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Engagement, Denial, and Treatment Progress Among Sex Offenders in Group Therapy

Jill S. Levenson[1,2] **and Mark J. Macgowan**[1]

This study investigates the relationship between engagement, denial, and treatment progress among a sample of 61 male sex offenders in outpatient group therapy. Three hypotheses were posed: (1) that denial is inversely related to engagement in group therapy; (2) that denial is inversely related to treatment progress, and (3) that engagement is correlated with treatment progress. Results revealed a strong correlation between engagement in group therapy, measured by the Group Engagement Measure, and sex offender treatment progress, assessed by the Sex Offender Treatment Rating Scale. Denial, measured by the Facets of Sexual Offender Denial Scale, demonstrated a strong inverse relationship to treatment progress. Engagement and denial were also strongly inversely related. Together, engagement and denial explained a significant amount of the variance in treatment progress. The findings provide support for current standards of practice that maintain that admitting to a sex crime is a necessary condition for progress and engagement in treatment. Strategies for increasing engagement and treatment progress, and reducing denial, are discussed.

KEY WORDS: engagement; denial; treatment progress; sex offender; group therapy.

INTRODUCTION

Sex offender treatment outcome studies typically measure the effects of treatment on recidivism. However, the measurement of in-treatment change is equally important (Hanson, 2000). Measuring the skills, behaviors, and attitudes of clients that can be altered by treatment and that are relevant to the prevention of future sex crimes has been identified as an important research endeavor (Marques, Nelson, West, & Day, 1994). The need for more clinical research measuring treatment

[1]School of Social Work, Florida International University, Miami, Florida.
[2]To whom correspondence should be addressed at School of Social Work, Florida International University, 11200 S.W. 8th Street, ECS 480, Miami, Florida 33199; e-mail:jsljwm@bellsouth.net.

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constructs using reliable measures has been suggested (Hanson, 2000; Marques, 1999). Furthermore, although treatment has an overall effect on recidivism, more research is needed to determine specific ways to improve current practice (Hanson et al., 2002).

In general, therapeutic process variables have been neglected in outcome research, especially in the study of cognitive behavioral treatments (Marshall, Anderson, & Fernandez, 1999). Some process variables that have been discussed in previous literature as relevant to sex offender outcomes or recidivism are engagement, denial, and treatment progress (Anderson, Gibeau, & D'Amora, 1995; Beech & Fordham, 1997; Birgden & Vincent, 2000; Hanson & Bussiere, 1998; Lund, 2000; Marshall et al., 1999; Schneider & Wright, 2001).

Purpose of the Study

The purpose of this study is to investigate the relationship between engagement, denial, and treatment progress among a sample of male sex offenders in group therapy. Because treatment has been found to reduce recidivism among sex offenders (Hanson et al., 2002), and treatment failure is correlated with increased recidivism (Hanson & Bussiere, 1998), it seems important to identify within-treatment factors that might facilitate treatment success. In this study, the researchers hypothesized that treatment progress is related to two factors: engagement and denial. The study posed three hypotheses: (1) that denial is inversely related to engagement in group therapy; (2) that denial is inversely related to treatment progress, and (3) that engagement is correlated with treatment progress.

Engagement

The concept of engagement is widely referred to in the social work and psychology literature, although it has seldom been formally defined or adequately measured for group work. No outcome studies have specifically measured engagement of sex offenders in group therapy, although some researchers have attempted to measure seemingly related treatment constructs such as motivation and therapeutic climate.

In an investigation of four motivational factors as predictors of treatment effectiveness for 109 child molesters in outpatient therapy, acceptance of the problem, attendance, promptness, and level of participation in therapy (rated as high, moderate, or low) were found to be predictive of mastery over cognitive behavioral treatment concepts (Jenkins-Hall, 1994). Acceptance of responsibility (as measured by the offender's acknowledging that he committed an offense; defining himself, not the child, as the aggressor; believing that sex with a child is wrong; and feeling remorse or regret) consistently proved to be a statistically powerful predictor of favorable treatment outcome (Jenkins-Hall, 1994). Because Jenkins-Hall