maintain this inflated sense of self. However it is highly unlikely that participants truly perceive themselves as their ideal type, and it is possible that their constricted view of the world is affecting their judgement. As tight construing and constriction involve excluding awareness of events that conflict with individuals' constructions, it has been considered to be closely associated with denial. Catina et al, (1992) found that denial, which they regard as 'indicating that the person is only attended to those events that were likely to be validating' (p254) was related to tight construal and construing of the real and social self as similar. Tightness in construing not only was associated with ignoring invalidating events (denial), but also the tendency to make stereotypical interpretations. They postulate that denial could be used to cope with dislodgements of the self i.e. experiences of guilt.

Both Kirk and Stef construe themselves closely to the victim, with Bryn showing a partial correlation between 'self now' and victim (0.42). It is worth noting that there is a familial relationship (fathers) between these offenders and their victims. It was noted in the last chapter that victim positioning in accounts was not always extreme. In some cases the participants appeared compassionate towards them, though all participants did verbalise some degree of hostility or anger towards their victims. The below table allows a comparison between deniers construal of victim and post-deniers construal of victim (it should be noted that all post-deniers had completed an SOTP).

**Table 11: Correlation between self and main elements – post-deniers**

'Self' (1.00)	Me before arrest	Idéal	Mother	Father	Disruptive prisoner	Person you like	SO	Self 'in denial'	Prisoner admitting	Prisoner maintaining innocence	Victim
Anakin	0.11	.	0.24	0.09	0.05	0.03	0.05	0.36	0.14	0.05	0.44
Harvey	-0.76	0.98	1.00	0.99	-0.83	0.90	-0.47	-0.85	0.89	-0.95	0.98
Martin	-0.70	0.86	0.16	0.33	-0.60	0.84	-0.38	-0.67	0.15	0.43	0.86
Reuben	-0.49	0.68	0.07	-0.06	NR	0.68	-0.65	-0.44	0.87	-0.74	0.88

\* NR – not rated, element was not included in Reuben's card sort

Unfortunately comparisons between deniers and post-deniers are complicated here by the low numbers of post-deniers available to complete the repertory grid. The grid interview was conducted at a later time thus meaning many of the participants had either been transferred or released. However, what is striking about the construing of this group of post-deniers is the correlation between me now, and victim. In all cases there is a positive correlation and in the case of Harvey it is almost a perfect positive correlation. This may represent increased victim empathy and recognition of the victim. The grid also seems to support assertions from the post-denial study which argued that post deniers appeared to have created new narrative identities and so were able to recognise their self now as qualitatively different from a past self. This appears to be in evidence here as 'me before arrest' and 'self in denial' are negatively correlated with 'self now'. It appears to add to the assertion that post-deniers had supplied themselves with redemption scripts and had undergone internal shifts in attitudes about their offending behaviour (Serin and Lloyd, 2009) and now view themselves now as a good person who has done bad things, but who now wants to change. Indeed the correlations here point to incongruence between past selves and self now.

### **The practical utility of repertory grid with sexual offenders maintaining their innocence**

Thus far this section has highlighted that repertory grids can aid researchers' and clinicians' in making sense with offenders maintaining their innocence. It can be noted that repertory grids can have many benefits from being a structured way of facilitating meaningful dialogue to

allowing insight into individuals underlying thinking, as well as bolstering interpretations from other qualitative sources.

Repertory grids could also be used in assessing how the individual sexual offender construes themselves and others, which can provide a basis for understanding their construing. The remainder of this chapter details how repertory grids may bolster clinical assessment and psychological formulation with offenders maintaining their innocence. Two case studies will be presented to demonstrate how repertory grids can highlight implicit thinking and highlight treatment needs and targets that are addressed by conventional treatment programmes. This approach to psychological assessment and formulation with deniers has clear parallels with Ware and Marshall (2008) and Marshall et al (2001) who argue that deniers can benefit from an adapted version of conventional SOTP. Moreover deniers can address risk factors that are treatment targets on conventional SOTPs without admission of offending behaviour (Ware and Marshall, 2008). Houston (1998) has argued that PCP assessment is complimentary to that of cognitive-behavioural assessment. PCP assessment focuses on how the offender views self and others, how they see their behaviour, with treatment focusing on reconstructing their views and behaviour (Houston, 1998).

The current approach to psychological assessment with 'deniers' is not standardised with different assessors using different types of assessment based on their clinical experience. Initially assessors will attempt to do exploratory work so as to formulate underlying risk factors. One form of assessment maybe the 'treatment needs analysis' (TNA) grids to ascertain dynamic risk related to the four SARN domains. The following two case studies suggest that repertory grids can offer insights, avoid confrontation, facilitate communication and produce meaningful clinical information. It should again be noted that the case studies presented here were not conducted by a psychologist nor was this section an original aim of the thesis. It is suggested that they should be seen as tentative formulations, with further research required to assess the suitability of using repertory grids with deniers.

## **Case Study: Stef**

### **Background**

Stef is a 60 year old man who was recalled to prison for breaking his licence conditions and currently serving the remaining two and half years of his sentence. His index offence was sexual assault of his daughter. Stef had one previous sexual conviction, which was for underage sex

(victim aged 15) with his stepdaughter. Stef maintains his innocence for his current offence, though admits to a 'relationship' with his other victim (from the previous offence).

Initially Stef was extremely suspicious of the researcher and he presented as anti-authoritarian. He blamed social services, police and probation for his current situation and denied all responsibility and wrongdoing. He would not do any behavioural programmes including non-offence related programmes as he believed they were designed to "catch you out", that they were manipulative and that even the "non-offence related programmes were offence-focused". He appeared aggressive and hostile towards the programmes team and the prison regime. He did, however, agree to take part in this research and engaged well in all aspects of this research.

### **Process, Content, Structure**

Janckowiz (2004) argues that one must also stay close to the original grid data and recommends that analysis commences with an eyeball analysis of the raw grid data before moving onto higher order analysis. However to make this section more relevant to clinicians this research follows the structure of Mason's (2003, 2008) grid analysis, which focuses on process (administering the grid), content and structure. It should be noted that other personal construct practitioners utilise the concepts of 'process', 'content' and 'structure', but are operationalised differently (see Fransella, 2005 for example). In those cases the 'process' of construing refers to how one construes and makes sense of their individual world, 'structure' refers to the hierarchical nature of personal construct systems while 'content' refers to the content of the constructs (see Feixas, Geldschlager and Neimeyer, 2002).

### **Process**

Stef engaged in the rep grid exercise well and despite referring to it later in the interview as a test the process went well, with Stef articulate in his responses. It was clear that Stef was fully engaged in the task as he often elaborated on his responses and attempted to justify and qualify them. However, he would not include mother and father into the grid as elements as he believed it would be used as a test. This refusal to include such elements may demonstrate how Stef is trying to exercise some degree of control over the situation. Those elements were omitted from his repertory grid. The triadic method of elicitation was used where three elements (in this case people) are presented and the participant is asked 'for you personally how are two alike but somehow different from the third?' On occasions where participants struggled with this they were asked to think about the differences in terms of 'personal characteristics'. The process

facilitated communication and laddering was used (see Fransella, 2005, Hinkle, 1965) where construct poles were too abstract. As has been noted earlier this process allowed a valuable insight into Stef's 'mindset' and his construing of self and others.

### **Content**

Stef had little problem assigning names (done in the form of initials to protect anonymity) to the elements in order to make the elements more personally meaningful. Stef's elicited constructs can be broadly seen as good vs. bad, with negative traits and attributes on one side and positive optimistic traits on the other. His choice of emergent and implicit poles gave an initial indication of how he viewed the world e.g. naïve – manipulative. This was an interesting choice of construct as it could be argued that neither pole represents a positive attribute, though Stef construed himself as a fairly manipulative person.

Stef's constructs appeared to fit into three broad categories; trust relationships, power relationships, and interpersonal relationships (see table 12).

**Table 12: Content of Stef's personal constructs.**

<b>Trust Relationships</b>	<b>Power Relationships</b>	<b>Interpersonal Relationships</b>
Liar – dishonest	Stand up for what you believe in – Get walked all over	Can't let people near - outgoing
Able to trust – paranoid of other people's motives	Manipulative – Naïve	Hostile – friendly
		Happy – Unhappy

These categories appear to 'map' onto how Stef was construing and making sense of his world at that time. For instance his hostility and suspicious/grievance thinking towards others appears characterised by his construing of trust and power relationships. For Stef inherent within power relationships are issues of control or specifically whether you are being manipulative or naïve. Stef seems to regard being manipulative as important while he rejects those that are naïve suggesting he likes to be in control of interpersonal relationships. He also appears hostile to those he perceives as trying to control him.



## Structure

The process and content of Stef's grid highlighted that he felt isolated, alone and was untrusting. This was supported by the structural analysis of the grid, which details the relative importance of constructs and the relationship between constructs and elements (Mason, 2003). Firstly, correlational analysis of Stef's grid allows an insight into how Stef perceives significant others in relation to the elicited constructs. As can be noted (please refer back to table 9 of this section) there are a number of important issues raised by these correlations. His victim is construed most closely to 'self now' and has the highest correlation (0.73). This may represent Stef's continued over identification with the victim. This could be particularly problematic and may represent a future risk to this person given that Stef does not construe himself similarly to anyone else.

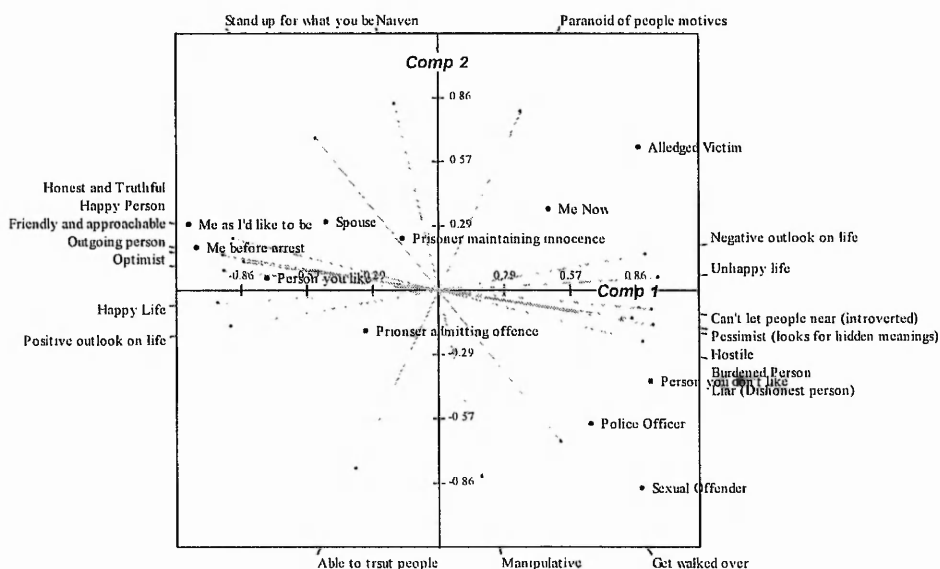
To further analyse these relationships a principal components analysis was undertaken to further identify the relationships between constructs and elements.

**Figure 6: Principal components analysis for Stef**

13/11/2009 (12:30:37)

**PCA (varimax) for Stef Grid**

Axis Range: -1.15 to 1.15



As can be noted in figure 6 the 'alleged victim' and 'me now' are the closest elements to each other, with most other elements viewed in oppositional terms. This is perhaps more alarming

when one refers back to the raw grid data in which the victim is construed as naïve and himself construed more in terms of being manipulative. The first component of his grid is defined by negative affective states, traits and outlook and this would appear meaningful for Stef. He defines himself and alleged victim in these terms, and suggests the he construes self as negative and unhappy. Police officer and sex offender are also defined more by the first component.

Stef's 'ideal' and 'past' self are construed differently and more positively to 'me now', which may suggest that Stef, at least implicitly, has a desire to change. It could be suggested that Stef has an over-idealisation of 'ideal self' and 'past self', which may be affecting his current thinking. This may point to Stef having a rigid thinking style due to the 'ideal self' being seen as unobtainable. This distance between the self and ideal has also been referred to as 'self-discrepancy' (Higgins, 1987). Higgins found that different self-discrepancies related to different levels of affect. For instance discrepancy between 'actual self' (me now) and 'ideal self' were characterised by a lack of positive outcomes and were seen to induce dejection-related emotions such as sadness and dissatisfaction. In grid analysis self-ideal discrepancy is often used as an indicator of self-esteem (Leach et al, 2001). This would appear to conform to Stef's current state; he appeared to be suffering from low self-esteem and had a negative outlook on life. He was also construing in terms of a lack of positive outcomes.

Stef was wary of people, pessimistic and in his own words "looks for motives behind what people say". The repertory grid highlights this as 'me now' is construed as the opposite of someone 'who is able to trust'. It is interesting to note that the construct 'able to trust people' is negatively correlated with four elements and not significantly correlated with any element (with the possible exception of 'prisoner admitting offence' 0.54). This perhaps further demonstrates Stef's entrenched suspicious thinking as he finds it difficult to construe others as being able to trust. This would also appear to conform to a thinking style based on negative outcomes (Norris and Makhoul-Norris, 1976 – see below self identity plot).

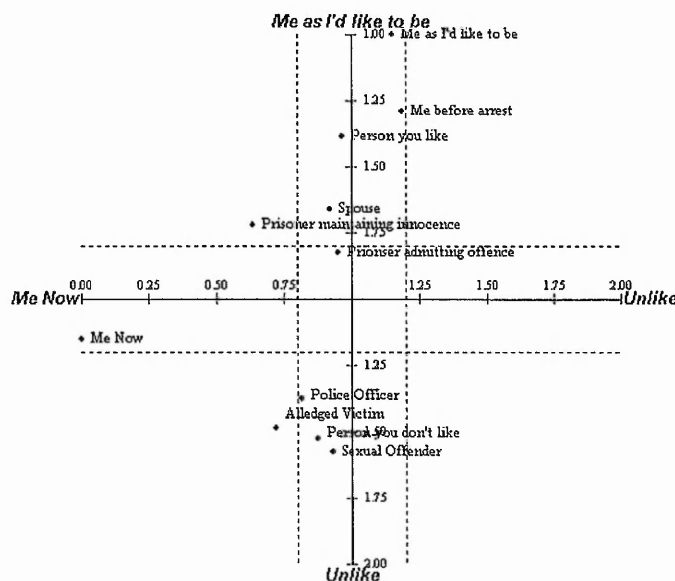
The principal components analysis (PCA) appeared to demonstrate that Stef's thinking style was characterised by 'black and white' thinking (Houston, 1998) or tight construing. Concrete or 'tight' construing is a central aspect in the 'creativity cycle' (Fransella, 2005; Kelly, 1955) and reflects the tightening of abstract thought. However a reliance on tight construing leads to overly rigid thinking. As a consequence a person's predictions about the world become unvarying and rigid (Winter, 1992). Stef's PCA seemed to suggest that he could be displaying rigid thinking as it

was found that 63.63% (unrotated) and 62.70% (rotated) of the variance was accounted for in the first component. This conforms to a more constricted outlook. Indeed Kelly (1955b) argues that 'crawling into one's shell' or constriction enables the individual to postpone any revisions to his constructs. This style of thinking can be linked to the 'modulation corollary' (see Kelly, 1955), which, deals with the permeability of constructs and construing, as constriction is seen as protecting the individual from anxiety. Stef's defensive construing seemed to protect him from anxiety and construct invalidation.

The importance of a sexual offender's self-identity in the process of change and offending desistance has been documented (Mason, 2003; Maruna, 2001; Houston, 1998; Shorts, 1985). The self-identity plot (below) using the elements 'me now' and 'me ideally' demonstrates how Stef views himself in relation to others. In other words it demonstrates the internal relationships between Stef and the significant others in his world and the way he understands them (Mason, 2003).

**Figure 7: Self-identity plot for Stef**

09/09/2009 (08:22:03)  
*Self-Identity Plot for Stef Grid*  
 Indifferent Area Limits = 0.80; 1.20.



As

can be noted 'me now' is isolated from the other elements, this has been referred to as the actual-self isolation (see Norris and Makhoul-Norris, 1976). Norris and Makhoul-Norris (1976) found that those suffering from a neurotic disorder were more likely to construe self now as

isolated. Given that one of the primary functions of construing is to reduce uncertainty, particularly uncertainty pertaining to the self, this way of construing would seem to be 'invalid' or counterintuitive. However Norris and Makhoul-Norris (1976) argue that in neurotic patients the need for self-certainty is such that they construe the self in a way, which predicts undesirable outcomes, which are certain to be validated, rather than predict desirable outcomes, which would be open to invalidation. Myers, Brewin and Winter (1999) found in their study that repressors (those assessed as having low anxiety but high defensiveness) were significantly tighter in their construing than those assessed as non-repressors. This way of construing would seem to fit the concept of 'tight construing', as discussed above. It can also be noted again that the discrepancy between self-now and ideal-self is vast, with the ideal-self construed in over-idealised terms.

One aspect of treatment and intervention with Stef could be to work on his self-esteem. Elevating his self-esteem could decrease the gap between self/ideal thus allowing the 'ideal self' to become more attainable and thus begin the process of Stef challenging his own self-image (Mason, 2008). It also appears that a motivational intervention based on collaboration and not confrontation would also be beneficial. Ware and Marshall (2008) adopted such an approach with a denier and informed the participant that they would not challenge their denial; "treatment would instead focus on helping him to develop an understanding of the contextual and psychological factors that together resulted in him being 'wrongfully convicted'" (pg. 598).

## **Insights for Formulation and Assessment**

It appears that the repertory grid can be an effective way to highlight some of the possible dynamic risk factors in offenders. Here it has highlighted and supported assertions that Stef appears to be presenting with low self-esteem, negative appraisals of self and the world and is utilising grievance and suspicious thinking. The process of eliciting the grid with Stef was relatively straightforward and he engaged in the task well. It also appeared a good way of facilitating communication as highlighted earlier in this section. However, one of the main benefits of this process is that the grid elicits meaningful clinical (and research) data without having to delve into or attempt to discuss the offender's own offending behaviour. The application of repertory grid to prisoners maintaining their innocence thus appears to have merit and fits neatly with recent contentions that deniers can be treated without offenders' giving full (or even part) disclosure.

Mason (2008) found that using repertory grids could allow a clinician to make hypotheses about a client's behaviour. He broke this down into background factors, maintaining factors and risk factors. This method has been adapted below in table 12 and highlights possible important factors with regards to Stef.

**Table 12: Tentative hypotheses drawn from repertory grid analysis - Stef**

Background factors	Low self-esteem
	Grievance thinking
	Restricted social interaction
	Defensive
	Over-idealised past and future selves
Maintenance factors	Tight construing
	Offence denial
	Poor victim empathy and victim blaming
	Negative view of world
Potential risk factors	Change perceived as hard
	Intimacy deficits and emotional loneliness
	Possible victim at risk

These are, of course, tentative hypotheses. For instance he may pose a future risk to his victim, as although his narrative suggests ambivalence towards her, he construes her closely and may be over-identifying with her. The PCA output demonstrates how both are construed closely and towards the negative poles of constructs, while analysis of the raw data demonstrates how 'victim' is construed as 'naïve'. The potential risk stems from Stef's negative view of himself and the world, his isolated sense of self and low self-esteem. Research suggests a link between emotional loneliness, intimacy-deficits, self-esteem and offending (Marshall, 1989). This coupled with the vulnerability of the victim and research evidence suggesting that denial may predict recidivism for some intra-familial (Nunes et al, 2007), may suggest elevated risk for the victim.

## Case Study – Chad

### Background

Chad is a 23 year old man, who was sentenced to 5 years for the rape of his ex-girlfriend. He denies that he raped her, though admits to having sex with her, but asserts that sexual intercourse was consensual. From his interview it was clear there was no ambivalence (at that time) towards his offence, he was innocent and the 'victim' of a revenge plot by his ex-girlfriend.

He was due to go to university that summer which he contends is why the victim made the allegations due to her being possessive and not wanting him to move on.

This was Chad's first offence and it was clear from his interview that he was angry, defensive and hostile towards his victim. Although he distanced himself from sexual offenders and believed they were "evil", he did not isolate himself to the same degree as Stef and participated in social events with other prisoners.

## **Process, Structure, Content**

### **Process**

Chad engaged in this process well and was able to supply names to the elements with relative ease. He found the triadic method confusing at times and so the dyadic method (see Ryle and Lunghi, 1972) was also used. The dyadic method is less unwieldy and simpler than the triadic method, but still yields a satisfactory range of elements (Ryle and Lunghi, 1971).

### **Structure**

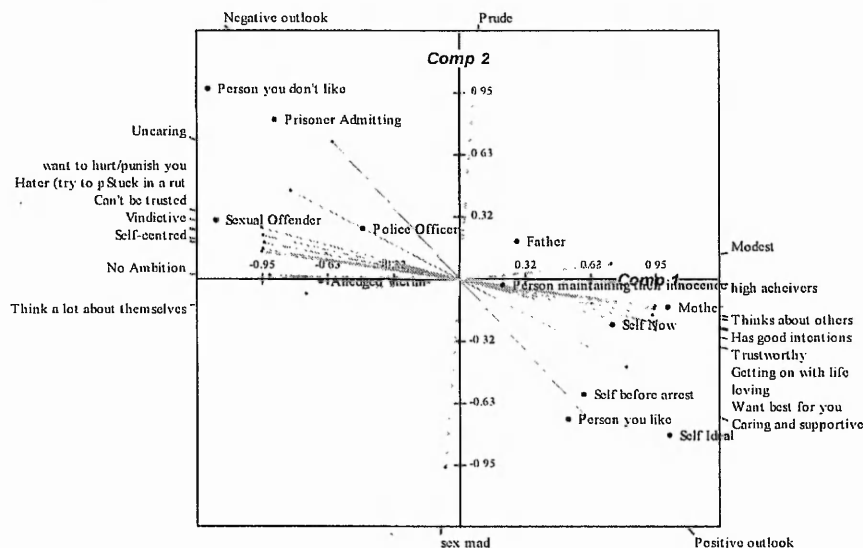
It is clear from Chad's grid (see figure 8 below) that he feels that there is little need for change or alternatively is not ready for change given the high correlations between 'self now' and 'ideal'.

**Figure 8: Principal components analysis for Chad**

01/12/2009 (15:19:07)

**PCA (varimax) for Blank Grid**

Axis Range: -1.26 to 1.26



It appears that Chad is employing tight and constricted construing in a similar way to Stef. The amount of variance accounted for by the first component of the grid is 68.06% (rotated) and 69.55% (unrotated). As outlined in the last case study constriction can be seen as an avoidance of anxiety. However, Kelly (1955b) points out that the construction of constriction is but one way of viewing the phenomenon. Another construction would be that the individual is attempting to make their world more manageable and is attempting to keep the barrier up to new information until they can deal with the present. Kelly's (1955/b) thinking reminds us that denial is not necessarily maladaptive, but may be an adaptive and transitory way to cope with anxiety and guilt in the short term.

Like Stef, Chad construes sexual offenders on the negative poles of his constructs and views them as diametrically opposed to 'self now'. 'Sexual Offender' is located in the nexus of negative traits including 'vindictive', 'can't be trusted' and 'self-centred'. Interestingly 'prisoner admitting' is also construed negatively highlighting an entrenched dislike for sexual offenders. Chad's element pair wise analysis, which assesses the similarity/dissimilarity among pairs of elements (Leach et al, 2001), highlights this as he only rates himself on the same pole as sexual offenders twice (incidentally this is the same count as for alleged victim). This thinking will clearly be a barrier for Chad and may act as a barrier in the change process. Oreg (2003) has found that those

who are dispositionally inclined to resist change will often be distraught by change, which will affect emotional reactions and functionality.

This would suggest that confronting Chad or attempting to force change might have an adverse psychological effect. This links with the results from chapter 4, which asserted the need for sexual offenders in denial to be able to maintain viable identities in the therapeutic process. A motivational approach to de-emphasise and destigmatise sex offender labels (Mann and Rollnick, 1996) may decrease his extreme views of sexual offenders and lower his resistance to change. Motivational strategies reconceptualise denial from a deliberate manipulative strategy to one, which focuses on readiness to change and client ambivalence (Mann and Rollnick, 1996; Miller, 1996). It did appear that Chad was not 'ready' to change and he was not outwardly displaying ambivalence. Though as Mann and Rollnick's (1996: 133) point out "if the approach works, even with a minority of offenders, then are perhaps our views about our clients too rigid?"

It is interesting to note that in Chad's grid component 1 seems defined by personal achievement and interpersonal mastery e.g. 'high achievers – no ambition', 'thinks about others – thinks a lot about themselves', 'modest – self centred'. However, component 2 is defined by sexual relationships namely 'sex mad – prude'. This construct is interesting and may highlight Chad's more global views about sexual relationships. The construct 'prude' is an interesting choice and demonstrates his construing in terms of either (in Chad's words) "having sex on the brain" or being conservative. Closer inspection of Chad's raw grid data shows that this construct has more polarised ratings. It can also be noted that those construed as 'sex mad' i.e. 'person you like' (rated 1), person you don't like (rated 1), sexual offender (rated 1), self before arrest (rated 2), alleged victim (rated 2) are mainly males. This may indicate that he believes most males are sexually preoccupied to some extent. It may further suggest that Chad is sexually preoccupied and this may be causing him to construe others as wanting sex or desiring sex. Those who are sexually preoccupied tend to generalise that everyone (particularly males) are the same. For instance alleged victim is construed as 'sex mad' and this construal may have been an antecedent in his offending.

## **Insights for Formulation and Assessment**

As highlighted in the last case study it appears that the repertory grid can have both clinical and research utility. Chad's grid has highlighted some important underlying patterns in his construing and these may have clinical relevance. Table 13 (below) shows the tentative formulations or



hypotheses that could inform treatment intervention. It is worth pointing out that the repertory grid is sensitive to change in ones construing and so can be administered at a later date to further assess changes in construing (Leach et al, 2001; Shorts, 1985).

**Table 13: Tentative hypotheses drawn from repertory grid analysis – Chad**

<b>Background factors</b>	Grievance thinking
	Defensive
	Over-idealised Ideal self
	Victim blaming/ lack of Victim empathy
<b>Maintenance factors</b>	Self-sex offender distance
	Offence denial
	Constricted thinking
<b>Potential risk factors</b>	Sexual preoccupation
	Anger
	Distorted attitudes

Chad shares similar background and maintenance factors to Stef, but differs in terms of potential risk factors. Chad's potential risk factors can be linked to the 'structured assessment of risk and need' (SARN) domains. For instance the hypothesis that Chad may be sexually preoccupied fits into domain 1 (sexual interests); his distorted attitudes such as an over sexualised view of women would fall into domain 2; while his anger at the victim and others and his victim blaming would fall into domain 3 (Thornton, 2002).

## Summary

This section has attempted to highlight the research and clinical utility of using repertory grids with this population. The two case studies have demonstrated that grids can be used as an aid to formulation and assessment with deniers. While the factors elicited from the two case studies are tentative hypothesis, they do seem to point to an adequate starting point for clinical intervention.

Repertory grids are useful for illuminating an individual's underlying thinking, but it is important that they are not mistaken for a sort of psychic x-ray, which offers privileged access to the exact workings of a person's mind (Butt and Burr, 2004). Kelly (1955) views individuals as a "form of motion" (pg. 48) thus one's thinking does not remain static, people are always engaged in something, the outcome of which may elaborate or amend one's construct system. The aim of personal construct psychology is not to arrive at tightly defined constructs, like traits, in order to

infer meaning (Butt and Burr, 2004). Rather personal construct psychology is instead interested in how they construe, meaning is approached through investigating the relationships between constructs and their implications for each other. Thus meaning of any construct can be recognised in terms of its relationships with others (Butt and Burr, 2004). The caveat of using repertory grids is not to see the grid as a hard and fast 'mental map', but instead something that is more tentative, that allows one to make predictions about individuals construing.

## **Chapter 8**

### **Conclusion**

This thesis has sought to qualitatively investigate denial in sexual offenders and has attempted to do so through triangulating different perspectives. Chapter four explored post-deniers processes and transition from denial towards admittance. Chapter five aimed to investigate the perspectives of professionals who work with sex offenders in denial in order to ascertain their views regarding the treatment and management of deniers. Chapter six examined how deniers account for their offence(s), their attitudes towards prison staff and treatment and how they were making-sense of being in prison. Chapter seven illuminated the construing of the denying participants in order to further explore participants meaning making. Using personal construct analysis of repertory grids, this chapter bolstered and expanded upon findings from previous chapters. Repertory grids were also advanced for their practical utility as an aid to initial assessment and psychological formulation with deniers.

#### **The contribution of this thesis**

This thesis is the first that has sought a holistic qualitative analysis of denial in sexual offenders and has aimed to bridge gaps in the existent literature, which has been described as 'fragmented' and 'ambiguous' (Cooper, 2005). This thesis has offered an insightful phenomenological analysis of why sex offenders use denial, how they overcome it; how deniers account for their offences, construe and make sense of their worlds; and has critically investigated pertinent issues related to the treatment and management of sexual offenders. The new insights that the empirical studies have offered are all original contributions to knowledge in this area, with such insights being of both practical and academic utility. One of the main and overarching contributions this thesis has made is to think critically about the current approach to treating sexual offenders in denial. Chapter 5 highlighted tensions in programmes staff regarding the treatment of deniers, tensions which appeared rooted in viewing confession as one of the main organising principles of treatment. These tensions appeared to be having a deleterious effect on some participants being able to work constructively with deniers. This thesis has critically considered the relevance of denial in treatment and the utility of having confession as an organising principle of treatment. This chapter will outline and summarise some of the main findings and make clear the contribution of this thesis.

## Research Questions

- What makes so many sex offenders deny their actions?
- What are the participants' personal experiences of overcoming their offence denial?
- What psychological, situational and contextual factors/experiences influence offenders in overcoming denial?
- What are the views and perspectives of professional programmes staff (psychologists, treatment managers and facilitators) with regard treating, managing and working with deniers? Do they believe they can be treated? How do they believe this should be done?
- How do deniers account for being convicted of sexual offences?
- In what ways do 'deniers' construe and make sense of their prison lives? How do they construe self (self now, ideally, self before arrest) and victim?
- What are the thoughts, feelings and attitudes of deniers towards treatment, prison staff (psychology, prison officers and probation officers) and their offence?

As noted in the methodology these questions were primarily used to guide and shape the thesis, rather than being doctrine for this thesis to stick by rigidly. That said each research question has been addressed, with the questions derived from the gaps of knowledge in the literature. The first question was broad and overarching and so not meant for a hard and fast answer. However, this thesis has offered considerable insight into why sexual offenders may deny. The qualitative studies here have suggested that the main reasons were to do with identity, fear of loss and rejection, shame, and the not wanting to admit to oneself or others their crimes. Furthermore ambivalence, incongruence, dissonance and internal conflicts appeared to characterise the denial state. However, it was noted that denial may be performing an adaptive function by reducing dissonance, anxiety, shame and allowing one to cope with negative events (Gosling et al, 2006; Russell, 1993). For most offenders, given the right conditions i.e. a warm therapeutic community that fosters support and trust, denial seemed a transitory phenomenon, which rescinded when the person was ready to accept reality and the potential consequences that disclosure brings. The process of overcoming denial will be hard for any offender and should not be underestimated. This thesis found that post-deniers (those that had overcome denial) were able to re-story their lives and saw themselves as qualitatively different from their past-self. They now viewed themselves as changed and wanted to make amends.

However, for some offenders denial is more entrenched, and it must be conceded that there will always be a population that will remain in outright denial. This population may

perceive change as too hard, may have low problem awareness, may not want to address the consequences of admitting and may not want to examine one's sexual offending. While the mantra for early deniers programmes was confession-orientated, one has to be mindful of the potential harm that forcing disclosure may have. Yalom (1991) argues that while denial and illusion may offer an escape from reality, ultimately and invariable it weakens the human condition and allows for a constrictive outlook. However he warns therapists dealing with denial and illusion to "never take away anything [from the client] unless you have something better to offer. Beware of stripping a patient who can't bear the chill of reality" (Yalom, 1991: 154). Practitioners working with deniers must be mindful of this and perhaps a more constructive approach with deniers who remain steadfast is one that targets treatment need without the offender having to admit (Marshall et al, 2009; Ware and Marshall, 2008; Marshall et al, 2001). This thesis offers support to this approach and, as highlighted in chapter seven, it is possible to highlight treatment relevant targets without admission.

Research questions two and three were addressed in chapter four, which allowed a phenomenological approach to understanding sexual offenders maintenance and overcoming of denial. Research question four was addressed in chapter five, which illuminated the views and perspectives of expert treatment staff on the management and treatment of denial. Research question five was addressed in chapter six, which focused on how deniers were accounting for their offence(s), their views on treatment and how they were coping with prison life. This chapter emphasised the active identity management deniers did in the interview and the distancing of themselves from sexual offenders in prison. Research questions six and seven were addressed in chapter seven. This chapter expanded on the analysis in chapter six and examined the construing and sense-making of participants and offered case studies to tentatively highlight the practical utility of repertory grids. Some of the main findings from thesis will now be expanded on below.

### **Identity and denial**

One of the most striking findings and important contributions here was the importance of identity for both post-denying and denying participants. It could be hypothesised that the identities the participants are portraying will be vital if they are lead offence free lives. This assertion parallels crime desistance research which has found that identity, and the opportunity to change one's identity, is a central component in crime desistance (Murray, 2006; Maruna, 2001).

One notably similarity between post-deniers and deniers was that all participants did not see themselves as 'sex offenders'. Indeed this similarity between the two groups appeared not so much in accounting for what they had done, but what they had or had not become (Murray, 2006). The key difference was that post-deniers saw their offending, overcoming denial and treatment as transformative. They were able to re-story their lives; the new self was a rebirth (see Robinson and Smith, 2009) from the old self and so qualitatively different. For denying participants 'self now' was stable and had a consistent moral trajectory i.e. they are and always were good and decent people. It may be that the identities of both groups have protective elements in terms of recidivism, as participants would have to live up to their identities. For instance a denier wanting to maintain family and social support may maintain these pro-social influences and bring their behaviour in line with someone who does not commit sexual offences (Harkins, Beech and Goodwill, 2010). Similarly Mann, Hanson and Thornton (2010) have argued that denial may be protective for offenders demonstrating positive behavioural change in other areas. This thesis has expanded upon and Mann, Hanson and Thornton (2010) through highlighting the importance of self-identity in sexual offender's process of change.

In forensic settings considerable time is expended on trying to overcome or 'breakthrough' denial (Harkins, Beech and Goodwill, 2010; Northey, 1999). However, it is still unclear as to whether this is necessary. It may be that that intuitively deniers "seem risky" or should be admitting, but this may be a reflection of our own beliefs and values. It may be that using categorical denial to refuse treatment has created a barrier for the clinician, one that subscribes to the view that deniers are resistant or not ready for treatment. It maybe that the issue of denial is more a problem for the therapist than the offender. Chapter 5 highlighted how denial was also seen as a marker of progress, but again this may reflect the therapist's standpoint rather than the offenders. For instance the post-denier 'rebirth' identity described in chapter 6 seems more palatable for academics and clinicians. Like an anti-hero from a film they had done bad, gone through hard soul searching, gone onto admit their guilt and have shown remorse. They have emerged out of the experience a new person who wants to do 'good' and who has changed from their old self. The denying participants have not gone through this same process (at least not observably); they have not admitted their guilt, sought to address their offending behaviour or done any soul searching. They have stayed the same and still maintain the image that they are decent and moral people. One pivotal question that remains unanswered is how important are these identities? Or rather is the post-denial identity more likely to reduce recidivism?

More research is required in order to ascertain the impact of denial on recidivism as currently it is ambiguous and contentious. If denial was found to be protective, research would have to be clear on how, why and under what circumstances this occurs. Further research may also seek to gain a clearer understanding of the role of identity in denial and whether this could impact upon recidivism.

### **Implications for treating deniers**

All empirical chapters in this thesis have practical implications for the treatment of sexual offenders in denial. The findings from chapter four suggested that enabling offenders to maintain a viable identity could be crucial in engaging deniers in treatment. It also lent support for previous research (e.g. Mann and Rollnick, 1996 and Lord and Willmot, 2004) in that motivational approaches directed at deniers may aid in engaging them onto treatment/preparatory programmes. Particularly where deniers are ambivalent about treatment or their offending behaviour. This study also gave a phenomenological understanding of sexual offenders' transition from denial to admittance. This understanding, particularly with regards to identity and internal conflict, may give clinicians greater insight into how to work with deniers and to be responsive to their position. Through understanding deniers positions and how they are making sense of their world a person's denial becomes therapeutically relevant, not in the sense that it should be broken down, but rather it represents something personally meaningful for the client. The denial becomes less relevant, the important part is that they choose (for the most part) to do so; it has a purpose for them. Understanding this position, why this may be the case, may allow insights into their position and could pave the way for meaningful and constructive work to occur. However in order for this to occur there needs to be a move away from the strict position of denial or confession being one of the main organising principles of treatment. While disclosure may be the ideal way forward, it is not the only way and it is far from the only game in town. Meaningful therapeutic work can be done without admittance of an offence, as addressing risk markers (e.g. dynamic risk factors) can be done without disclosure (Marshall et al, 2009; Marshall et al, 2001). It is indeed still unclear whether categorical denial should necessarily exclude an offender from treatment. However, the consensus is that treating sexual offenders should be done using a disclosure-based model (Frost, Daniels and Hudson, 2006). The findings here corroborated some of the findings from Frost, Daniels and Hudson (2006) in that a strong, empathetic therapeutic alliance coupled with an understanding of the personal and interpersonal risks of disclosure for offenders, could allow for more engaging collaborative

practices. The difference is that this thesis would contend (particularly in chapters 5, 6 and 7) that disclosure is not inherently necessary.

The study in chapter five which focused on the perspectives and experiences of professionals working with sex offenders, demonstrated that while most thought something should be done with deniers, there was currently not enough resources to offer any intervention. Although participants felt that deniers were frustrating to work with, that they challenged their professional competence, the majority of participants would work with them. Most participants believed that deniers needed treating and to overcome their denial because without this they would still have outstanding risk factors that would not have been addressed. However, all participants agreed that categorical deniers should be excluded SOTPs, though they were at an impasse as to what to offer. This study highlighted that while some staff were committed and had a desire to offer interventions for deniers, they were currently construing denial as a barrier to treatment. This barrier was also impinging on their own practices with deniers. Staff did suggest numerous non-confrontational strategies that could be beneficial to interventions with deniers, including initial therapeutic work and the gaining and maintaining of trust and rapport.

The findings from chapters five-seven have begun to challenge the traditional notion that denial matters to successful treatment intervention. The repertory grid case studies in chapter seven illuminated clinically relevant information that could be used for initial assessment and treatment of deniers. The repertory grids seemed a useful way of highlighting some relevant dynamic risk factors that are amenable to treatment without the offender having to admit their offence/offending behaviour. Both the grid data and the grid interview were useful in terms of gaining insight into the denier's construing and meaning-making, which offered insights into participants underlying thinking and views. They elicited some clinically relevant information without confrontation or disclosure. Although this thesis has been primarily concerned with understanding denial in sexual offenders, it has also sought to engage with critical questions, such as how relevant is denial to treatment programmes.

## **Does denial matter: Revisited**

The literature review outlined a debate that on the one hand views the omission of deniers from treatment as akin to a 'crime itself' (Maletzky, 1996). While on the other it is argued that treatment is not possible without some acceptance of responsibility (Roberts and Baim, 1999).



The former contention seems to negate the possible difficulties of having a denier on a group programme. For instance it has been found that they can be poorly engaged, disruptive and their presence can have a deleterious impact on the group dynamics (Hudson, 2005). Others (see Marshall et al, 2001; Ware and Marshall, 2008) have taken a different side of the debate. They assert that group therapy with deniers can be successful, even if offenders do not openly admit to their offending. This is perhaps not surprising given the criticisms of SOTPs which turn sex offenders into 'confession machines' (Lacombe, 2008). Lacombe (2008) has argued that SOTPs turn offenders into a 'species consumed with sex', given the focus on sexual fantasy, offence cycle and relapse prevention. These criticisms largely mirror those of Ward and Stewart (2003) who argue that treatment is too focused on criminogenic need.

While being out of denial may not necessarily be a sufficient condition for treatment, being in categorical denial should not be a necessary condition for treatment omission. It may be beneficial to have separate 'deniers' groups, though the main issue appears to be one of resource. Prison-based SOTP programmes are oversubscribed in many institutions, as Janice a participant from the staff study notes "I have a waiting list for guys who want to do treatment [and are admitting]...they have to be the priority". The debate regarding whether denial matters is essentially ideological, with the pragmatic issue the central concern. This issue was noted in the OPBU (2002) national deniers strategy. However evidence would suggest that a piloted programme should be trailed in the prison setting. A programme based on Roberts and Baim (1999), Marshall et al (2001) and Ware and Marshall (2008) would seem appropriate. Furthermore it should be noted that the probation service currently operate a more flexible approach to working with deniers. They routinely have deniers (maximum of two per group) on the community sex offender programme (C-SOGP) (Norman and Russell, 2008). Indeed many of the piloted programmes have been in the community setting.

## **National Deniers Strategy**

The national deniers strategy was an outcome of an OBPU (2002) project that sought to address the problem of sex offenders who refuse treatment. This strategy is the only policy guidance for the treatment and management of denial and has been adopted by some institutions as a best practice model. This research supports, expands and also challenges the key findings, as detailed below.

- Building better rapport with deniers and refusers

A key finding in chapter five was that experienced professionals believed that successful treatment of deniers or motivational work to engage them in a programme stemmed from rapport. Some participants felt that the professionals working with the offender must be congruent in what they do. As Igor states *"I'm sincere in what I do with him"*. This would seem crucial given that participants in chapters four, five and six articulated many myths about treatment, which was having a deleterious effect on the attitudes towards treatment in the establishment. These myths were pervasive and seemed to feed into denying participants beliefs and attitudes. This needs to be addressed through greater interaction between staff and deniers and perhaps greater transparency from the programmes department. For instance Sally states that programmes department open days could be beneficial and that such an occasion would give programmes staff *"a chance to build a rapport with them and make them feel a bit more comfortable to ask questions if nothing else"*. Sally appeared to be suggesting that open days could be a place for more normalised social interactions to occur. Offenders would get a chance to discuss issues in an informal non-judgemental environment, where the interactional power dynamic of psychologist/facilitator-sex offender would be lessened.

Rapport appears critical, though given recent research findings which have shown that the strength of the therapeutic alliance can determine treatment success (see Marshall et al, 2003), it is hardly surprising. However, engaging/working with deniers should not be seen as the preserve of the programmes team. Prison officers and staff can help in this process. Indeed several participants in chapter five commented how wing staff can be invaluable in allaying myths about treatment. They often form closer bonds due to interacting with them in more informal environments. Though they also can have the adverse effect. Participants in chapters four and six commented how some prison officers perpetuated treatment myths or had contributed to the offender's bad experience of the criminal justice system. This thesis would agree that, where possible and operationally viable, appropriate prison staff receive further training. This seems important given that this thesis has found that maintaining a viable identity is crucial for offenders; threats to their viable identity are likely to result in anxiety and threat which could lead to hostility (Kelly, 1955) and a withdrawal from treatment. This could render the positive work done by programmes staff as redundant.

- Making the SOTP more palatable

The national deniers strategy expressed concern about the name 'sex offender treatment programme', as it appeared to add to offenders concerns about being stigmatised by going onto the programme. It was also suggested that the name was not consistent with other programmes which generally reflect what is to be gained by the programme (e.g. thinking skills) (OBPU, 2002). There was mixed support here for the changing of the programme's name. Participants in chapters four and six appeared to see through the purpose of the name change and commented "but it'd still focus on your offending behaviour". For some participants in chapter four the name did reflect the goals of the treatment programme and appeared to reflect personal change and agency in that they had accepted that they committed a sexual offence, but sought to better themselves. For some participants in chapter six, sex offender treatment programmes did just that, it treated the offender's deviant behaviour, beliefs and attitudes.

However, denying participants in chapter six recognised the stigma of SOTPs and this appeared to be having a detrimental effect on their views towards the programme. For instance Clint commented that "*I don't wanna do no treatment with sex offenders*". The main issue for him, as with most denying participants, was the sex offender aspect. Furthermore the subordinate theme of *Rejection/distancing from the sex offender label and reducing stigma by disassociation* in chapter six demonstrated how deniers were active in distancing themselves from sex offenders and the sex offender label. Indeed any interaction with sex offenders was done on the proviso that they did not discuss their offending. It appeared that participants wanted to neutralise the sex offender element of the individual to allow normalised interaction. It maybe that deniers could benefit from motivational work pre-treatment. As suggested in chapter four motivational techniques such as de-emphasising labels, rolling with resistance (see Mann and Rollnick, 1996) could be beneficial. The label 'sex offender' and the stigma this evokes seems important to this group.

- Rethinking incentives

OBPU (2002) found that the incentives and earned privileges scheme was operating more as a punishment scheme, with prisoners losing enhancements for refusing treatment. This appeared to be happening here, some participants claimed that they were complying with their sentence plan but had lost enhanced status because they were maintaining their innocence. There seemed to be confusion amongst participants in terms of how one achieves and maintains enhanced status

and this needs to be clarified. The present system seems to be further alienating deniers and reinforcing their mindset of people out to get them/ they are the victim.

- Clinical Strategies for working with Refusers/Deniers

Research findings here support and build on those proposed in the national deniers strategy. Participants in chapter five were keen to work with deniers and believed that the current level of provision for this group was unsatisfactory. There was some divergence of opinion on whether this should be group-based or 1-1, with participants having strong views on both. It appeared that both would be feasible, though the latter is not without serious resource implications.

Given that there is still no evidence to suggest that denial needs to be overcome in order for treatment to be successful, this would suggest that piloting a deniers programme could be beneficial. If group-based programmes were decided to be preferable then ones using the 'Marshall' approach should be considered. As documented in the literature review 'early' piloted deniers programmes were confession-orientated with overcoming denial as the goal of treatment (e.g. O'Donoghue and Letourneau, 1993; Brake and Shannon, 1997). In contrast the 'Marshall' approach can be characterised as the avoidance of discussion or challenge to an individual's offence. It aims at addressing criminogenic/dynamic issues relevant to offending and encourages a positive pro-social lifestyle that does not involve offending (Marshall et al, 2009; Marshall et al, 2001). The aim of the programme is to address relevant dynamic risk factors without admittance, while providing an environment that is positive and that fosters a strong therapeutic alliance. The programme also aims to demonstrate that treatment is not punitive and so dispels pervasive treatment myths, furthermore it shows an interest in the client as a person (Marshall et al, 2009). There has been encouraging results for this approach, with deniers treatment groups comparing favourable with controls (ibid).

Chapter seven in this thesis has proposed that academics/clinicians can obtain insights into some relevant criminogenic/dynamic issues using repertory grids. The epistemological aims of personal construct psychology i.e. to illuminate how someone is making sense of their world; is consonant with the philosophy of the 'Marshall' approach. Though it should be again noted that the case studies used in chapter seven are best construed as tentative hypotheses rather than empirical evidence.

The empirical chapters of this thesis have offered practical suggestions that may be of benefit when working with deniers. Chapter four detailed that it is important that offenders are able to maintain a viable identity throughout the treatment process, but especially in the early stages where participants will be more concerned about change in their identity. It highlighted the individualised process overcoming denial can be and that the desire to change and owning that sense of personal change was important in overcoming denial and engaging on treatment. Chapter five documented the perspectives of professionals who work with sexual offenders. Participants suggested here that building rapport, increased client contact and motivational strategies are useful for early interventions with deniers. Some participants alluded to 'planting seeds' in meetings with offenders where experienced professionals would pose an open-ended probing question to the offender but not let them answer, instead they get them to think about it until the next time they met. Participants felt that this was a useful way of getting offenders to evaluate their own behaviour. This contention has empirical support as Winn (1996) argues that meta-confrontation (getting the client to challenge themselves) is more beneficial and more likely to result in positive behaviour change.

Chapter six reinforced findings from chapter four in that maintaining a viable non-sex offender identity was of central importance to participants. It also highlighted that not all deniers were against treatment and that some deniers saw the benefits of treatment, particularly the ones who had experience of treatment programmes. This finding can be seen as particularly positive as it demonstrates that therapeutic interactions from programmes staff can have positive impact on offenders in denial. Indeed the denying participants, who had gone through treatment, although still not admitting, claimed they had learnt insights and strategies to minimise risk of future 'reoffending'. Interestingly, the participants who were anti-treatment had limited interactions with programmes staff and the interactions they did have were considered bad experiences. For instance some participants recounted instances where facilitator/clinicians had been accusatory and would tell them they were "in denial". The chapter also emphasised that approaches with deniers should be non-confrontational. Deniers in this study would become defensive if they thought they were being challenged and this led to them becoming resistant. Chapter seven offered a personal construct approach to making sense with deniers and suggested that repertory grids could be useful in bolstering initial assessment and identification of treatment needs. It also bolstered findings that stressed the importance of participants maintaining a viable identity. Personal construct psychology would argue that changes in ones core constructs (i.e. the key traits that define us) are likely to produce the states of anxiety and

threat. An awareness of becoming dislodged from a core role construct can lead to hostility and defensiveness and has been associated with denial (Catina et al, 1992; Myers, Brewin and Winter, 1999).

Consistent with Laws' (2002) contention, it is argued here that the therapist working with deniers must be experienced and skilled. The OBP (2002) propose that working with deniers be done by someone who has the ability to command respect with offenders and thus not someone who is inexperienced. Thus reflecting on one's own experiences with deniers, it would have been beneficial to have had prior training on deniers. There were times that this researcher found the narratives and accounts of deniers persuasive and more experience of working with this client group would have been beneficial (Willshire and Brodsky, 2001).

## **Denial in Sexual Offenders: Time for a rethink?**

From the outset of this research one of the primary aims of this project was to contribute to an understanding of denial. It has sought to move beyond research that has served only to quantify denial and view it in isolation as compared to other variables. There has been an attempt made here to go beyond narrow conceptualisations of denial, that have focused too much on the content of denial (I didn't do it) as a motivational position for treatment. This thesis has posited that denial is a complex phenomenon, which consists of cognitive, social and relational properties. A person's denial can be considered therapeutically meaningful and it is often a wall or veneer protecting the self from unwanted critical appraisal. As Brian (denying participant from chapter 7 states) states *"You see I have all these barriers up, now it's up to you to get round them, if you run straight at it then it's like hitting a brick wall, you'll just smack into it, but you can go around"*. It may be that going around the wall i.e. not addressing the denial, at least initially, will foster a strong therapeutic alliance and allow meaningful clinical work to occur. Through such a position denial may begin to erode once it is no longer needed, just like how scaffolding comes down once repairs to a building have been complete (Janoff-Bulman and Tanko, 1989). If there is to be an embrace, however, of confession or disclosure not being an organising principle of treatment then therapists should not see progress or markers of change through disclosure. Such a position could limit tensions and frustrations inherent in deniers 'not moving' or changing their stance, denial would become less important in terms of treatment selection criteria.

This thesis has been critical of the view that denial is inherently maladaptive. There is still a widely held view that in order to be fully functioning, in order to be sophisticated, one must be taking full ownership of their actions (Cohen, 2001). It has been argued that the criminal justice system's quest for 'responsibilisation', whose founding axiom, is that offenders must acknowledge responsibility for past criminality in order for rehabilitation and crime desistance to be successful, is not a wholly tenable position (McKendry, 2006). Indeed current literature is beginning to question the veracity of such a stance (ibid).

In recent times the casual direction of taking responsibility for past wrongdoings as a necessary condition for personal change has been challenged (Maruna and Mann, 2006; McKendry, 2006; Maruna, 2004, Maruna, 2001). Maruna's (2001, 2004) work has focused on the mechanisms pertaining to crime desistance and contends that the "constructive use of cognitive distortions, such as externalising blame, might actually promote desistance" (Maruna, 2004: 189). He further makes the claim that "personal reform or rehabilitation may itself be a cognitive distortion of sorts" (pg. 190). Thus personal reform may be the result of accentuating positive qualities thereby boosting self-esteem and self-worth while simultaneously reducing anxiety. Could it be then that the very denial we seek to erode could actually be beneficial and may actually work to prevent against future offending? There is recent research evidence to support this supposition. Harkins Beech and Goodwill (2010) measured denial pre and post treatment and examined the moderating effects an individual's risk has on denial. This study found a major significant difference between offenders in high denial and who were high risk and offenders in low denial and who were low risk. They found that high denial, high risk was associated with lower recidivism, which would seemingly support Maruna's assertions. It is difficult to generalise too much given that the majority of the offences in this study were against child victims (82%), with most not in total denial but in a partial form of denial.

However, it poses the interesting question why might denial decrease recidivism for some high risk offenders? One possible explanation is that the offenders feel pressure to live up to the image they portray (Harkins and Thornton, 2008). It has been found that child molesters are more likely to impression manage than rapists (Nugent and Kroner, 1996), thus it could be that their impression management keeps the portrayal stable. As in chapter six, it may be that the stable constructions of moral selves and rejection of sexual offender labels could lead to offenders enacting these roles vis-à-vis living up to the desirable identities. Though the counter argument to this would suggest that in society most sex offenders live double or multiple lives so

as to be able to gain access to potential victims and facilitate their offending behaviour (Finkelhor, 1984; Salter, 2001). It may be that denial and self-presentation are strategies used in similar ways in divergent settings. For instance by giving the impression or portraying a 'good person' so as to be released, could perhaps be the same strategy in order to enable access to victims e.g. in befriending parents or guardians of a child (see Finkelhor, 1984).

However, through rejecting the sexual offender label and by maintaining a normative identity, offenders' may be able to mitigate in becoming secondary deviants and assimilating the labels into their core identity (master status) (Maruna and Copes, 2005; Hood et al, 2002). By avoiding becoming secondary deviants, offenders also avoid stigmatisation, a form of disintegrative shaming where offenders are ostracised as outcasts allowing their deviance to become their master status trait (Braithwaite, 1989).

There are also important moral implications to the argument that denial may be adaptive, not necessary for change and may protect against recidivism. While this may or may not be the case, the victim of the offence will not care that denial could be protective or adaptive; they would want the offender to admit their guilt in order for them to move on. Indeed it is argued that for true social reconciliation to occur, where the offender is allowed restoration and integration back within the community, the victim must not be left feeling victimised, marginalised or blamed (Price, 1999). The concept of moral repair has recently been put forward by Walker (2006, 2001) and focuses on "trust-based relations anchored on our expectation of one another that require us to take responsibility for what we do or what we fail to do, and that allows us to call others to account for what they do or fail to do" (Walker, 2006: 23). Thus moral repair is "restoring or creating trust and hope in a shared sense of value and responsibility" (Walker, 2006: 28). It essentially posits that victims are 'owed' something from society and that communities should not forget the victim when reintegrating those that have done wrong. 'Repair' seems contingent on offenders taking responsibility for their actions, something which deniers will not do. From this position a disclosure-orientated programme would be seen as the ideal, and so a phenomenological understanding of participants journeys out of denial, as in chapter four, could be beneficial for clinicians and academics.

There are thus two positions that one could take when considering whether overcoming denial is necessary. The first would view offenders as moral agents who have violated moral norms and knowingly and intentionally committed the wrongful act and so are responsible for



what they did (Ward and Salmon, 2009). Taking responsibility for their actions and making reparative steps would be key here. This would support the notion that denial needs to be overcome. The second position would be that a person's liberty outweighs public protection (Moncheck, 2006). Thus as long as offenders are now leading offence free lives they should be able to pursue their own (prosocial) goals without interference. This type of risk management strategy has been termed 'taking a chance', where positive change occurs in offenders by them working collaboratively to 'gain' something, rather than simply through risk aversion (Considine and Birch, 2009).

## **Limitations**

There are numerous limitations within this research. The most obvious being the trade-off made at the design level where it was chosen that this research would be small N rather than variable-orientated (Collier, Brady and Seawright, 2004). Munck (2004) points out qualitative research will always be limited to the number of observations, as they are in the main small N studies. If a qualitative researcher tries to compensate for the lack of observations by increasing the observations this can cause the problem of concept-stretching, whereby a shift occurs in the unit of analysis. When this occurs concepts that once fitted into one category tend to exceed that domain and thus no longer fit (Munck, 2004). There is, of course, limited ability here to generalise to wider populations, though the findings will hold some representation, it will be partial and incomplete.

There are many areas that that could have been developed or explored, but were not due to time constraints. For instance the studies here gave insufficient attention to issues of diversity. It would have bolstered this thesis if it included a study of denial, culture and ethnicity. It has been found that denial is higher in minority ethnic populations (see Kennedy and Grubin, 1992) and an exploration of why that is would have been useful and beneficial. The use of denial across ethnicity and culture could have further illuminated the dynamics of denial. Furthermore this research is psychological and although attempts are made at focusing on context and situation, this research is largely idiographic and individualised. Possible future studies may want to examine critically social processes and structures and the impact they have on sexual offenders and their denial. In order for offenders to truly change, their needs to be a full accounting of the context and social location in which the change is located. These wider systems of meaning may

well bear fruit for the understanding many aspects of sexual offenders, their utilisation of denial being one of them.

If I was starting this project out again I would have opted to embrace the personal construct approach more fully. The theory has explanatory power which could be very useful to future studies of denial in sexual offenders. A person's core constructs and the threat of them changing seemed an important mechanism for denial, however, this was insufficiently investigated in this thesis. Indeed chapter seven is essentially exploratory and tentative and more could have been made of the grid data and interviews. One possible future study could be case-orientated repertory grid analysis. Where repertory grids are used in a longitudinal design, administered at different times, to evaluate if there are changes in ones construing. Another possibility would have been to re-orientate this thesis and to critically analyse wider pertinent social processes and locality and there potential effects on sexual offender denial. Critical discourse or critical discursive approaches could have allowed such an analysis.

## **Some reflections of the research experience**

There is probably little doubt that another researcher who would have embarked on a project investigating denial in sexual offenders, even one who did the same project using similar studies, would have interpreted things in different ways, emphasised different aspects and would have brought with them a different set of experiences. Their project may have been somewhat different to the one presented here. Before doing this project I had little experience of working in a prison setting, of interacting with offenders or with practical elements of forensic psychology. I have also grown, developed and changed over the last four years, particularly with becoming a parent. It maybe that the result of these experiences would mean that if I started the project today it may be somewhat different. However reflecting over the last four years I would change very little, not because the studies here could not benefit from change(because they could), but because the thesis came together organically and each study laid the foundations for the next. It is also the product of the highs and lows over the last four years and of the process of doing a PhD. Some of the main issues I will reflect on now.

Gaining access to HMP Whatton was relatively straightforward as the logistics were already worked out before the PhD commenced. This PhD was an ESRC funded CASE PhD which meant that it was collaborative between NTU and HMP Whatton. For nearly three years I spent

between 2/3 days per week in HMP Whatton. This experience was hugely beneficial as it meant that I could draw upon the knowledge and experience of practitioners within the field and also obtain more applied experiences. The prison environment can take some getting used to and it is normal to feel apprehensive initially. HMP Whatton is Europe's largest all male sexual offender prison and initially doing interviews there was a daunting prospect. The experiences of the prison environment and interviewing sexual offenders led myself and a colleague to reflect on some of the challenges in doing qualitative interviews with sexual offenders (see Blagden and Pemberton, 2010). One important issue was to account for the vulnerabilities of both the offender-participant and the researcher. It is also important to reflect on the emotional aspects of interviewing sexual offenders. Too often researchers are inclined to write about research experiences in terms of methods of data collection or the effects research can have on the participants themselves, but often overlook the impact that the research can have on them. Hallowell, Lawton and Gregory (2005) suggest that '... just as research can be a pleasurable and exciting experience, it can also be distressing and emotionally isolating' (p.11). When interviewing sexual offenders the researcher can expect to face an explicit discussion about the participant's offence; a traumatic account of what led up to that offence (which can often include a discussion of abuse the participant had experienced themselves); an account of life in prison, which for some participants has meant enduring physical and verbal abuse as well as attempted suicides (see Blagden and Pemberton, 2010). I spent a lot of time with participants between initial meeting, interview(s), debriefing etc it ranged between 4-10 hours with each participant. I was mindful of the literature on the therapeutic alliance with sexual offenders (particularly those in denial or resistant) and with general psycho-therapeutic literature which stresses empathy, positive regard and acceptance. I tried to display this with participants and I felt that this fostered good working relationships built on trust and respect and thus, I believe, the data was more in-depth and rich. I wanted to avoid the 'smash and grab' approach (see Liamputtong, 2007) to doing research, where the researcher's primary aim is extracting information from the participant.

Horley (2003, 2008) has argued that one of the main difficulties in working with sexual offenders is the lack of 'commonality' and 'sociality' between therapist (or in this case researcher) and offender. Horley contends that it can be difficult to construe an offender's position because of the nature of the offending and because it will be far removed from your own world view. Indeed as a researcher I had to reconcile my own moral position and to some extent suspend my beliefs in order to understand the participant. Furthermore in any interview setting you will have participants that you genuinely like and get on with (as I did here) and so it was important not to

develop over-rapport. Similarly there are those which you will not get on as well with and it was important that I tried to develop the same level of rapport with those participants. I always separated the act (the offence) from the person and would deliberately not read their prison files which contained information on their offending, so as to minimise any biases.

The experience of interviewing sexual offenders was one of the most challenging and rewarding experiences of the whole project, indeed the fieldwork stage was the most enjoyable aspect of this research. I am grateful and feel privileged that participants shared their stories with me and, at times, spoke with stark honesty about their offending and their lives – a process which I am aware would have been hard for participants. I always tried to remember that sexual offenders are a vulnerable group. Indeed it has been argued that they are doubly vulnerable because of the stigmatisation they face and the restrictions that are placed on them (whether through signing the sex offender register, through not being able to get employment or through community rejection) (Blagden and Pemberton, 2010). There were some occasions where listening to participants accounts was difficult, which were magnified by personal changes in my life during the early interviews. During the first stages of data collection I became a father for the first time and this experience could have coloured my perspectives of participants and their accounts. I remember in an early interview becoming uncomfortable when one participant was discussing his offence (sexual assault of his 6 year old step-daughter). The perspective of being a father made the revelations in the interview more salient. However, the supervision I had was excellent and I am particularly grateful to the principal psychologist at HMP Whatton who gave of her generously and supported me through these experiences.

The experiences such as those outlined helped me to develop coping strategies. Such coping strategies were developed through informal (through friends, taking time out between interviews to reflect but also to embark on activities which distract) and formal (through supervision, counselling) networks. I feel it vitally important that researchers have the ability to access this kind of support when needed, for instance, straight after an interview, rather than sometime later – I am grateful that this was the case for me. The interviewing process was a great learning experience and has bolstered my skills as an interviewer and researcher, but has also made me aware of the complex issues of doing research in a prison and conducting research with sexual offenders.

## Concluding Remarks

This thesis has sought to bring to the fore a phenomenological study of denial. One concerned with understanding the phenomenon from the lived experiences of the offender-participants and those that work with them. The thesis aimed to be of some practical utility for academics and clinicians involved with treating sexual offenders and it is hoped that it has given some insight that is beneficial, even if it is limited. This thesis does not offer any panacea for issues pertaining to denial in sexual offenders, but through a clearer understanding it is hoped that a more flexible and constructive approach to working with deniers can be fostered.

Arguably this thesis has raised more questions than answers and it is clear that there are numerous opportunities to develop further research. Qualitatively, further studies evaluating the utility of repertory grids with deniers may be beneficial, as would investigation of personal construct approaches to therapy. Studies evaluating the progress of a sexual offender in denial through treatment could be interesting and highlight what aspects of SOTP work well with deniers. The other option would be to investigate and pilot a deniers programme, this thesis has suggested the approach by Marshall, as one that could be successful. Quantitatively there is still a need to clarify denials role and relevance in recidivism. Current research is ambiguous and confusing, with recent studies offering conflicting results. This research would agree with Mann et al (2010) that denial warrants further attention as a psychologically meaningful risk factor. While this thesis may raise more questions than answers, it is possible that the right questions are now being asked and this thesis could be used to frame future research.

One further critical issue that needs investigating which is pertinent to denial in sexual offenders is that studies need to analyse wider systems of meaning such as societal processes; culture and ethnicity; and societal change (Soothill, forthcoming 2010). The current approach to risk management and ergo the management of denial is with the individualising of behaviour with a focus on individual risk factors (ibid). Approaches need to consider social systems, as much as behaviour and the cognitive structures and products of the individual behaviour. Research focusing on denial may want to consider such systems and broader societal issues and questions to further make sense of the phenomenon. For instance it has been highlighted in this thesis that sexual offenders are vociferously publically denigrated, indeed it is hard to imagine a less popular cause than the sex offenders. This societal reaction, its context, time and place, all impact upon the sexual offender and thus impact upon their defence mechanisms. A punitive or even rehabilitative solution is unlikely to solve such issues until there is a change in societal response,

one which is reintegrative instead of disintegrative and one which does not cast out sexual offenders as forever irredeemable. These broader issues may well be the real challenges for sexual offender rehabilitation and research.

Denial still remains a problematic phenomenon in forensic settings, with the issue of denial unlikely to go away. This thesis has critically explored the phenomenon using a qualitative approach and supports recent studies in the literature which challenges the notion that categorical denial should be a basis for treatment exclusion. It supports research that critically considers denial as a dynamic phenomenon and not just one that is construed as maladaptive. This thesis has offered a timely phenomenological investigation of denial in sexual offenders, though it is conceded that it is limited in scope. While denial remains a confusing and problematic issue, it is clear that denial in sexual offenders is likely to remain with some offenders. The issue then becomes what can be done with such offenders? This thesis contends that constructive work can and needs to be done with deniers and that their denial need not be an obstacle for meaningful clinical work. While the scope of this question requires further empirical research, this thesis contends that the final word in the treatment of sexual offenders need not be 'denial'.

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## **Appendix**

### **Participant information sheet – Participants maintaining their innocence**

Dear Participant

This research will be conducted by Nicholas Blagden, a PhD researcher affiliated with the Nottingham Trent University. This research project will explore your thoughts and views about the offence for which you have been convicted. It will also explore your experiences of prison and the criminal justice system as well as focus on your thoughts and feelings about treatment and levels of family and friendship support. The project aims to allow you to express your views in a non-judgmental setting.

The data will be collected through a two-part interview and these will be tape recorded via a digital Dictaphone. All data will be stored confidentially and locked in a filing cabinet, it will be kept for the duration of this PhD and for approximately five years after to allow time for publication. It will then be destroyed. The interviews will last approximately 1-2 hours, possibly longer depending on the level of detail in which you answer.

Participation in this study is completely voluntary and you may withdraw your data from the analysis at any point. To do this you can contact me directly, contact a prison officer on your wing, contact any member of the psychology department or get a member of staff to leave a message in the internal post. Withdrawal from the study must be received in writing and signed by the participant. I appreciate you giving your time to this study and hope you can gain something from the interviewing process when having the opportunity to put forward your views.

#### **Contacting the Researcher**

The researcher is located at Whatton Prison's psychology department every Wednesday and Friday. If you have any queries please do not hesitate in contacting this researcher on one of these days.

Alternatively, you can write a letter detailing any concerns or request withdrawal to the following address:

Nicholas Blagden  
Room 310  
Nottingham Trent University  
York House  
Burton Street  
Nottingham  
NG1 4BU

## **Informed Consent Form – Participants maintaining their innocence**

This research will be conducted by Nicholas Blagden, a PhD researcher affiliated with the Nottingham Trent University. This research project will explore your thoughts and views about the offence for which you have been convicted. It will also explore your experiences of prison and the criminal justice system as well as focus on your thoughts and feelings about treatment and levels of family and friendship support. The project aims to allow you to express your views in a non-judgmental setting.

This research will be confidential and you will be asked to supply a pseudonym (alternative fictitious name) for which you will be referred to in the PhD and subsequent publications. It is important to note that all interviews will be transcribed word for word and that passages and quotes maybe used in future publications, however your identity will remain anonymous.

The research data will be accessible only to this researcher, the principal psychologist at HMP Whatton and Nottingham Trent supervisory academic staff. Please note that although your interview data will be shared with the principal psychologist any views or comments made during the interview cannot be used for parole assessments or assessing suitability for accredited Sex Offender Treatment Programmes. The interview data will not be accessible by any other individuals other than the supervisory team and will be kept lock in a filing cabinet only accessible to this researcher.

Participation in this study is completely voluntary and you may withdraw your data from the analysis at any point. To do this you can contact me directly, contact a prison officer on your wing, contact any member of the psychology department or get a member of staff to leave a message in the internal post. Withdrawal from the study must be received in writing and signed by the participant. I appreciate you giving your time to this study and hope you can gain something from the interviewing process when having the opportunity to put forward your views.

I hereby consent to taking part in the interviews for the research project entitled 'Understanding the views of those maintaining their innocence in prison'. I understand that my data will only be identifiable through the chosen pseudonym given and that this may appear in future publications.

### **Signature or Mark of the Participant**

*Signature*.....

*Date*.....

**I certify that I have presented the above information to the participant**

**Signature of researcher**

*Signature*.....

*Print name*.....

*Date*.....

*Chosen Pseudonym* .....

## Participant Information Sheet – Treatment professionals

Dear Participant

This research will be conducted by Nicholas Blagden, a PhD researcher affiliated with the Nottingham Trent University. This research project will explore your views and experiences of treating and managing sexual offenders who maintain their innocence. It will also explore your views on treating deniers and what factors or issues you believe are important for tackling denial in sexual offenders.

The data will be collected through semi-structured interview and these will be tape recorded via a digital Dictaphone. All data will be stored confidentially and locked in a filing cabinet, it will be kept for the duration of this PhD and for approximately five years after to allow time for publication. It will then be destroyed. The interviews will last approximately 1 hour, though this maybe longer depending on the level of detail in which you answer.

Participation in this study is completely voluntary and you may withdraw your data from the analysis at any point. To do this you can contact me directly at the psychology department on Thursdays or Fridays or write or email at the below addresses. Withdrawal from the study must be received in writing and signed by the participant. I appreciate you giving your time to this study and hope you can gain something from the interviewing process when having the opportunity to put forward your views.

### Contacting the Researcher

The researcher is located at Whatton Prison's psychology department every Thursday and Friday. If you have any queries please do not hesitate in contacting this researcher on one of these days.

Alternatively, you can write a letter detailing any concerns or request withdrawal to the following address:

Nicholas Blagden  
Room 310  
Nottingham Trent University  
York House  
Burton Street  
Nottingham  
NG1 4BU

You can also email this researcher on [Nick.blagden@hmps.gsi.gov.uk](mailto:Nick.blagden@hmps.gsi.gov.uk), or [nicholas.blagden@ntu.ac.uk](mailto:nicholas.blagden@ntu.ac.uk). This email can be taken as written notification should you wish to withdraw participation from the research.

## **Informed Consent Form – Treatment professionals**

This research will be conducted by Nicholas Blagden, a PhD researcher affiliated with the Nottingham Trent University. This research project will explore your views and experiences of treating and managing sexual offenders who maintain their innocence. It will also explore your views on treating deniers and what factors or issues you believe are important for tackling denial in sexual offenders.

This research will be confidential and you will be asked to supply a pseudonym (alternative fictitious name) for which you will be referred to in the PhD and subsequent publications. It is important to note that all interviews will be transcribed word for word and that passages and quotes maybe used in future publications, however your identity will remain anonymous.

The research data will be accessible only to this researcher and Nottingham Trent University supervisory academic staff. Please note that although your data will be shared with academic staff your participation will be kept anonymous. The interview data will not be accessible to any other individuals.

Participation in this study is completely voluntary and you may withdraw your data from the analysis at any point. To do this you can contact me directly at the psychology department on Thursdays or Fridays or write or email me at one of the addresses in the participant information sheet. Withdrawal from the study must be received in writing and signed by the participant. I appreciate you giving your time to this study and hope you can gain something from the interviewing process when having the opportunity to put forward your views.

I hereby consent to taking part in the interviews for the research project entitled 'Practitioners perspectives on treating and managing denial in sexual offenders'. I understand that my data will only be identifiable through the chosen pseudonym given and that this may appear in future publications.

### **Signature or Mark of the Participant**

*Signature*.....

*Date*.....

**I certify that I have presented the above information to the participant**

### **Signature of researcher**

*Signature*.....

*Print name*.....

*Date*.....

*Chosen Pseudonym* .....

## **Participant information sheet – Post denial participants**

Dear Participant

This research will be conducted by Nicholas Blagden, a PhD researcher affiliated with the Nottingham Trent University. This research project will explore your thoughts and experiences of overcoming your offence denial. It will focus on your experiences and process of overcoming denial, what life was like in denial and what helped you begin disclosing your offending behaviour. It will also explore your experiences of prison and the criminal justice system, family and social network support and the impact of treatment on your denial. The project aims to allow you to express your views in a non-judgmental setting.

The data will be collected through a two-part interview and these will be tape recorded via a digital Dictaphone. All data will be stored confidentially and locked in a filing cabinet, it will be kept for the duration of this PhD and for approximately five years after to allow time for publication. It will then be destroyed. The interviews will last approximately 2 hours, possibly longer depending on the level of detail in which you answer.

Participation in this study is completely voluntary and you may withdraw your data from the analysis at any point. To do this you can contact me directly, contact a prison officer on your wing, contact any member of the psychology department or get a member of staff to leave a message in the internal post. Withdrawal from the study must be received in writing and signed by the participant. I appreciate you giving your time to this study and hope you can gain something from the interviewing process when having the opportunity to put forward your views.

### **Contacting the Researcher**

The researcher is located at Whatton Prison's psychology department every Wednesday and Friday. If you have any queries please do not hesitate in contacting this researcher on one of these days.

Alternatively, you can write a letter detailing any concerns or request withdrawal to the following address:

Nicholas Blagden  
Room 310  
Nottingham Trent University  
York House  
Burton Street  
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NG1 4BU

## **Informed Consent Form – Participants maintaining their innocence**

This research will be conducted by Nicholas Blagden, a PhD researcher affiliated with the Nottingham Trent University. This research project will explore your thoughts and experiences of overcoming your offence denial. It will focus on your experiences and process of overcoming denial, what life was like in denial and what helped you begin disclosing your offending behaviour. It will also explore your experiences of prison and the criminal justice system, family and social network support and the impact of treatment on your denial. The project aims to allow you to express your views in a non-judgmental setting.

This research will be confidential and you will be asked to supply a pseudonym (alternative fictitious name) for which you will be referred to in the PhD and subsequent publications. It is important to note that all interviews will be transcribed word for word and that passages and quotes maybe used in future publications, however your identity will remain anonymous.

The research data will be accessible only to this researcher, the principal psychologist at HMP Whatton and Nottingham Trent supervisory academic staff. Please note that although your interview data will be shared with the principal psychologist any views or comments made during the interview cannot be used for parole assessments or assessing suitability for accredited Sex Offender Treatment Programmes. The interview data will not be accessible by any other individuals other than the supervisory team and will be kept lock in a filing cabinet only accessible to this researcher.

Participation in this study is completely voluntary and you may withdraw your data from the analysis at any point. To do this you can contact me directly, contact a prison officer on your wing, contact any member of the psychology department or get a member of staff to leave a message in the internal post. Withdrawal from the study must be received in writing and signed by the participant. I appreciate you giving your time to this study and hope you can gain something from the interviewing process when having the opportunity to put forward your views.

I hereby consent to taking part in the interviews for the research project entitled 'Understanding sexual offenders' experiences of maintaining and overcoming denial. I understand that my data will only be identifiable through the chosen pseudonym given and that this may appear in future publications.

**Signature or Mark of the Participant**

*Signature*.....

*Date*.....

**I certify that I have presented the above information to the participant**

**Signature of researcher**

*Signature*.....

*Print name*.....

*Date*.....

*Chosen Pseudonym* .....



## Sample interview schedule

### Post-deniers

*Before the interview proceeds, it is important to remember that you should not say anything in the interview that could identify yourself or anyone else: for instance please don't refer to people by name, this includes family, friends, victim etc. You must also not disclose any information about an offence for which you have not been convicted. I am duty bound to report any such disclosures.*

### Introductory questions

- 1) How long have you been at HMP Whatton?
- 2) What wing are you on?
- 3) Are you doing any treatment or training courses?
- 4) Are you involved in any leisure or work activities? Do you enjoy them?
- 5) Do you understand the purposes of the research, your right to withdraw and the structure of the interview?

*This section will focus on you, your role within prison and allow you talk about how denial impacted on you? If you don't understand a question or need me to rephrase something please let me know*

Remember only go into as much detail as you are comfortable, you are not obliged to answer every question.

### Identity and Denial

- 1) How would you describe yourself as person? *Do you get on with others, likeable, sociable*
- 2) How do you think others would describe you? i.e. friends, other prisoners, family, partner/girlfriend?
- 3) [Linked to the last question]. What sort of person are you in prison? *Prompt –easy to get on with, role model for other prisoners? How does this differ from when you are outside?*
- 4) What role would you say you play to the lives of other prisoners? *Prompt – positive, supportive, how? Was this role different when in denial?*
- 5) What does the term sex offender mean to you? How would you define it?
- 6) Has the view of yourself changed since being convicted of a sexual offence compared to how you viewed yourself before conviction? If so how?
- 7) How do you think society views sex offenders? *Prompt and tag questions – why do you think that? Do you think such views are fair? What role did this have on your level of denial?*

- 8) Thinking back what were the main reasons you denied your actions? *Prompt losing family, fear of being hated, did not want to admit to yourself? [if answer because didn't think what was doing was wrong, ask how did he justify continuation to himself?]*
- 9) What about the offence did you deny? i.e. all of the offence, part of it, justified it etc, the wrongness of it?
- 10) Was denial a conscious state? (Did you have to think about your denial)? For example did you really feel that you didn't do anything wrong, or were you aware of what you did but didn't want to admit to it?
- 11) To whom did you first admit your guilt too? *Why them? [if treatment, what was special about treatment?]*
- 12) From your experience how do you feel you have been treated by prison and probation staff since imprisonment? *Prompt do you believe they have treated you fairly and with respect? If not could you explain how you feel you have been treated?*
- 13) Following on from that question, has your attitude towards how you have been treated changed over time? Specifically did your denial affect how you felt you were being treated? *Possible prompt/tag question – could staff have done anything different while you were in denial*

***This section is about the treatment process you undertook, the impact it had on your denial and your views on challenging and tackling denial***

### **Overcoming Denial and treatment**

- 1) What Sex Offender Treatment Programmes or other programmes (e.g. ETS) have you completed?
- 2) Could you tell me what made you want to participate in treatment originally? *I.e. what were the motivations i.e. parole assessment. How did your denial affect your decision to participate in treatment?*
- 3) How did denial effect your participation in treatment programmes? *How did denial affect your relationship with others in the group?*
- 4) How would you say treatment programmes have helped you in overcoming aspects of your denial? *Prompt can you think of anything specific e.g. .improve victim empathy? What about the nature of the group discussions etc?*
- 5) What do you think motivated you to overcome denial? *Prompt was it the thought of parole assessments, or other reason perhaps related to something in a sex offender treatment programme? What stopped you from overcome before?*
- 6) What was it (if anything) that SOTPs did or made you do that could have contributed to you overcoming denial? [**may exclude**]
- 7) Following on from the last question, what factors made you overcome denial? *From your experience what made you come out of denial. Could you describe your process of coming out of denia?*
- 8) Drawing from your own experiences, how or what should treatment programmes do if they want to challenge denial? *What do you think are the best ways to challenge denial?*
- 9) How did it feel to admit to yourself and others the true nature of your offence? *Prompt was there a sense of relief, personal sense of satisfaction, perhaps like you could finally move on? sense of closure?*

- 10) With regards overcoming denial some people think it's a good idea to have a post-denier (such as yourself) to talk to deniers about the benefits of coming out of denial. What do you think to that idea? Would deniers be receptive to this idea? Would you have been receptive to that idea?
- 11) Following on from that question, some believe that when treating deniers it should be done using non-offence made-up scenarios using role-plays and group discussions. What do you think to that idea?
- 12) From your own experience what do you think works well when treating deniers?

***This section is just a few questions on your offence and conviction and on your experiences with the legal system – you only to answer questions which you are comfortable.***

### **Offence-Related Questions**

- 1) Was this your first conviction of a sexual offence? If not how many previous sexual offences have you been convicted?
- 2) Would you mind giving me details of the offence you are convicted for? *Remember, only go into as much detail as you feel comfortable – thank u for that*
- 3) Moving on from there, could you tell me what you pleaded at sentencing stage? Why? [If not guilty ask 'why do you think you pleaded that way? Prompt: advice, believed you were innocent?]
- 3a) Did the way you plead change at any point? If so why? What impact, if any, **did legal advice have?** *If legal advice was 'not guilty' did this impact on denial i.e. make it stronger*
- 4) How did you feel when you were convicted? for instance, did u feel that you hadn't committed an offence? *Were you angry? Felt let down?*
- 5) Has this feeling changed throughout your time in prison? *What has made this feeling change; treatment, self-realisation?* **[exclude if above is positive]**
- 6) Were you intoxicated at the time of the offence (drink or drugs)? If so what impact do you think this had on your offence? *if answer yes, ask why question – why do you think you were intoxicated, did this enable you to commit the offence?*
- 7) What was your life like at the time of the offence? *Prompt – happy, depressed*
- 8) How did you view the victim before the offence? How do you view them now? Has coming out of denial affected how your views?
- 9) How did the criminal justice process (going through the police, courts etc) make you feel? How did it impact on your denial?

***This section is about how your denial impacted on family and friends and how they reacted to your offence***

### **Family and Social Network Questions**

- 1) How did your family react to your offence and you being convicted? Specifically parents? partner/girlfriend/spouse? Siblings? children React.
- 1b) How did their reaction make you feel?
- 2) Did their response/reaction impact on your denial? *For example when you were denying did they believe you, did this then make it harder for you to admit?*
- 3) [linked to the last question] Do you feel that your family encouraged you to come out of denial, or do you feel they contributed more to your denial?
- 4) Overall do you feel family and friends were supportive of you once convicted. Why and how?

5) How would you describe your relationship now with family? friends? partner? *Tag question if negative ask – how does that make you feel?*

6) “Some people argue that having a strong family and friendship ties can help with rehabilitation” Do you agree with that statement?

7) Some argue that in order to tackle denial completely there should be some kind of sensitive intervention (like treatment) targeted at the family. Do you agree or disagree with this statement? *How do you think that would have impacted on your situation? – prompt make the family more aware? Help them be more supportive?*

8) Overall, on a scale of 1-5 (5 being very important and 1 very low importance), how important do you think family and friends are to coming out of denial?

### **Closing questions**

- 1) Do you think about the future much? If so is positive or negative?
- 2) If you hadn't overcome your denial, how do you think that would have affected some of your views you've expressed here?
- 3) Is there anything you would like to add regarding your process of overcoming denial? Something perhaps that has not been covered in this interview or that you feel is important. *Any questions?*

### **Debrief**

Thank you for taking part in this research the interview is now over. I realise some aspects may have been difficult for you to answer and I thank you for being open and honest!

- 1) Do you have any questions for me?
- 2) Do feel this interview was conducted ethically and properly?
- 3) Did this interview make you feel uncomfortable at any point? If so when?

Explain and hand out debrief form and explain that they are entitled to summaries of research findings and that follow-up interviews maybe done to get their feedback on the results.

## **Sample interview schedule – treatment professionals**

### **Introductory Questions**

- 1) How long have you worked at HMP Whatton?
- 2) Have you work in another prison or probation establishment before this?
- 3) What is your current job role? How long have you been employed in that role? Do you enjoy your current job role?

### **Defining Questions**

- 1) Could you tell me how you would define a denier? Could you tell me more about the different types of denial you have witnessed in offenders? How do you view denial e.g. either in or out or as a spectrum of different types?
- 2) Could you tell me how you would define a treatment refuser?
- 3) Could you tell me how you would a non-compliant prisoner?
- 4) Could you tell me how you would describe someone who is 'maintaining their innocence'? Are they the same as a 'denier'? Could you tell me more about there differences?
- 5) What characteristics, if any, do offenders who may have been labelled 'treatment refuser', 'denier' and 'non-compliant prisoner' have in common?

### **The Issue of Denial in Sexual Offenders**

- 1) In your view and from your experience how big a problem is denial in sexual offenders? Could you tell me why you think that?
- 1b) Does it have an impact on your working day? If so in what ways?
- 2) From your experience how does denial manifest itself when working with deniers? *Refuses to take responsibility? Abrupt? Non-communicative.*
- 2b) Could you tell me if the way denial manifests itself differs depending on the level and type of denial? What about type of offence, does that impact on denial in your experience

### **Issues that may affect denial in sexual offenders**

- 1) From your experience, what do you think are the main reasons why offenders may deny? *Prompt what about...family/friends? Societal views? Stigma associated with sex offending?*
- 2) How do you think a sex offenders process through the CJS (courts, police etc) may impact upon there denial? *Prompt reinforce it? Break it down? Why do you think that?*
- 3) From your view do you think legal advice may impact upon a sex offender's denial? How and in what ways? Do you have experience of ways the legal system has impacted on denial?
- 4) As a person who treats and manages sexual offenders, is there anything about the process through the CJS that you would like to change? *Prompt- less judgemental perhaps?*

- 5) How do you think society views sex offenders? Do you think such views are fair? How do you think they impact on an offender's denial?
- 6) How important do you believe family and social networks are to tackling denial? Why? Do they have positive or negative impact?
- 7) Some argue that denial is a dynamic risk factor that extends beyond the offender and encompasses the family. In essence the family can collude and reinforce the offender's denial. What do you think to this statement? To what extent, if any, do you agree with it??
- 8) It has been suggested that denial maybe linked to cultural background for some offenders. What do you think to that statement? Do you agree?

## Denial and Treatment

- 1) What group or 1-1 programmes have you lead/facilitated?
- 2) How often would you say that you have deniers on your programmes? Could you tell me more about he different types of deniers you get on your programmes?
- 3) From your experience what is it like working with a denier? Do deniers pose any unique problems that other prisoners don't?
- 4) How do they generally react with other group members? *Prompt fit in well, disruptive, cause friction etc*
- 5) Does the degree/ nature of denial impact on the difficulty they create or the problems they pose?

Do you think denial is a robust strategy? Do you think it's amenable to treatment? Does this depend on the level or type of denial?

- 6) Have you ever worked with someone who is 'admitting' (*hold hands up and saying I did it*), but still displays denial traits? Do they pose similar or different problems to deniers (for instance they are saying they are admitting)? How are they similar or different?
- 7) How would you describe the level of engagement of deniers who participate in SOTPs? What levels of progress do they generally make?
- 7b) In your view does the level of engagement depend on the level of denial? How and in what ways
- 8) For you personally, what level of denial do you feel is acceptable for participation in treatment programmes? Why do you think that?
- 9) If more deniers were allowed on programmes, what impact, in your view, will this have on the treatment process?
- 10) In your view how do you think this could affect 'treatment need' on programmes? Do you think deniers have different treatment needs (i.e. different g targets and goals of treatment)?
- 11) So, could you tell me in your view what you think is the best approach to treating deniers? Why? *Prompt 1-1, group, motivational programmes?*
- 12) [Linked to last question] In treatment terms do you think group based or 1-1 treatment would be most effective? Why do you think that?
- 13) In terms of treating deniers what elements do you think a denier's programme should include? *Motivational elements? Hypothetical situations?* Why do you think that?
- 14) Should treatment take more account of the different types of denial? How and why?

15) Is there staff training for working with deniers? Have you taken part in it? If so what skills have you learnt to better equip you with working with deniers. *If not do you think there should be more training on how to work with/manage deniers?*

16) Do you feel you could do with more specialised training on deniers? What training do you feel you would benefit from? *Prompt – more information about how to deal with deniers? Techniques that maybe useful?*

17) If someone is categorically denying their offence (total denial) do you think they should be excluded from sex offender treatment programmes? Why do you think that?

18) There is debate at the moment as to whether denial should actually matters to the treatment process. The denial debate can be basically broken down as being on the one hand conceptualising denial as a treatment obstacle that needs tackling before treatment or on the other as a treatment goal – a fundamental target of treatment and so deniers should be allowed on treatment if they want. Where would you say your views fit in this debate? Why is that?

### **Proposed Ideas for Working with Deniers**

1) The national denier's strategy is trying to find ways of motivating deniers onto existing SOTP programmes. Do you think this is a good idea? Why?

2) The A-Z programme, yet to be piloted at HMP Whatton, aims to use motivational techniques in helping deniers overcome denial, at least enough to engage in treatment. What do you think to that idea? Do you foresee any potential problems? You're A-Z trained, could you tell more about it? Do you think it can be successful?

- 3) With regards overcoming denial some people think it's a good idea to have a post-denier to talk to deniers about the benefits of coming out of denial as part of a treatment programme. What do you think to that idea? Would deniers be receptive to this idea?
- 4) Following on from that question, some believe that when treating deniers it should be done using non-offence made-up scenarios using role-plays and group discussions. What do you think to that idea?
- 5) [link to last question] Could you tell me how important you think it is for deniers programmes to be non-offence specific? Why do you think that?
- 6) Drawing from your own experiences, how or what should treatment programmes do if they want to challenge denial? *What do you think are the best ways to challenge denial?*
- 7) In your view what, if anything, would you change about the current approach to deniers?
- 8) How do you think treatment should focus on deniers?

### **Overcoming Denial**

- 1) Could you tell me from your experience, how would you describe an offender's process out of denial? *Prompt gradual, depends on person.*
- 2) In your view what do you think helps the process? What do you think doesn't work so well or hinders the process?
- 3) From your experience do different levels/types of denial in sexual offenders have different ways of overcoming denial? Could you tell me more about the different ways?

### **Debrief**

Thank you for taking part in this research the interview is now over.

- 1) Do you have any questions for me? *Tell them what happens next and explain debrief form!*
- 2) Do feel this interview was conducted ethically and properly?
- 3) Did this interview make you feel uncomfortable at any point? If so when?

Explain and hand out debrief form and explain that they are entitled to summaries of research findings and that follow-up interviews maybe done to get their feedback on the results.



## **Sample interview schedule: Participants in denial**

### **Introductory questions**

How long have you been at whatton?

Have you been in any other establishments?

How do you spend your time here at whatton?

### **Prison Experiences**

What role what you say you play in the lives of other prisoners' here?

Have you ever found that maintaining your innocence, that's had an effect on how prisoners interact with you?

What about in terms of prison staff, prison officers, treatment facilitators...

How would you say you've been treated by staff?

How do you feel you cope with prison life?

Are you currently trying to appeal your sentence or conviction? *if not have they previously?*

Has the view of yourself changed since being convicted of this offence at all.

What do you think of the level of support you get in this establishment?

### **Treatment**

What are your general views of SOTPs? Why do you think that?

Well one because the people that set it up are in prison,

Do you think there could be any benefits to it?

What are attitudes and views of those who have been on treatment?

Have you been on any programmes? Views? Motivation? Positives and negatives?

Do you feel you're given enough information about the courses?

Yeah, Yeah, I mean you have to be interviewed for them, so you know what they're about. The interviewer tells you all about it and everything else, they have to accept you, but you have to accept them, the information they gave and the pamphlet I got was good.

There has been a suggestion of changing the names of some programmes, so for instance SOTP. If it was repackaged under a different like for instance life skills, do you think it would make a difference to what people think?

### **Offence and Legal System**

Are you prepared to tell of the offence for which you are convicted?

How do you think the allegations came about...*explore this, why would they falsely accused, why would someone put themselves through that.*

I was wondering if you could think back to your experiences of going through the CJS. you tell me how you think you were treated by the police

What did you plead to the police?

How was the evidence presented against you, in term of their questioning? *Why do think the jury did not believe you?*

What role would you say solicitors played in the way you pleaded?

So could you tell me how going through that process, the police, the courts, through those stages, how did they make you feel?

So in your view then how do you feel you became in a position to be eventually become convicted, how do you think that came about?

What are your thoughts of the victims?

So why do you think the jury came to the guilty verdict, they heard the evidence, so why do you think they thought you were guilty.

### **Family and Social Networks**

So how did your family react to you being arrested and later convicted?

What about friends?

What do you think are the views of the general public towards sex offenders.

How are you feeling about being released?

Are you apprehensive at all about going back?

Going back to initial family reactions, how did their reaction make you feel?

How would you describe your relationships with your family at the moment?

Do you feel like your family believed you?

Overall how supportive would you say your family have been?

### **Defining Questions**

I'm quite interested to know how you would define a denier, what does that term mean to you how would you define a denier?

Is there a distinction between someone who is a denier and someone who is maintaining their innocent? *How are you referred by someone maintaining their innocence. Which label, in your view, is most appropriate?*

How would you define someone who refuses to take part in treatment

### **Debrief Questions**

Thank you for taking part in this research the interview is now over.

- 1) Do you have any questions for me? *Tell them what happens next and explain debrief form!*
- 2) Do feel this interview was conducted ethically and properly?
- 3) Did this interview make you feel uncomfortable at any point? If so when?

Explain and hand out debrief form and explain that they are entitled to summaries of research findings and that follow-up interviews maybe done to get their feedback on the results.

## Bill

Notes:  
# Constructs: 10      # Elements: 13.  
Grid Type: Rating      Scale Range: 1.00 to 7.00.

## 308

Notes:  
# Constructs: 11      # Elements: 12.  
Grid Type: Rating      Scale Range: 1.00 to 7.00.

Notes:  
# Constructs: 11      # Elements: 13.  
Grid Type: Rating      Scale Range: 1.00 to 7.00.





	Me Now												
	Police Officer												
	Father												
	Me as I'd like to be												
	Alleged Victim												
	Prisoner admitting offence												
	Me before arrest												
	Sexual Offender												
	Person you don't like												
	Prisoner maintaining innocence												
	Mother												
	Person you like												
Deceitful (tells lies)	1	7	1	1	7	3	1	7	7	7	1	1	Truthful
Calm	1	5	1	7	7	5	2	7	1	1	1	7	Angry
Hides Feelings	7	7	7	7	7	1	7	7	7	1	1	1	Shows Feelings
Negative outlook on life	7	1	7	1	2	1	1	7	7	7	7	7	Positive outlook on life
Ignorant	2	7	5	2	7	1	1	7	7	1	1	1	Understanding
Sad	7	1	1	1	1	2	1	7	7	7	7	1	Happy
Doesn't like self	1	1	1	1	1	7	1	7	7	7	1	1	Feels good about self
Untrustworthy (can't trust as far as...)	1	7	1	1	7	7	1	7	7	1	1	1	Trustworthy
Selfish	1	1	1	1	7	7	1	7	7	1	1	1	Unselfish
Pessimistic	7	1	7	1	7	7	1	7	7	1	1	1	Optimistic (look on brightside)
Weak (people will eat you alive)	1	1	1	1	7	7	1	7	7	1	1	1	Won't let people get better of me
Evil (do you harm)	1	7	1	1	7	7	1	7	7	1	1	7	Go about their business (leave you in peace)

## Kirk



## Neville

	Me Now												
	Police Officer												
	Father												
	Me as I'd like to be												
	Alleged Victim												
	Prisoner admitting offence												
	Me before arrest												
	Person you don't like												
	Prisoner maintaining their innocence												
	Mother												
	Person you like												
	Sexual Offender												
Negative outlook on Life	1	1	1	1	1	7	2	7	1	1	1	7	Positive outlook on life
Deceitful	1	2	1	1	7	7	2	7	1	1	1	7	Truthful
Miserable	1	5	5	1	4	5	1	7	1	1	1	7	Happy
Downer	1	4	4	1	4	7	1	1	1	1	1	7	Feels good about self
Unreliable	1	4	1	1	7	7	1	7	1	1	1	7	Trustworthy
Shows true feelings	7	4	7	7	4	7	7	1	7	7	7	7	Hides feelings
Doesn't want to change	7	4	4	7	4	7	1	7	7	7	7	7	Wants to change
Damages	1	4	4	1	4	1	1	7	1	1	1	7	Protects
Let you down	1	5	2	1	7	7	1	7	7	1	1	7	Dependable
Neglectful	1	5	1	1	5	7	1	7	7	1	1	7	Looks after people
Dirty and Sick	1	3	1	1	4	7	1	7	3	1	1	7	Average Joe (not sicko)

Notes:

# Constructs: 11

# Elements: 12.

Grid Type: Rating

Scale Range: 1.00 to 7.00.

**Stef**

		Me Now										
		Police Officer										
		Spouse										
		Me as I'd like to be										
		Alleged Victim										
		Prisoner admitting offence										
		Me before arrest										
		Person you don't like										
		Prisoner maintaining innocence										
		Person you like										
		Sexual Offender										
Pessimist (looks for hidden meanings)	7	7	3	3	7	6	2	6	6	4	7	Optimist
Burdened Person	5	6	4	2	6	3	2	6	5	3	7	Happy Person
Can't let people near (introverted	6	5	4	2	6	3	2	6	3	3	7	Outgoing person
Negative outlook on life	6	4	4	2	6	4	2	6	3	3	5	Positive outlook on life
Unhappy life	5	5	4	2	7	4	3	6	4	3	6	Happy Life
Naive	3	1	5	4	7	4	3	2	4	4	1	Manipulative
Liar (Dishonest person)	4	7	4	2	7	4	3	6	4	3	7	Honest and Truthful
Able to trust people	2	4	4	4	2	5	4	3	3	5	6	Paranoid of people motives
Hostile	6	7	2	4	6	3	3	7	5	3	6	Friendly and approachable
Get walked over	1	5	2	1	2	5	1	7	2	2	5	Stand up for what you believe in

Notes:

# Constructs: 10

# Elements: 11.

Grid Type: Rating

Scale Range: 1.00 to 7.00.

## Repertory grids raw data: Post-deniers

### Anakin

	Self Now												
	Self in Denial												
	Ideal self												
	Mother												
	Father												
	Prisoner admitting												
	Disruptive prisoner												
	Person you like												
	Person you don't like												
	Victim												
	Prisoner maintaining their innocence												
	Sex Offender												
	Me before arrest												
Negative outlook on life	2	4	1	3	2	1	7	3	5	3	6	7	3
Dishonest	1	3	1	2	1	1	5	1	7	1	7	7	4
Doesn't show emotions	3	6	1	3	6	2	2	2	7	2	6	5	7
Pessimistic person	1	2	1	2	5	1	5	3	7	1	5	6	2
Makes wrong choices/decisions	3	7	1	4	4	1	7	2	7	3	7	7	7
Difficulty in coping with lifes problems	2	5	1	1	2	1	7	2	7	4	6	7	5
Afraid/fearful	2	5	1	3	2	2	1	2	7	2	6	7	6
Deceitful	1	7	1	3	4	1	7	1	7	1	7	6	6
Miserable	1	4	1	3	4	3	7	3	7	3	7	7	5
People pleaser	1	6	1	2	6	3	5	3	7	1	4	5	7
Low self-esteem	2	7	1	4	2	3	5	2	7	5	6	6	7
Not able to be self	1	7	1	3	3	1	1	1	7	1	7	7	7
Selfish	3	6	1	2	4	3	7	2	7	2	6	7	3
Positive outlook on life													
Honest													
Expresses emotions and feelings													
Optimistic person													
Makes right choices/decisions													
Copes with lifes problems													
Open to experience													
Truthful													
Happy													
Can't please everyone													
High self-esteem													
able to be self													
Selfless													

#### Notes:

# Constructs: 13

# Elements: 13.

Grid Type: Rating

Scale Range: 1.00 to 7.00.

### Harvey

	Me Now													
	Me in Denial													
	Person you like													
	Me before arrest													
	Mother													
	Father													
	Prisoner admitting													
	Police Officer													
	Sexual Offender													
	Non-sexual Offender													
	Prisoner maintaining innocence													
	Me as I'd like to be													
	Disruptive prisoner													
	Victim													
Negative outlook on life	1	6	3	7	1	1	4	2	6	2	7	1	7	2
Dishonest	1	7	1	7	1	1	1	1	5	1	7	1	2	2
Stubborn	2	7	2	7	2	3	4	3	7	2	7	1	4	2
Pessimistic	1	3	1	3	1	1	1	1	1	1	6	1	6	2
Fool	2	7	2	7	2	2	4	1	7	2	6	1	7	2
Poor copier	1	6	3	6	1	1	1	1	3	1	7	1	7	2
Selfless	6	1	6	1	6	6	5	7	2	6	3	7	2	5
Kidding self	1	7	1	5	1	1	1	1	5	1	7	1	6	2
Unjust	2	7	2	7	2	2	3	1	6	2	4	1	5	2
Stable	7	1	5	2	7	7	7	7	4	7	2	7	1	7
Painless (emotion)	7	2	5	1	7	7	6	6	1	6	1	7	1	6
In Control	7	2	7	4	7	7	7	7	3	7	2	7	1	6
Positive outlook on life														
Honest														
Willing to change														
Optimistic														
Makes right choices/decisions														
Copes with lifes problems														
Selfish														
True to self														
Just														
Chaotic lifestyle														
Pain (emotion)														
Not in control														

#### Notes:

# Constructs: 12

# Elements: 14.

Grid Type: Rating

Scale Range: 1.00 to 7.00.

## Martin

	Self Now																		
			Self in denial																
					Self Ideal														
						Mother													
							Father												
								Prisoner admitting											
									Disruptive prisoner										
										Person you like									
											Prisoner maintaining innocence								
												Victim							
													Prisoner officer						
														Victim's mother					
															Sexual Offender				
																Self before arrest			
Dishonest	2	6	2	2	2	4	6	2	2	2	3	2	6	6	Honest				
Unselfish (selfless)	3	2	6	6	6	6	1	6	5	3	6	3	5	2	Selfish				
Disrespectful	3	1	2	4	2	3	6	4	3	1	5	2	5	4	Respectful				
Accepts	6	2	6	3	5	2	2	6	6	6	1	5	3	2	Judges				
Negative outlook on life	1	6	1	2	3	1	4	2	2	2	2	3	4	5	Positive outlook on life				
Accepting (open)	6	2	6	3	3	2	2	7	2	5	5	2	2	2	Defensive				
Dishonest	3	7	2	2	2	3	6	2	2	2	3	2	7	7	Truthful				
Feels low about self	2	4	1	4	3	2	4	2	2	2	3	3	3	5	Feels good about self				
Pessimistic	1	6	1	3	4	2	5	2	4	2	3	2	3	5	Optimistic				
Weaked willed	3	6	2	3	3	3	5	2	3	3	4	5	7	6	Mentally Strong				
Copes with life pressure	5	1	6	4	5	5	2	6	5	4	5	2	2	2	Can't handle lifes problems				

Notes:  
# Constructs: 11      # Elements: 14.  
Grid Type: Rating      Scale Range: 1.00 to 7.00.

Ron

	Me before arrest													
	Me as I'd like to be													
	Police Officer													
	Self in denial													
	Prisoner maintaining innocence													
	Prisoner admitting													
	Victim													
	Person you like													
	Person you don't like													
	Mother													
	Father													
	Me Now													
	Sex Offender													
Buries head in sand (avoidant)	1	7	7	1	1	7	7	6	1	3	2	6	1	Faces up to things
Admits mistakes	7	1	2	7	6	2	2	2	7	3	7	2	6	Denial
Low self worth	1	7	6	1	3	3	3	6	7	5	2	2	1	Feels positive
Wants positive life	3	1	2	1	4	2	2	1	2	2	2	1	4	Wrecks lives
Wants to change	6	1	2	7	7	1	2	3	7	7	7	1	6	Doesn't want to change
Can't show emotion	2	7	2	1	2	6	6	5	1	2	1	3	1	Can show emotion
Can cope with lifes problems	2	1	2	7	7	1	2	1	2	3	3	2	7	Can't cope
Happy in life	4	1	3	7	6	3	3	2	2	3	4	3	3	Unhappy in life
Not able to be true self	2	7	4	1	1	6	6	6	1	6	6	6	1	Able to be true self

Notes:  
# Constructs: 9      # Elements: 13.  
Grid Type: Rating      Scale Range: 1.00 to 7.00.