

Denial

Offender Denial

There are many types of denial that can be observed within offenders, including: denial of future behavior, history specific denial, justifications, minimizations, denial of arousal, deflective denial (emphasizing an aspect of behavior other than sexual assault), false dissociation, incident-specific denial, “plausible” denial in which an offender acknowledges harm to a victim from such an offense, full denial in which an offender denies both the offenses and harm to victims, and pathological denial in which an offender becomes excessively hostile, delusional, or defensive. Successful work with sex offenders depends, in part, upon the ability of the offender to move towards less severe forms of denial towards a position of appropriate accountability for abusive behavior.

Victim Denial

Victims commonly report less of the abusive incidents than offenders who accept an appropriate level of responsibility for their behavior. This may be due to dissociative reactions to the abuse, developmental or age related complications to memory, or the victim’s intense shame, discomfort, and confusion surrounding the incidents. While denial can serve to protect a victim from becoming overwhelmed, at times denial serves to protect an offender with whom the victim has had a rewarding non-sexual relationship. In some cases, victims do not wish to define themselves as such. Victims, and their unique reactions to abuse, must be honored without relieving the offender of responsibility for his abusive behavior. The involvement of others (i.e., parents, relatives, teachers, neighbors, etc.) can be important in accommodating victim denial while expecting accurate accountability from the offender. Another type of victim denial sometimes occurs when an offender becomes healthier and the victim and family begin to engage in a new type of minimization of the harm inflicted.

Family Denial

Resistance is common among family members of sexual abusers, and even when the facts and incidents are irrefutable, there is a tendency to minimize the seriousness of the offender’s problem. While family denial must be reduced, it should not be looked upon as inherently pathological. Most families would struggle to make sense out of and come to healthy terms with the abusive sexual behavior of one or more family members. It is the rare – and often unbelievable family – that readily accepts the seriousness of the problem.

Community Denial

Both victimized and non-victimized community members may also experience and display denial. Three common forms of community denial are readily identifiable: 1) not wanting to know, 2) claiming to understand without learning the details and dynamics of the incidents, and 3) hoping to create safety by ousting the perpetrator (there may be other perpetrators present). Safety results from communities learning to adequately identify and monitor sexual predators and their levels of safety and accountability.

Professional Denial

Helping Professionals are, by nature, optimistic and interested in looking for positive qualities and results. Professional denial is strengthened by the desire to be successful at their work, and by social systems that expect timely progress. These factors, coupled with the intensely disagreeable nature of the offenses committed by many offenders, motivate professionals to overlook risk factors. When offenders have also experienced abuse, neglect, and trauma themselves professionals may harbor a desire to interact with the “offender as victim” instead of the “offender as abuser” and neglect the fact that they are the same person.