# TN

### TENNESSEE SEX OFFENDER TREATMENT BOARD

# POLICY NO. 16

# **Denial**

# **Purpose:**

To establish a standard for denial for the purpose of sex offender treatment.

Denial is a common defense mechanism that protects individuals from being overwhelmed by unmanageable stress. Denial may also be a conscious action to avoid internal or external consequences associated with one's behavior. Initial denial of the allegations of a sexual offense is not uncommon, and it is not always clear whether it is a conscious ploy to avoid consequences or a defensive coping mechanism. A determination of the nature and extent of the denial must be addressed in the sex offender risk evaluation.

For the purpose of this policy, denial is defined as a failure of the client to accept responsibility for the offense.

The Board recognizes that the literature does not demonstrate denial as a risk factor for reoffending. The research does suggest that denial can be viewed as a responsivity factor and as a cognitive distortion.

Some level of denial is common among clients who commit sexual offenses and may be reduced through intervention. The existence of some level of denial regarding sexual offending behaviors shall not in itself exclude the client from treatment but may be a responsivity factor that determines the level of treatment required.

There are clients who are in complete denial of the sex offense and therefore, specific sex offender treatment may be contraindicated. However, high levels of denial may indicate a need for more intensive treatment to break through the defensiveness of the client and to decide on continued services. It is recommended that some intervention be attempted regardless of the level of denial keeping in mind that working in a group setting with others that have progressed through their own level of denial may be beneficial to the treatment process.

In instances where the client is in such denial that sex offender treatment is not recommended, the evaluator must document the rationale for postponing treatment and provide a recommendation for appropriate intervention. Recommendations made should be based on the client's needs and not on available resources in the area.

\*\*\*Approved August 31, 2023\*\*\*