

# NEARI NEWS:

TRANSLATING RESEARCH INTO PRACTICE

*An Essential Tool for Professionals Working with those who Sexually Abuse or... A Great New Way to Stay Current with Cutting Edge Sexual Abuse Research.*



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Dear Colleague,

In all of the research that we share with you in this newsletter, there is one simple take-away message: always look at the "whole child."

Looking at the entire person is essential whether doing an assessment, developing a treatment plan, considering a residential placement, or exploring how to integrate a teen back into their family and community.

With that said, there are always struggles working with adolescents. In fact, that is part of their development. So we hope that these resources will help you walk through issues as critical as denial as well as other power struggles that inevitably arise in treatment.

As always, we welcome your feedback. And if you want us to examine a particular issue, please let us know.

Sincerely,  
Joan Tabachnick and Steven Bengis

## Is Denial a Risk Factor?

by David S. Prescott, LICSW

### The Issue

The issue of denial by someone who has sexually abused is certainly controversial. From the victim's point of view, it is critical that society does not deny the victim's experience. But does denial affect treatment and is it a risk factor for re-offense?

To date, there are only limited studies directly examining denial and re-offense among adolescents. These focus on the important role that families can play in denial. Studies of adult sexual offenders until recently have found no evidence that denying one's history of sexually abusing others contributes to risk. Other studies remind us that these recent findings may point to a more complex relationship between denial and sexual re-offense.

Some practitioners believe that those adults who initially deny their behavior have more difficulty meaningfully engaging in the treatment that reduces risk, while others wonder how anyone can benefit from treatment when they refuse to acknowledge their actions in the first place.

### The Research

Kevin Nunes and his colleagues first examined whether there were factors that influenced the relationship between denial of one's abusive behavior and subsequent re-offense. Contrary to the authors' expectations, denial signaled increased risk among lower risk adult abusers, and decreased risk among high-risk adults. The authors then found the same results in two independent groups of adults who had sexually abused. The authors stated that researchers should continue to examine the relationship between denial and risk for future sexual abuse.



NEARI Press

[www.neari.com](http://www.neari.com)

## NEARI RESOURCES

### *Try and Make Me!* by Penny Cuninggim, ED.D., M.S.W.

*Try and Make Me! Power Struggles: A Book of Strategies for Adults Who Live and Work with Angry Kids!* decodes power struggles between adults and the acting-out kids in their care. The book explores questions, such as:

- Who is responsible for power struggles?
- Why do they occur?
- Why do kids start power struggles?
- What is the payoff for them?

This book is a practical resource for expanding the caregiver's repertoire of positive responses and a must-read for parents and foster parents, teachers, and case workers.

For more information, go to the NEARI website at [www.neari.com/press](http://www.neari.com/press).

**Paperback, 112 pages**

The authors note that there is still much to understand about denial. They point out that their study had several limitations. They measured denial in black-and-white terms; the authors did not study the conditions under which denial occurred. In addition, their study did not account for the effects of treatment on both denial and risk. Given the complexity of adolescents, these are very strong limitations.

### **Implications for Professionals**

*Be extremely careful in considering denial as a risk factor.* It seems easy to conclude that those who deny abusive behavior are more likely to continue it. However, most professionals agree that the roots of denial are multi-faceted. For example, some denials may be manipulative, while others reflect a psychological defense against the anguish of admission. When the sexual abuse is perpetrated again by a family member or someone close to the adolescent, denial may be an initial coping mechanism.

*Denial may simply mean that professionals have not yet provided a context where the adolescent can tell the truth.* Rather than think of denial as a risk factor, it may be more helpful to consider the adolescent's motivations for denying or admitting. An adolescent's denial may mean that they do not yet trust the professional who is working with them.

### **Implications for the Field**

*The role of denial is still far from clear.* It may be that an adolescent's unwillingness to acknowledge his or her behavior reflects an underlying risk. On the other hand, we should not expect that someone would decide to re-offend in the future just because they said, "I didn't do it" today. What is clear from the research is that the practitioner must look at the context in which the adolescent lives (e.g., their family, school, etc.) and address the adolescent and this larger system when looking for a road to a healthy situation.

### **Reference**

- Nunes, K.L., Hanson, R.K., Firestone, P., Moulden, H.M., Greenberg, D. M., & Bradford, J.M. (2007). Denial predicts recidivism for some sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 19, 91-105.

**To print a pdf of this article**, click [newsletter](#).

### **Abstract**

This study examined whether there were variables that moderated the relationship between denial and recidivism among adult male sexual offenders. The first study (N=489) found that the relationship with sexual recidivism was moderated by risk (as measured by the Rapid Risk Assessment for Sexual Offense Recidivism) but not by

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## Featured Website

[www.advocatesforyouth.org](http://www.advocatesforyouth.org)

*Advocates for Youth* champions efforts to help young people make informed and responsible decisions about their reproductive and sexual health.

With a sole focus on adolescent reproductive and sexual health, *Advocates for Youth* provides a wealth of information and resources for kids, families, the media, and policy makers.

**About the Author:**  
**David S. Prescott, LICSW**

[David Prescott website](#)

A nationally recognized expert in the field of sexual abuse assessment, treatment, management, and prevention, Mr. Prescott has published numerous articles and authored, edited, and co-edited books on risk assessment, interviewing, and providing residential treatment to youth. He is the

psychopathy (as measured by the Psychopathy Checklist-Revised). Contrary to expectations, denial was associated with increased sexual recidivism among the low-risk offenders and with decreased recidivism among the high-risk offenders. Post hoc analyses suggested that the risk item most responsible for the interaction was "relationship to victims." For incest offenders, denial was associated with increased sexual recidivism, but denial was not associated with increased recidivism for offenders with unrelated victims. These interactions were substantially replicated in two independent samples (N=490 and N=73). The results suggest that denial merits further consideration for researchers as well as those involved in applied risk assessment of sexual offenders.

## Questions/Feedback

Please email us at [info@neari.com](mailto:info@neari.com) or call us at 413.540.0712 to let us know if you have a question or a topic you would like us to cover.

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