A Case Study Comparison of Brief Group Treatment and Brief Individual Treatment in the Modification of Denial Among Child Sexual Abusers

John F. Ulrich
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Andrews University
School of Education

A CASE STUDY COMPARISON OF BRIEF GROUP TREATMENT
AND BRIEF INDIVIDUAL TREATMENT IN THE
MODIFICATION OF DENIAL AMONG
CHILD SEXUAL ABUSERS

A Dissertation
Presented in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

by
John F. Ulrich
May 1996
A CASE STUDY COMPARISON OF BRIEF GROUP TREATMENT
AND BRIEF INDIVIDUAL TREATMENT IN THE
MODIFICATION OF DENIAL AMONG
CHILD SEXUAL ABUSERS

by

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To my loving parents, Frank and Cara Ulrich, who have encouraged and supported my growth, development, and education.
# TABLE OF CONTENTS

## LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>

## Chapter 1. INTRODUCTION AND STATEMENT OF THE PROBLEM

<table>
<thead>
<tr>
<th>Statement of the Problem</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Threat of Incarceration May Be the &quot;Treatment&quot; Effect</td>
<td>2</td>
</tr>
<tr>
<td>No Comparison Treatment to Evaluate Efficacy</td>
<td>2</td>
</tr>
<tr>
<td>No Systematic Study of Variables Contributing to Denial and Admission</td>
<td>5</td>
</tr>
<tr>
<td>Purpose of the Study</td>
<td>6</td>
</tr>
<tr>
<td>Replication Under Different Legal Conditions</td>
<td>7</td>
</tr>
<tr>
<td>Efficacy of Brief Group Therapy Versus Brief Individual Therapy</td>
<td>7</td>
</tr>
<tr>
<td>Systematic Study of Variables Associated With Denial</td>
<td>8</td>
</tr>
<tr>
<td>Research Questions</td>
<td>9</td>
</tr>
<tr>
<td>Justification for the Study</td>
<td>10</td>
</tr>
<tr>
<td>Prevalent Problem</td>
<td>10</td>
</tr>
<tr>
<td>Treatment for a &quot;Higher Risk&quot; Population</td>
<td>10</td>
</tr>
<tr>
<td>Need for Standardized Procedure</td>
<td>11</td>
</tr>
<tr>
<td>Cost Reduction</td>
<td>12</td>
</tr>
<tr>
<td>Overcoming Denial May Reduce the Harm to the Victim</td>
<td>12</td>
</tr>
<tr>
<td>Assumptions</td>
<td>14</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>14</td>
</tr>
<tr>
<td>Child Sexual Abuser and Other Terms</td>
<td>14</td>
</tr>
<tr>
<td>Denial and Defensiveness</td>
<td>16</td>
</tr>
<tr>
<td>Delimitations of the Study</td>
<td>16</td>
</tr>
</tbody>
</table>

## Chapter 2. LITERATURE REVIEW

| Overview | 17 |
| Treatment for Sex Offenders in Denial | 18 |
| Individual Therapy for Sex Offenders in Denial | 19 |
| Group Therapy for Sex Offenders in Denial | 22 |
| Denial in Ongoing Groups | 24 |
| Brief Group Treatment for Denial | 27 |

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LIST OF TABLES

1. PCQ Pretest Scores for Subject 101 .......... 91
2. MMPI-2 Pretest Scores for Subject 101 .......... 93
3. PCQ Pretest Scores for Subject 102 .......... 98
4. MMPI-2 Pretest Scores for Subject 102 .......... 100
5. PCQ Pretest Scores for Subject 103 .......... 105
6. MMPI-2 Pretest Scores for Subject 103 .......... 106
7. PCQ Pretest Scores for Subject 104 .......... 110
8. MMPI-2 Pretest Scores for Subject 104 .......... 111
9. PCQ Pretest Scores for Subject 105 .......... 117
10. MMPI-2 Pretest Scores for Subject 105 .......... 118
11. PCQ Posttest Scores for Subject 101 .......... 157
12. MMPI-2 Posttest Scores for Subject 101 .......... 158
13. PCQ Posttest Scores for Subject 102 .......... 160
14. MMPI-2 Posttest Scores for Subject 102 .......... 162
15. PCQ Posttest Scores for Subject 103 .......... 164
16. MMPI-2 Posttest Scores for Subject 103 .......... 166
17. PCQ Posttest Scores for Subject 105 .......... 170
18. MMPI-2 Posttest Scores for Subject 105 .......... 172
19. PCQ Pretest Scores for Subject 106 .......... 178
20. MMPI-2 Pretest Scores for Subject 106 .......... 180
21. PCQ Posttest Scores for Subject 106 .......... 190
22. MMPI-2 Posttest Scores for Subject 106 .......... 192

x

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
23. PCQ Pretest Scores for Subject 107 ............. 197
24. MMPI-2 Pretest Scores for Subject 107 ............. 198
25. PCQ Posttest Scores for Subject 107 ............. 210
26. MMPI-2 Posttest Scores for Subject 107 ............. 211
27. PCQ Pretest Scores for Subject 108 ............. 217
28. MMPI-2 Pretest Scores for Subject 108 ............. 218
29. PCQ Posttest Scores for Subject 108 ............. 233
30. MMPI-2 Posttest Scores for Subject 108 ............. 235
31. PCQ Pretest Scores for Subject 109 ............. 239
32. MMPI-2 Pretest Scores for Subject 109 ............. 241
33. PCQ Posttest Scores for Subject 109 ............. 255
34. MMPI-2 Posttest Scores for Subject 109 ............. 257
35. PCQ Pretest Scores for Subject 110 ............. 263
36. MMPI-2 Pretest Scores for Subject 110 ............. 265
37. PCQ Posttest Scores for Subject 110 ............. 279
38. MMPI-2 Posttest Scores for Subject 110 ............. 280
39. Treatment Outcome by Treatment Condition ............. 285
40. Mean Scores for the PCQ Results ............. 286
41. PCQ Posttest Minus Pretest Mean Differences by Treatment Outcome ............. 287
42. MMPI-2 Pretest and Posttest Results ............. 288
43. MMPI-2 Posttest Minus Pretest Mean Differences by Treatment Outcome ............. 290
44. MMPI-2 Code Types and Treatment Outcomes ............. 292

xi

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ABSTRACT

A CASE STUDY COMPARISON OF BRIEF GROUP TREATMENT AND BRIEF INDIVIDUAL TREATMENT IN THE MODIFICATION OF DENIAL AMONG CHILD SEXUAL ABUSERS

by

John F. Ulrich

Chair: Frederick A. Kosinski, Jr.
Title: A CASE STUDY COMPARISON OF BRIEF GROUP TREATMENT AND BRIEF INDIVIDUAL TREATMENT IN THE MODIFICATION OF DENIAL AMONG CHILD SEXUAL ABUSERS

Name of researcher: John F. Ulrich

Name and degree of faculty chair: Frederick A. Kosinski, Jr., Ph.D.

Date completed: September 1996

Problem Statement

O’Donohue and Letourneau (1993) demonstrated success in modifying denial among child sexual abusers with brief group treatment when probable incarceration existed for subjects who did not admit. This current study replicated and enhanced their treatment model while omitting the adverse legal consequences for subjects remaining in denial. Brief individual therapy was used as a comparison treatment condition. Factors theoretically contributing to denial were explored.
Methodology

Ten subjects were evaluated as individual case studies in two non-randomly assigned treatment conditions. Five subjects received nine group therapy sessions and five received nine individual therapy sessions. Subjects were selected from three counties through probation, child welfare, and other treatment providers. The Perception of Consequences Questionnaire (PCQ) was developed to measure subjects' beliefs and perceptions of what would happen if they admitted to the abuse. Five theoretical domains were measured: reaction of family, internal reactions, social, legal, and financial consequences. Pretest and posttest assessments included the MMPI-2, the PCQ, and a denial assessment interview with non-blind, independent raters.

Results

At posttest, four of the five subjects (80%) in group treatment admitted to the offense, while two of the five subjects (40%) in individual treatment admitted. The two subjects with the highest pretest PCQ scores were the first to admit. The legal and financial domains had the strongest correlation with treatment outcomes. Subjects in partial denial at pretest anticipated more negative social consequences at posttest than others. Defensiveness on the MMPI-2 increased regardless of treatment outcomes. A case study account is provided for each subject's treatment.
Conclusions

Some inherent therapeutic aspects of the brief group treatment model appear to be effective in the modification of denial among child sexual abusers without adverse legal consequences. In spite of the changing legal contexts for treating sex offenders in denial, this model is effective. The PCQ offers a useful and systematic measurement of offenders' perceptions of consequences for admitting. Measuring defensiveness on the MMPI-2 has limited utility in distinguishing between offenders who admit their offense and those who do not. Larger replication studies are needed to identify essential treatment components which facilitate admissions.
CHAPTER 1

INTRODUCTION AND STATEMENT OF THE PROBLEM

Child sexual abusers who deny their offense have generally had a poor prognosis, but a new consensus among treatment providers is emerging: Denial can be treated (Barbaree, 1991; Marshall, 1994; O’Donohue & Letourneau, 1993). Historically treatment providers have argued whether or not to accept denying offenders into their programs (Groth, 1990; Murphy, 1996; Sgroi, 1990). Some programs provisionally accepted abusers who deny the offense and placed them in group therapy with admitting offenders (Salter, 1988). Recently, several treatment models specifically focused on modifying denial among child sexual abusers have reported considerable success (Barbaree, 1991; Marshall, 1994; O’Donohue & Letourneau, 1993). This study replicates the one out-patient treatment model, but implements the program with offenders in different legal contexts and explores other factors that theoretically contribute to denial among child sexual abusers.

O’Donohue and Letourneau (1993) had remarkable success in the modification of denial among convicted child sexual abusers in an out-patient setting using brief
group treatment. Their subjects had been found guilty by a trial or had entered a "no-contest" plea, but continued to assert their innocence. Following seven group therapy sessions, "11 subjects (65%) changed from 'denier' to 'admitter' status" (p. 302). O'Donohue and Letourneau's (1993) success has raised hope for providing effective brief clinical intervention to a population many have considered not amenable to treatment. However, several methodological problems plague these findings.

**Statement of the Problem**

**Threat of Incarceration May Be the "Treatment" Effect**

Most of O'Donohue and Letourneau's (1993) subjects were on probation or parole after having been incarcerated. The authors emphasized to the offenders that they would be returned to prison if they did not admit because their denial was preventing them from being admitted into sex offender treatment programs. By not being in a treatment program they were in violation of the terms of their probation, and hence, could be returned to prison. Therefore, it is possible that the most powerful variable for gaining admissions in O'Donohue and Letourneau's (1993) study was the persistent threat of incarceration. The content and design of the group therapy may have been secondary.
In anticipation of this argument, the authors wrote that the threat of "probable incarceration" for not admitting to the abuse "probably was not a sufficient cause [for admitting] in that their probation officers had been telling them about this for several months prior to treatment" (p. 303). However, the time-series design of this study does not adequately control for the role the threat of incarceration had in gaining admissions. Perhaps the increased attention from the therapists alone was the operant variable. The role that the persistent reminder of returning to prison played in gaining admissions remains uncertain.

For a variety of legal reasons, many offenders can not be threatened with incarceration for failing to admit to the abuse in treatment. First, the legal consequences for not admitting to the offense in treatment are changing rapidly. A recent Montana court ruling determined that offenders cannot have their probation violated on the basis of denial (Schlank & Shaw, 1996). Other states have made similar rulings (Murphy, 1996) and many offenders can not be incarcerated based on their unwillingness to admit to the offense in treatment.

Second, some courts are reluctant to incarcerate an offender based on his failure to admit to the offense. In one jurisdiction in which this study was conducted, a probation officer relayed an experience of recommending
revocation of probation for an offender who persistently denied the offense in treatment. The court responded to the request by simply removing the requirement of therapy as a condition of probation. In this community, offenders with legal counsel would know that threats of possible revocation of probation were meaningless, and in fact may be welcomed.

Third, some treatment providers work with denying offenders who have not been charged or convicted of the crime. Therapists who work closely with child protection agencies can not always count on criminal proceedings or convictions of the intra-familial sex offender. These offenders are sometimes ordered into treatment through parental participation petitions when a court finds a child in need of services (CHINS). If they do not admit, their child may not be returned to the family. However if they do admit, they may go to prison. This legal context is the opposite of O'Donohue and Letourneau's (1993) study: admitters may go to prison, deniers will not.

These changing and various legal contexts for treating denial eliminates a powerful component in the O'Donohue and Letourneau (1993) model which may seriously limit its utility and effectiveness.
No Comparison Treatment to Evaluate Efficacy

A second problem arising from O’Donohue and Letourneau’s (1993) study is that although they had an admission rate of 65%, there was no comparison or control group with which to evaluate these results. Other recent studies have reported effectiveness rates from 50% to 85% for group treatment for denial (Barbaree, 1991; Marshall, 1994; Schlank & Shaw, 1996). However, these studies also do not have comparison or control groups. O’Donohue and Letourneau (1993) acknowledge the limitation of their research design and suggest that “future research should include placebo control groups and a spontaneous remission group, as well as blind raters so that causal inferences can be better drawn” (p. 303).

No Systematic Study of Variables Contributing to Denial and Admission

O’Donohue and Letourneau (1993) readily acknowledge that legal issues alone do not explain protracted denial among this population. They write:

Beyond legal consequences such as incarceration, this crime can result in consequences for the perpetrator such as alienation from family, loss of job and friends, and general stigmatization. Denying such an offense, to the extent that doubt or agreement is successfully generated, perhaps functions to minimize these consequences. (O’Donohue & Letourneau, 1993, p. 301)

Their follow-up interviews revealed several treatment components that facilitated admission. "Anecdotal
comments by the participants suggested that they found the assertiveness training, victim empathy, information about sex offender treatment, and probable incarceration the most critical in helping them overcome their denial" (p. 303).

The interviews also revealed factors that inhibited admission. "Clients also reported that the major reason they were in denial was the fear of consequences, especially the reactions of loved ones" (p. 303).

This qualitative data from the interviews provides rich clinical information regarding factors that inhibit or facilitate admissions of child sexual abuse.

Other treatment providers, discussed in the literature review, have identified theoretical constructs which support denial. By systematically measuring and monitoring factors associated with prolonged denial, important information about the social, cognitive, and affective processes that contribute to the decision to admit may emerge. However, there is no survey, scale, or instrument known to this author that would quantify the variables mentioned by the offenders as being important in overcoming their denial.

**Purpose of the Study**

The purpose of this study was threefold: to replicate O’Donohue and Letourneau’s (1993) treatment model under different legal conditions, to improve the research
methodology by adding a comparison treatment, and to systematically explore variables which facilitate or inhibit admission.

**Replication Under Different Legal Conditions**

The hallmark of any scientific finding is that it can be replicated under similar conditions. This study replicated the content and format of O’Donohue and Letourneau’s (1993) treatment model under different legal conditions. This change of legal context eliminated a possible operant variable in the original model: threat of incarceration. Subjects in this study could not be threatened with incarceration because of the precedent in the jurisdiction, or because they had never been criminally charged. If this replicated model is effective, then it could demonstrate the utility of the original model for treating denial among sex offenders in diverse and changing legal contexts.

**Efficacy of Brief Group Therapy Versus Brief Individual Therapy**

A second purpose for this study was to improve the methodology of the original study by using brief individual therapy as a comparison treatment. No empirical studies known to the author have explored the relative effectiveness of individual therapy in modifying denial among child sexual abusers, although it is
practiced (Groth, 1990). By having a comparison group, effectiveness of the different treatment modalities can be evaluated.

Systematic Study of Variables Associated With Denial

A third purpose for this study was to use quantitative and qualitative methods to explore variables which contribute to offenders persistent denial or facilitate their admissions. In an attempt to measure these theoretical domains, this writer developed a self-report instrument called the Perception of Consequences Questionnaire (PCQ). The PCQ addresses the offender's perception of what would happen if he or she were to admit to the abuse. Six theoretical domains were identified from the literature: reactions of family or loved ones, internal reactions (how admitting would affect self-perception), social, legal and financial consequences, and a total score.

The Minnesota Multiphasic Personality Inventory - Second Edition (MMPI-2) was utilized to measure defensiveness and minimization as a correlate to denial. This test has good norms and is a standardized instrument which measures defensiveness and minimization of psychopathology. It is widely used throughout the literature in the assessment of sex offenders in general, and specifically with those who deny their offense
Since the current understandings of protracted denial and therapeutic efforts to facilitate admission is still largely theoretical, qualitative methods were employed. Offenders' comments regarding the process of admitting or maintaining their denial were recorded.

**Research Questions**

The purpose of the study was formulated into the following research questions:

1. How effective was the brief group therapy model developed by O'Donohue and Letourneau (1993) when there was no threat of incarceration for failure to admit?

2. How effective was brief group treatment when compared with brief individual treatment under similar conditions?

3. How did perceptions of negative consequences, as measured by the PCQ, correlate with treatment outcome of admission or denial?

4. How did scales and indices on the MMPI-2, which measure defensiveness and minimization correspond with treatment outcomes?

5. What new variables that might facilitate or inhibit admission of the abuse are identified through the qualitative analysis of offenders' treatment?
Justification for the Study

There would be a myriad of potential benefits from developing an effective treatment program for the modification of denial among child sexual abusers. "The hallmark of the sex offender is defensiveness" (Knopp, 1984, p. 68). Certainly defensiveness and denial are an integral aspect of treatment. However, there has been little empirical study of the topic.

Prevalent Problem

Denial among sex offenders is very prevalent. Langevin (1988) cites an unpublished study by Hucker, Langevin, Bain, and Handy in 1987 in which 100 consecutive referrals of alleged child sexual abusers were screened for denial. They found that 54% of the subjects "denied criminal charges, refused to undergo testing, or did not admit they had any problems related to children" (p. 269). Given these prevalence rates, treating denial must be an integral part of therapy for this population. However, with changing legal precedence in various states, treating denial requires effective treatment interventions, independent of legal consequences for protracted denial.

Treatment for a "Higher Risk" Population

There is an implicit logic to the argument that sex offenders who deny their offense will be more likely to re-offend, just as alcoholics who deny a drinking problem
will be more likely to drink again. Marshall and Barbaree's (1988) findings from a long-term study support this conventional wisdom. They found that offenders who denied their guilt had higher recidivism rates than either treated or untreated offenders who admitted to their sexual offense. These findings highlight the importance of developing effective treatment interventions for child sexual abusers who deny their guilt.

Need for Standardized Procedure

As the treatment for sex offenders comes under increasing scrutiny from the courts and other payers, there is a corresponding need to develop standardized procedures and protocols which can be empirically supported. Replication and improvement in the methodology of O'Donohue and Letourneau's (1993) initially successful treatment model aids in developing a potentially sound clinical intervention.

If a treatment model for denial is standardized, then the model may be utilized in more settings. Currently, the United States Bureau of Prisons and many state prisons do not provide group treatment to sex offenders in denial. All treatment models for incarcerated sex offenders in denial are Canadian (Barbaree, 1991; Marshall, 1994). With standardized treatment protocols and demonstrated effectiveness rates for this problem, correctional institutions may begin to re-evaluate current policy and
begin to offer treatment to denying offenders who may comprise a higher risk for re-offending.

Cost Reduction

Denial by child sexual abusers has a significant cost at the clinical, social, and personal level.

Individual psychotherapy costs the payer much more than brief group psychotherapy. If brief group treatment has equal or superior effectiveness, then there would be a prima facie cost savings. Also, denying offenders remain in treatment longer, since they delay beginning treatment for the sexually abusive behavior. This also adds cost.

There are several hidden social costs to protracted denial among child sexual abusers. In intra-familial child sexual abuse cases, sometimes the child is placed in foster care while the offender remains in the home. By gaining admissions from offenders, the child/victim may spend less time in foster placement since the length of family treatment may be shortened. Also with admission, responsibility can be realigned in the family, resulting in the offending parent moving out and the child returning home. Thereby, the cost of foster placement is reduced and the emotional cost to the victim may also be reduced.

Overcoming Denial May Reduce the Harm to the Victim

The potential benefits to the child/victim when the offender (especially a parent) admits to the abusive
behavior was another important justifications for this study. There is no clear empirical evidence, known to this author, that admission of the abuse by the offender will lessen the long-term effects of the abuse on the child. However, Wyatt and Newcomb’s (1990) study indicated that if a child did not blame themselves and told of the abuse, there was strong correlation with less negative impact of the abuse on adulthood functioning. This finding is particularly true when the abuser was a close relative of the victim. In intra-familial child sexual abuse treatment, an admission can assist the therapist in helping the child to externalize the blame and disclose more fully to the non-abusing parent the extent of the abuse.

An offender’s denial can have a very tangible effect on the victim. Through convincing denial, the offender may raise enough doubt about the allegation so that the child is returned to the home, where he or she may endure more abuse. If, through denial, the offender is able to persuade the non-abusing spouse to not believe the allegation, the child may end up in years of foster care at the state’s expense. In some cases, the offender’s denial convinces some authorities, but not others. Inter-agency conflict may occur, compromising the well-being of the child. Gaining an admission from the offender is very important in reducing the potential for further damage to
the sexually victimized child.

Assumptions

This study assumed that although the subjects were treated in a different legal context, their clinical presentation was not significantly different from subjects in other studies. Although most of the subjects would have been considered "lower risk" since this was usually their first reported offense, the clinical dynamics motivating both their deviant sexual arousal and their denial, were assumed to not be significantly different from subjects in similar studies. Thus, findings from this study will be compared with findings from studies involving convicted and incarcerated subjects.

Definition of Terms

Child Sexual Abuser and Other Terms

The terms "child sexual abuser," "sex offender," and "perpetrator" represent different degrees of specificity. "Sex offender" is a more general term including "child sexual abusers." It also includes exhibitionists and rapists. When the term "sex offender" is used in this study, it is intended to represent literature or studies including child sexual abusers, but not limited to them. The term "perpetrator" is the broadest term, coming from law enforcement. Although the term "perpetrator," and the neologisms of "perp" and "perping" are frequently used,
they have become a kind of slang. Since they lack specificity and have become jargon, the term is used sparingly in the study.

The shorter term "offender" will be used as alternative to the longer phrase "child sexual abuser." The term "offender" will generally refer to child sexual abuser in this study.

The term "child sexual abuser" is preferred over the terms "child molester" and "pedophile" in an attempt to describe a behavior which includes a broad age range. The term "child molester" has become a very emotion-laden term which includes perceptions of adults who abduct and rape children. The term "pedophile" has the connotation of adults with exclusive sexual preference for children, although the *Diagnostic and Statistical Manual of Mental Disorders--Fourth Edition* (1994) of the American Psychiatric Association does specify "exclusive" and "nonexclusive" types. Pedophilia, as defined in the *DSM-IV* (1994) refers to sexual arousal or contact with "prepubescent children (generally age 13 years or younger)" (p. 527). By contrast the term "child sexual abuser," used in this study, more closely parallels the legal definitions of sex between an adult (19 years and older) and a minor (17 years and younger) (Okami & Goldberg, 1992).
Denial and Defensiveness

In this study, "denial" is used to describe both complete denial of an offense, such as "I did not abuse the child," and various forms of partial denial. There are many different taxonomies for different types of partial denial among child sexual abusers. These various classifications will be reviewed in the literature section.

Defensiveness refers to a guarded presentation of oneself in both therapy and response to tests. Defensiveness is not used interchangeably with "denial." Rather it refers to the willingness of a person to be open and honest in disclosing personal information. Denial is a form of defensiveness. However, a subject may admit to the offense (not be in denial) and still be defensive.

Delimitations of the Study

The sample of child sexual abusers was limited to 10 male subjects from three counties in north-central Indiana. These offenders were seen in a variety of legal contexts. Five were referred by state agencies designed for the protection of children and the courts governing their actions. Three had been convicted and were court ordered into counseling as a condition of their probation. One was essentially voluntary although his family was involved with child protective services. One was referred for treatment under a deferred prosecution arrangement.
CHAPTER 2

LITERATURE REVIEW

Overview

While the literature on the treatment of child sexual abuse has been burgeoning for the last decade, research on the very common problem of denial among child sexual abusers has only recently emerged. This chapter reviews the literature relevant to the independent variable (treatment of denial), the moderator variables (psychological assessment, perceptions of consequences, and legal contexts of treatment), and the dependent variable (denial). Since there are very few empirical studies on the treatment of denial among child sexual abusers, the theoretical literature is also reviewed. The psychological assessment literature relevant to denial has focused on comparisons between admitting and denying offenders, detection of defensiveness, and minimization of paraphilia. A few articles examined offenders' perceptions of consequences, and only one study examined legal variables which affect admission rates of offenders. Other general literature regarding the legal contexts of providing services to sex offenders is reviewed. Finally, this chapter summarizes the many different typologies of
denial among sex offenders.

**Treatment for Sex Offenders in Denial**

The literature regarding therapeutic techniques for the modification of denial among sex offenders can be divided into three broad categories: assessment only, individual therapy, and group therapy. Since the assessment model for modifying denial is not a part of this study, only a brief overview of this section of the literature is presented in order to provide a reference for interpreting the effectiveness rates of the other treatment interventions. The assessment model ranges from a general psychological battery combined with two or three clinical interviews (Stella Chowdhury, Family and Children's Center, March 1994, personal communication) to an extensive battery of tests, including phallometric assessment, sexual history, and other assessment procedures (Langevin, 1988).

Conte (1985) cited a very interesting unpublished study (Abel, Cunningham-Rathner, Becker, & McHugh, 1983) in which the effectiveness of various assessment procedures for gaining further admissions was evaluated. They found that subjects admitted to more sexual deviancies after different assessment procedures by the following percentages: (1) reemphasize confidentiality, 1%; (2) card sort technique, 19%; reinterview, 20%; results of lab assessments (phallometric), 62%. The
reference does not indicate what percentage of the 90 subjects entered with complete denial, as opposed to the different types of denial and minimization discussed below.

Individual Therapy for Sex Offenders in Denial

When research laboratories which assess sexual deviance are not available, a clinician confronted with a denying sex offender has frequently utilized individual therapy. Experts in the field who offer individual therapy have conducted training on techniques useful in modifying denial based on their clinical experience (Groth, 1990). I know of no studies that demonstrate the relative efficacy or base rate for modification of complete denial using individual therapy; however, authors representing the behavioral, humanistic, and family systems theoretical approaches have outlined their procedures.

Perkins (1991) writing from a primarily behavioral orientation has described a treatment approach for denial which highlights the role of interpersonal persuasion and contingency management in overcoming offenders' minimization and denial. Contingency management refers to helping the offender see consequences for continued denial such as "imprisonment or loss of family relationships" (p. 170). Interpersonal persuasion refers to the therapist-patient relationship variables, such as rapport building.
He identified eight techniques useful in the persuasion and contingency management of offenders' denial. Perkins acknowledged that the issues of managing denial and lack of motivation are not the "sole province of the behavioral therapist" (p. 169). He wrote that these issues are "aspects of client functioning which are just as amenable to analysis and modification as the presenting problem of sex offending" (p. 169). He did not provide any data regarding the effectiveness of these techniques.

A. N. Groth, working from a humanistic perspective, has been widely recognized in the field for his early work with sex offenders (Groth, 1979; Groth, Hobson, & Gary, 1982). He has presented many training workshops (Groth, 1990). Groth (1990) outlined three principal components for working with denial. First, a dependable leverage point for maintaining treatment is necessary, such as the courts or family members. Second, specific details about the offense are necessary for effective confrontation. The confrontation is not to be "breaking the will" or "humiliation" but feeding back the impact of the offense on the different realms of the offender's life, such as job or marriage. The third, and most important component in overcoming denial, is "offering something that does feel like help." This implies helping offenders to see the connections between some of their own goals and the
role that therapy can have in attaining those goals. For example, some offenders promise themselves that they will not abuse a child again, but then do. Help may be emphasizing that if they admit the abuse and participate in treatment, they can gain control of the problem. Groth (1990) also did not offer any data regarding the effectiveness of these interventions.

In the family systems tradition, Hoke, Sykes, and Winn (1989) have described numerous systemic and strategic interventions with denying offenders. These included identifying the "positive connotation" of the denial, "pretend/ordeal" strategies, using "metaphors," and using the "client's position." These techniques are used to circumvent the direct resistance from clients in denial. The treatment goal is to develop a "recoil effect" in which the client begins to move away from his or her initial defensive position.

Very recently, Winn (1996) has applied five other systemic and strategic interventions to modify denial. These include the following:

1. Discuss the "negative consequence of change" which helps position the therapist with the client to enable some examination of the denial

2. Use metaconfrontation, which is challenging the offender to challenge him or herself
3. Elicit the offender's permission to be confronted, which serves to empower the client.

4. "Partialize the denial" to assist the client in identifying the part of the self that wants to maintain the denial and other parts that may want to admit.

5. "Restructure transactional patterns in the environment which maintain denial" by addressing the systemic (familial and larger systems) support for the denial.

Neither of these two articles provide data on the relative effectiveness of these interventions.

Most of the individual therapy techniques are not mutually exclusive. In fact, in some instances, different terminology is used for very similar phenomenon in the counseling process.

Group Therapy for Sex Offenders in Denial

Group therapy with sex offenders has been a widely used treatment modality (Langevin, Wright, & Handy, 1988). Group therapy has been employed by a variety of theoretical perspectives, which may or may not have explicit treatment goals relevant to sex offending behavior (Langevin et al., 1988). The role and purpose of group therapy vary among programs because of different theories regarding the etiology and nature of sexual offenses and divergent perspectives on how people change.
Maletsky (1991) identified three broad, overlapping types of groups reflecting different conceptualizations of what abusers need to prevent themselves from re-offending: (1) supportive, (2) therapy, and (3) behavioral groups. Maletsky (1991) contended that in contrast to the other two types of groups, "the major focus in therapy groups is . . . exploring the genesis of each member's disorder" (p. 159). Therapy groups imply "that uncovering and insight can eliminate deviant arousal. There is as yet no demonstration of this assumption, but lively debate will probably continue" (p. 159).

The literature that does exist specifically on group therapy techniques with offenders tends to be esoteric (van Zessen, 1990), limited in scope (Pietz & Mann, 1989), and dated (Yalom, 1961). One exception is the article by Ganzarain and Buchele (1990) which describes a psychodynamic incest offenders group and some of the motivational problems with this population. However, it appears that subjects in complete denial did not participate in this therapy.

The problem of motivation and denial of a problem with this population is not new. Yalom (1961) wrote:

The recalcitrance which one encounters when attempting therapy with such a group as this, generates respect and gratitude for an often unappreciated ally in treatment--the voluntariness of the patient. Voluntariness stems from an awareness of personal dis-equilibrium, from a discomfort arising from within which leads to a willingness to assume some responsibility for
attitudinal changes. Needless to say, it is a prerequisite for successful therapy, and only after voluntariness has been evoked in the patient does his treatment begin to resemble the course of therapy of the deviants reported upon in the earlier-cited literature. (p. 160)

The literature on group therapy for denial among sex offenders initially focused on procedures for managing offenders in group therapy with admitting offenders (Salter, 1988). Recently four studies of group treatment specifically targeting denial have been published. Two of the studies occurred in an out-patient setting (O’Donohue & Letourneau, 1993; Schlank & Shaw, 1996), while the other two were with incarcerated offenders (Barbaree, 1991; Marshall, 1994).

Denial in Ongoing Groups

In behavioral or cognitive-behavioral treatment programs, new group members are expected to exhibit some denial so they are considered "candidates" for the group. Salter (1988) outlined the process of each member introducing himself and telling of his offense.

The group then asks the new candidate his offenses. While typical minimizing or denying is met with justifiable skepticism, the new recruit is confronted that evening. He is given several weeks' grace to adjust to the group; then the group asks him again. (p. 115)

The person participates in the group on a "provisional basis" until certain objectives which require full admission can be met. Offenders who remain in complete denial never progress in the group and are voted out by
Barbaree (1991, 1994) developed and described a specific technique for the type of group treatment model outlined by Salter (1988). Barbaree’s program was for incarcerated offenders in the Canadian prison system. Of 26 rapists, 54% denied they had committed the offense and 42% of the remaining subjects minimized responsibility. The percentages were higher for child molesters: 66% of 15 subjects denied the offense, with the remaining 33% (5) minimizing their responsibility.

When each new member joined the ongoing group, he or she was asked to tell about the offense.

In response, the group therapist gives an account of the official version of the offence [sic] based on the police reports and victim statements. Then, the group is asked to list the discrepancies between the inmate’s version and the official version. The offender is asked to account for the discrepancies, while the group is encouraged to challenge the offender on his account of the discrepancies. (p. 32)

Barbaree (1991) outlined that the group therapist’s task is to explain “why offenders might deny their offenses, including shame, avoidance of legal consequences and fear of losing the love and support of friends or family” (p. 32).

This group treatment method resulted in 86% of the 22 subjects who entered treatment in complete denial (rapist and child molesters) accepting that they had committed a sexual offense. Fifteen subjects admitted the offense,
but minimized responsibility, while four subjects accepted full responsibility. Three remained in complete denial.

Barbaree wrote, "While not conclusive, these results indicate that denial and minimization among sexual offenders are amenable to treatment" when denial and minimization are target behaviors (p. 33).

Marshall (1994) also wrote that treating offenders in denial is important. Excluding offenders who deny their guilt "seems likely to markedly reduce the number of sex offenders eligible for treatment and may very well eliminate from treatment some of the most dangerous offenders" (p. 559).

Marshall (1994) replicated Barbaree's (1991) treatment model also with a larger sample size (N = 81) of Canadian inmates: rapists (n = 15) and child molesters (n = 66). In this group treatment model, the offender repeats the process of disclosing his version of the offense and receiving group feedback until "his account of every aspect of his offense(s) is acceptable to the group" (p. 562).

Marshall (1994) also emphasized the importance of the therapist accepting the person, but not the offending behavior, during the disclosure process. "People are most likely to take the risk to admit to acts they believe others view as repugnant, if they know they are not going to be rejected and if they are assured that support and
help will continue" (p. 561).

Prior to treatment 25 (31%) of the subjects were in denial, 26 (32%) minimized the offense, and 30 (37%) were in full admission. At the completion of 70 hours of group therapy, 2 (2%) subjects remained in denial, 9 (11%) minimized the offense, and 70 (86%) made full admissions of their offense(s). The treatment effect was significant at p<0.001.

**Brief Group Treatment for Denial**

I am not aware of any treatment programs in the United States that have incorporated the techniques developed by Barbaree (1991) and Marshall (1994). Since many offenders who denied the offense were excluded from treatment, O’Donohue and Letourneau (1993) developed an out-patient program designed to "help convicted offenders admit to their sexual offenses against children" (p. 300). The 17 subjects had all been convicted of child sexual abuse. All but one were on probation. The groups were conducted in two cohorts of brief group therapy (7 sessions) addressing common sex offender treatment issues. These included:

(a) victim empathy training; (b) cognitive restructuring of irrational beliefs regarding adult-child sexual contact; (c) sex education; (d) assertiveness and social skills training; (e) education about sex offender therapy; (f) emphasis on the possible consequences of continued denial (e.g., imprisonment, further harm to the victim, and increased risk of reoffending); and (g) analysis and development of inhibitions regarding
adult-child sexual contact. (p. 300)

The methodology of the study was a time series model. The offenders had been in denial for a mean of 2.15 years. Following the treatment, the subjects who admitted continued to admit at 6-month and 18-month follow-up evaluations. Utilizing a three-level measure of denial, 65% (11) of the subjects moved from complete denial (level 1) to partial denial (level 2) or full admission (level 3).

As mentioned above in chapter 1, subjects in this treatment model were constantly reminded that they would go to jail if they continued to deny the offense. Participants reported that "assertiveness training, victim empathy, information about sex offender treatment and probable incarceration" were most helpful in bringing them out of denial. "Clients also reported that the major reason why they were in denial was the fear of consequences, especially reactions of loved ones" (p. 303).

Schlank and Shaw (1996) cited the recent Montana state ruling ("State v. Imlay") to point out that some states may not revoke offenders' probation because they deny their guilt in treatment. Thus, the threat of imprisonment in O'Donohue and Letourneau's (1993) study may not apply in many states in the near future.
Schlank and Shaw (1996) conducted a study with 10 sex offenders (three rapists and seven child molesters) in two consecutive but similar groups. Subjects were referred by probation officers due to their ineligibility for sex offender treatment programs. Treatment providers collected a portion of money necessary for a polygraph and a penile plethysmography during each session. At the end of treatment, the offenders would have to complete these assessments if they continued to deny the offense. If the subjects admitted, the money would be refunded. The 16-session group addressed motivation for denial, victim empathy exercises, readings on the victim's experience, the impact of continued denial on the victim, and components of relapse prevention therapy.

Fifty percent (5) of the subjects made an admission during or at the end of the treatment program. The limited sample size and the lack of a control group limit the conclusions that can be made about the effectiveness of this treatment model. Yet the results provide some tentative support for the effectiveness of out-patient treatment with offenders in denial when there are no adverse legal consequences for protracted denial.

The Legal Contexts of Treatment

The treatment of sex offenders who deny their guilt almost always occurs in some legal context because child sexual abuse is a crime. The literature reviewed below
provides an overview of different contexts for providing treatment, and places the current study in a historical perspective. Then literature relevant to the legal consequences that may motivate offenders' denial is presented.

Historical Perspective and Overview

Peters, Dinsmore, and Toth (1989) of the National Center for Prosecution of Child Abuse contended that "no conflict has caused greater dissension among professionals working on behalf of abused children than the use of criminal prosecution as a response to child abuse" (p. 649). Frequently the debate focused on intra-familial abuse where the adversarial legal system may result in punishment affecting the entire family. Critics of prosecution argue that intra-familial abuse should focus on rehabilitation of the parent and family reunification. Advocates of prosecution argue that not prosecuting familial offenders sets up a double standard.

The issue of prosecution is not simply a two-sided debate. MacFarlane and Bulkley (1982) developed a taxonomy of treatment programs for child sexual abuse based on the relationship of the treatment program to the criminal justice system. The five major program types include the following:

1. The victim advocacy model focuses on minimizing the impact of the criminal investigation on the victim and
supports prosecution without attempting to improve it.

2. The improvement model develops multidisciplinary techniques for victim-centered investigation and prosecution.

3. The system modification model strives to use the criminal court, rather than the juvenile court, to achieve rehabilitation rather than punishment of the offender and thus avoids the traditional prosecution which may be difficult for the victim/family member.

4. The independent model views sexual abuse as a illness or family dysfunction and operates apart from the legal system.

5. The system alternative model strives to keep the treatment of abuse out of the criminal justice system entirely.

Historically, the critics of criminal prosecution held primary influence in the 1970s and early 1980s. For example:

Pennsylvania was one of the first states in the country to adopt a non-criminal approach to child abuse prevention . . . . The law presumed that many, if not most of these [intra-familial] relationships could be salvaged without resort to the criminal justice system and all its stagnizing repercussions. . . ." (Beatty & Woodley, 1985, pp. 669, 673)

Jollie (1992) reported that this approach was taken to encourage reporting by non-familial members. Advocates of this approach believed that "criminal prosecutions would not be successful due to the reluctance or inability
of children and family members to testify" (p. 142). The law went even further, prohibiting CPS units from disclosing information about abuse to law enforcement agencies.

By contrast, advocates for prosecution of child sexual abuse

oppose separate standards for intra-familial sexual abuse . . . . There is no legal or moral justification for ignoring cases where the acts of physical or sexual abuse are committed by a family member, while strangers are treated as criminals for committing similar acts. (Peters et al., 1989, p. 650)

How Legal Context Affects Denial

As law enforcement agents gather evidence to build a case against a suspect, one of their primary objectives is to get a confession from the suspect. However, a person has the constitutional right to avoid self-incrimination and does not need to admit to a crime. Therapeutic efforts to have an alleged child sexual abuser "move out of denial" as a treatment goal may jeopardize those constitutional rights. Given these potential legal consequences, it is remarkable that abusers who are not criminally charged would ever admit. An "admission" in treatment may become a "confession" for the criminal justice system, which would be the evidence necessary to proceed with criminal prosecution.

Bradshaw and Marks (1990) examined 350 "closed felony files dating from 1975 to early 1987" in Ector County,
Texas. They found that only two variables were significantly related to legal outcome: "the presence or absence of medical evidence and presence or absence of a statement by the offender" (p. 281). A statement was defined as "any assertion made by the perpetrator about the charge of sexual abuse, not limited to, a signed confession" (p. 280). Only 7% (26) of the cases in which an offender's statement was present resulted in a "no-bill," dismissal, or acquittal. Medical evidence did influence outcome. However, the authors noted that "in many cases, medical evidence will encourage an offender to admit to the crime of sexual abuse" (p. 277). In short, medical evidence "nearly doubled" the disposition of a plea or conviction, but a "statement by the offender increased the probability of a guilty plea or conviction by 250%" (p. 284).

Severity of Legal Charge Affects Denial

Conte and Berliner (1981) conducted an archival study on 84 of the county prosecutor's files of child sexual abuse cases (Seattle, Washington) and found that "the majority of offenders will plead to the original charge when that charge does not carry a mandatory prison sentence" (p. 105).

The authors examined five categories of charges: three levels of statutory rape (which assumes a lack of consent, but no force may be present), indecent liberties
(fondling), and incest. A first-degree statutory rape charge, which carried a mandatory 5-year prison term, brought four (21.1%) admissions to the original plea and five (26.3%) pleas to a lesser charge. By contrast, second-degree statutory rape charges brought seven (41.2%) admissions to the original charge and one (5.9%) plea to a lesser charge. Third-degree statutory rape charges resulted in six (60%) admissions to the original plea and one (10%) plea to a lesser charge. Indecent liberties charges brought 26 (45.67%) admissions to the original charge and seven (12.3%) admissions to a lesser charge. The relationship of admission rate to severity of charge was linear, with the exception of incest.

The authors do not identify the severity of a sentence for incest, but mention that incest was a high "social stigma" offense. Only two (22.2%) incest charges resulted in admission to the original plea and no pleas to a lesser charge. Admission to the original charge of incest was less frequent than admission to first-degree statutory rape by a minor, a 1.1% difference.

Incest charges were by far the least likely to result in any legal consequences for offenders who denied the original charge. Five incest cases (56.6%) were dismissed, and the only case (11.1%) to go to trial resulted in an acquittal. By contrast, five (26.3%) of the first-degree statutory rape charges were dismissed.
Two cases (10.5%) were acquitted by jury and one (5.3%) was convicted by jury.

Some caution is warranted interpreting these results because the data were collected in 1978 when incest was still regarded as a rare phenomenon (Freedman, Kaplan, & Sadock, 1975). Social awareness of incest has changed dramatically in the last 20 years. Conviction rates for incest probably increased in the years following this study, but the fact remains that legal consequences correspond with the frequency to which offenders will admit their crime.

**The MMPI/MMPI-2 in the Assessment of Sex Offenders**

Attempts to Classify Sex Offenders With the MMPI

Volumes of research have been conducted with the Minnesota Multiphasic Personality Inventory (MMPI) to assess and classify sex offenders (Erickson, Luxenberg, Walbek, & Seely, 1987; Hall, Graham, & Shepard, 1991; Rader, 1977; Schlank, 1995). However, the consistent findings of the large-scale studies (Erickson et al., 1987; Langevin, Wright, & Handy, 1990a, 1990b) and a review of the literature (Marshall & Hall, 1995) are that no reliable MMPI profile typology can be developed which distinguishes types of sexual offenders (Erickson et al., 1987; Hall et al., 1991) or which identifies sexual offenders from various comparisons groups (Langevin et
al., 1990a; Quinsey, Arnold, & Pruesse, 1980).

The conclusions of Erickson et al. (1987) and Marshall and Hall (1995) are very strong regarding careful and limited use of MMPI profile analysis among sex offenders in forensic evaluations.

The MMPI can be useful for presentence evaluations and for monitoring long-term treatment progress, but the findings reported here do not support descriptions of any MMPI profile as typical of any sort of sex offender. Attempts to identify individuals as likely sex offenders on the basis of their MMPI profiles are reprehensible. (Erickson et al., 1987, p. 569)

More recent reviews of the literature concur with these earlier findings. "The clearest and most consistent result of this research [on MMPI scales] is that child molesters show such varied responding on the MMPI that it is impossible to say with confidence what sort of profile an offender will show" (Marshall & Hall, 1995, p. 216).

Defensiveness Among Sex Offenders on the MMPI

Sex offenders are widely recognized as being prone to deny any sexually deviant behavior during psychological assessment (Grossman & Cavanaugh, 1989; Hayward, Grossman, & Hardy, 1993). Various studies have found mixed results regarding the usefulness of the MMPI to identify defensiveness and denial among alleged sex offenders. The studies use different criteria to determine subjects in denial. However, the literature points to some tentative benefit in using the MMPI to identify defensiveness among
sex offenders, although it cannot reliably be used to determine guilt or innocence (Marshall & Hall, 1995).

Lanyon and Lutz (1984) explored the ability of the MMPI validity indices to identify defensiveness and denial between heterogenous sex offenders who admitted the offense and those in denial. Ninety subjects (N = 90) either charged or convicted of sexual felonies were divided into no-denial (n = 48), partial denial (n = 24), and full denial (n = 18) groups. “Representation of pre- and post-conviction subjects was found to be approximately proportional in each of the three groups” (p. 841). The researchers included subjects who had been convicted or were expected to be convicted based on sufficient evidence.

When comparing the three groups of offenders, the authors found a significant difference on a derived L + K index between the no-denial group and partial-denial group. However, when partial-denial and full-denial groups were combined and analyzed against the no-denial group, significant differences were found on all six validity scales and indices. The L + K - F derived index had the highest correlation with denial when the two denial groups were combined. “A discriminant function analysis between the denial and no-denial subjects using just the six predictors involving validity scales showed an overall hit rate of 83%” (p. 843). This indicates that
offenders who deny the offense will be much more likely to be defensive on the MMPI than offenders who admit their offense.

Lanyon (1993) improved upon the method of the previous study by using comparison groups for offenders who admitted and those who denied. However, he analyzed only five special sex offender scales. Since these scales have had items that were deleted from the MMPI-2 (James Butcher, October 1995, personal communication; Marshall & Hall, 1995), they were not utilized in this current study.

Grossman and Cavanaugh (1990) analyzed the MMPI results of 53 sex offenders and compared whether they were facing legal charges or not, and whether they admitted or denied the offense. This study identified five various validity indices on which "patients who denied deviant sexual behavior [23] showed more evidence of minimizing psychopathology in general than did those who admitted to deviant sexual behavior [30]" (pp. 740-1). The five scales were the Positive Malingering scale, the L scale, the F-K scale, the Ds or Gough Dissimulation scale, and Obvious-minus Subtle Subscales.

The subjects who were facing active legal charges "showed less evidence of psychopathology on several MMPI clinical scales than did those who were facing no charges" (p. 742). However, the validity indices which differentiated those who admitted from those who denied
the charges did not differentiate between those facing legal charges and those who were not. The authors concluded that "patients who face no legal charges were more likely than were those facing active legal charges to show symptoms of psychopathology" (p. 742). The authors speculated that those not facing charges may be more "disturbed in general," or "more willing to talk to clinicians about areas of psychological dysfunction as a way of asking for help with their sexuality" (p. 742).

The study does not indicate how many or what percentage of the subjects who denied the charge were facing active charges as opposed to those who essentially volunteered for the assessment (were not facing charges). The authors did not conduct a two-way analysis of variance, which would have identified more clearly the differences on the validity scales for those who denied the offense under the different legal conditions.

As a portion of a larger study on defensiveness with 100 sex offenders, Langevin (1988) analyzed 46 MMPI profiles in conjunction with phallometric and other testing. He classified the subjects' denial into one of five categories: admits all; admits offense, but denies anomalous sex preference; admits offense and preference, but claims special circumstances (alcohol or drug use); denies offense, but admits anomalous sex preference; and denies everything. Then the subjects were assessed with
the penile plethysmograph resulting in one of four classifications: (1) diagnosis made, (2) non-responder, (3) faking the responses, or (4) refused testing.

When the results of the MMPI were analyzed with the phallometric testing results, Langevin (1988) found the validity indices (L, F, K, F-K, and the Obvious-Subtle Subscales) did not "discriminate between (1) responders who cooperated with the testing . . . and (2) fakers who manipulated their phallometric testing" (p. 285).

Among all the subjects, he found that a "considerable degree of defensiveness was observed on the MMPI (36.6% satisfied the criterion of 11< F-K < -11)" (p. 285). He did not indicate what percentage of these subjects with minimization were classified in which type of denial or admission.

Langevin et al. (1990a; 1990b) in two separate studies explored the usefulness of the MMPI and 125 of its derived scales with sex offenders. In the first study, the MMPI results of 425 men who admitted sexually anomalous behaviors and preferences were examined in relation to 54 non-psychiatric community controls. The study reviewed the internal consistency of the scales, one way analysis of variance between groups, and later between the control group and sex offenders.

Thirty-four (34) of the 50 scales measuring defensiveness "showed moderate discrimination" between
admitting sex offenders and the comparison group (p. 276). "No scale correlated with L, F, or K more than 0.20" (p. 276). In their analysis of demographic variables, Langevin et al. (1990a) found a "weak but noteworthy relationship of intelligence with defensiveness" (p. 276).

The most striking result of this study was the support for the Wiener-Harmon Subtle-Obvious subscales. "Every one of the 5 Subtle scales was significant but only two of the Obvious ones were at a lower level of significance (p<.05 vs p<.0001)" (p. 281). "Substantially more T scores were elevated over T = 70 for the Subtle scales indicating that more sex offenders are depressed, anxious, suspicious, irritable, and experience more familial discord than they readily admit" (p. 282).

In a portion of the subsequent study, Langevin et al. (1990b) analyzed the MMPI results of 85 sex offenders who were divided into admitters (59) and nonadmitters (26). Sixteen scales discriminated between admitters and nonadmitters. Only 5 out of the 50 defensiveness scales distinguished between groups: "nonadmitters scored higher on [Dahlstrom scale numbers] #85 Repression, #110 Projection, and #138 Admission of Minor Faults and lower on #108 Intellectualizing and #281 Suspicion" (p. 474). Langevin et al. (1990b) identified nine other scales that differentiated between admitters and nonadmitters. These include, by level of discrimination, #196 Homosexuality,
Denial in Child Sexual Abusers

Prevalence of Denial Among Sex Offenders

The incidence of denial among sexual offenders is very high. From the studies surveyed above, denial or minimization was present in the following percentages: Lanyon and Lutz (1984), 47%; Lanyon (1993), 51%; Grossman and Cavanaugh (1990), 43%. Obviously, these studies have a bias, since they were designed to compare admitters and nonadmitters. However, Kennedy and Grubin (1992) began with a survey of inmates in a British prison and found 33% of 102 convicted sex offenders in prison to be in "absolute denial." Similarly, Scully and Marolla (1984) found in seven Virginia prisons that 59% of 114 convicted rapists either denied (30%) or minimized (29%) the offense. Langevin (1988) cites an unpublished study, in which 54 of 100 "consecutive cases of men accused of sex offence against children . . . denied criminal charges, refused to undergo testing, or did not admit they had any problems related to children" (p. 269).
Importance of Treating Denial

Marshall and Barbaree (1988) reported that recidivism rates are roughly twice as high for untreated admitting offenders as treated admitting offenders. However, men who continuously deny allegations of sexual abuse "displayed recidivism rates which were higher than either our treated or untreated admitters" (p. 500).

Second, Kennedy and Grubin (1992) commented in the discussion section of their article on the lack of studies linking "pretreatment denial with outcome" (p. 195) that different types of denial may have different courses and response to treatment. They contend that the assessment of denial can be a very useful prognostic indicator in treatment outcome.

Third, the studies cited above (Barbaree, 1991; Marshall, 1994; O'Donohue & Letourneau, 1993; Schlank & Shaw, 1996) all indicate that treatment can have some effect on the prevalence of denial.

Theories of the Function and Motivation for Denial Among Child Sexual Abusers: Why Deny?

While studies regarding the assessment of denial (Grossman & Cavanagh, 1990) may evaluate denial as if it were categorical (admission or denial), the studies that focused on treatment (Barbaree, 1991; O'Donohue & Letourneau, 1993) evaluate denial as on a continuum. Salter (1988) contends "denial can be considered more of a
spectrum than a single state" (p. 97). Correspondingly, most studies use different categories for an offender's level of admission or denial, such as, full admission, partial admission, or complete denial.

The literature reviewed below presents a variety of classifications and conceptualizations of denial which differ in clinical setting and theoretical orientation. The literature is organized into three broad categories: (1) descriptive studies, (2) systemic theories, and (3) forensic/psychopathological theories. The categories are not mutually exclusive and partially overlap.

**Descriptive Theories**

Salter's (1988) book on treatment for sex offenders contains a chapter specifically addressing denial. The theoretical orientation of Salter's (1988) work is predominantly cognitive-behavioral, however, her observations appear to be descriptive of thoughts and behavior, independent of theory. Salter identified five broad categories, with one category having three subtypes. Her typology is as follows:

1. Admission with justification
2. Denial of behavior
   a. Physical denial with or without family support
   b. Psychological denial
   c. Minimization of extent of behavior
3. Denial of the seriousness of the behavior and the need for treatment
4. Denial of responsibility
5. Full admission.

The categories were developed from six basic components.

1. Does the offender admit he committed the acts?
2. Does he describe fantasy and planning of the behavior?
3. Does he accept responsibility?
4. Does he accept the seriousness of the behavior?
5. Does he feel guilt or shame over the discovery of the behavior?
6. Does he have difficulty in changing abusive patterns? (p. 98).

"Admission with justification" is an acknowledgment of the incident, supplemented with descriptions making the behavior acceptable. These justifications are regarded in sex offender treatment as "cognitive distortions." These justifications were noted by Bradshaw and Marks (1990): "Surprisingly large numbers of suspects voluntarily incriminate themselves through damaging statements. . . . Many of the offenders suggest that the child was the aggressor in the act, and still others deny sexual intent" (pp. 277-278).
"Denial of behavior" has three subtypes in this model. "Physical denial refers to the denial of the specific behavior on a given day at a particular time and place" (p. 100). Sometimes family members will join in the denial by fabricating an alibi for the offender. "Psychological denial" refers to defending one's character, rather than addressing the specific details of the abuse. Minimization of the extent of the behavior means admitting to one specific incident, but denying a pattern of deviant sexual arousal, which may include other victims.

"Denial of the seriousness of the behavior and need for treatment" is when an offender admits sexual deviance but continues to minimize the impact of the behavior on the victim. This type of denial may include a refusal to participate in therapy because the offender does not view the behavior as a problem. Salter (1988) points out that this "should be taken very seriously as an attempt to protect the sexual deviancy by not exposing it to the effects of treatment" (p. 106). A very common version of this is the claim of a religious or moral conversion which no longer necessitates treatment. Some authors writing from the religious field have called this a flight into health or religion (Horton & Williamson, 1988).

"Denial of responsibility" refers to offenders who admit that the behavior was wrong, but claim that other
factors or circumstances were responsible. Frequently these include alcohol intoxication, the sexual frigidity of a spouse, difficulty managing stress, or many other possible, and sometimes bizarre, variations.

Finally, "full admission with responsibility and guilt" represents the end of the continuum from denial to admission.

Salter's (1988) conceptualization and categorizations of denial are predominantly independent of any given theoretical basis. Rather than attempting to explain the function and motivation for the denial, her work describes the observable patterns of denial that repeatedly occur in work with sex offenders.

Pollock and Hashmall (1991) provide another descriptive study of denial with an empirical basis. In this archival study of the clinical records of 86 child molesters referred for psychiatric assessment, the justificatory statements were examined. After review of 250 statements, "21 distinct excuses and six thematic categories were identified" (p. 53). The six excuse themes are as follows:

1. Mitigating factors: situational
2. Sex with children is not wrong
3. Incident was nonsexual
4. Mitigating factors: psychological
5. Blaming the victim
6. Denial.

Out of these six themes the authors developed a "decision tree with five dichotomous choice points" (pp. 56-57). Five types of denial correspond with the choice points:

1. Denial of fact
2. Denial of responsibility
3. Denial of sexual intent
4. Denial of wrongfulness
5. Denial of self-determination [psychological or situational].

With this system the excuses can be more clearly labeled, and inconsistencies can be confronted. The authors propose a simple scoring guide which could be used for research and treatment outcome studies.

Four common excuses out of the 21 different ones mentioned indicative of denial of fact were as follows:

1. Nothing happened
2. Victim was lying
3. Someone is out to get me
4. Victim's parents were lying.

Systemic Theories

The first two of the three studies reviewed in this subsection address denial among intra-familial child sexual abuse situations from a structural and strategic
family system theory perspective. Consequently, the larger family and social factors contributing to denial are considered.

Trepper and Barrett (1989) provide a practical guide for managing denial in incestuous families where not only the offender but also other family members deny the abuse. Occasionally child victims will recant their disclosures when they observe the disruption to the family and become active participants in the denial. The non-offending parent may also deny the possibility of the abuse.

Trepper and Barrett (1989) explain the motivation and function of denial as follows:

Denial is a special case of a family’s natural resistance to change, therapy, and the intrusion into their lives by social welfare agencies. Denial should be viewed not as a pathological or dysfunctional state, but as a protective device for the family members as individuals and for the family as a whole. (p. 108)

Trepper and Barrett broadly categorized denial into two types: psychological and social. They define psychological denial as unconscious and similar to “classical repression” (p. 109). By contrast social denial is a conscious decision which can be changed with the individual’s volition. True to the strategic theoretical model, the positive intention of the denial is emphasized as protecting the “psyche” or the family’s survival. At the same time they very clearly state that “denial should never be encouraged by a therapist”
They developed a taxonomy of denial types with a mnemonic acronym "FAIR":

1. Denial of Fact
2. Denial of Awareness
3. Denial of Impact
4. Denial of Responsibility.

While this taxonomy addressed many of the important issues in offender denial, it lacked the explicit empirical base that other studies provide. The fact that the various taxonomies from different theoretical perspectives have considerable similarities suggests that denial in child sexual abusers is a fairly distinct phenomenon.

Winn (1996) confronted the problem of modifying denial in sex offenders so that they may become eligible for treatment in cognitive-behavioral treatment programs. Like Trepper and Barrett (1989), he employed a systemic/strategic orientation and builds onto the "FAIR" taxonomy by adding three more types of denial:

1. "Denial of grooming oneself and the environment" refers to the offender's unwillingness to acknowledge that he or she planned the abuse, as well as any antecedent sexual fantasies or attempts to manipulate the victim.

2. "Denial of deviant sexual arousal and inappropriate sexualization of nonsexual problems" refers to offenders' claims that there was no sexual intent in
their behavior.

3. "Denial of denial" describes attempts to disqualify denial or minimization as a part of a coping strategy for the emotions associated with sex offenses. For example, an offender might claim that even if he did sexually abuse a child, he would not deny it.

Sefarbi (1990) conducted a study comparing the family system of five admitting male adolescent sex offenders to five denying adolescents. While this was obviously a limited sample, she found deniers came from families with more enmeshed organization. The deniers scored significantly higher on standardized self-esteem measures than the admitters. The deniers were isolated from peers, preferred the company of younger children, had adopted parentified roles in the family, and were viewed as "nice" and dependable. These findings, while requiring caution due to limited sample size, suggest that denial helps to maintain family and social stability.

**Cognitive Theories**

Little research has been done on the role of cognition in sex offenders, although cognitive interventions such as relapse prevention (Laws, 1989; Pithers, 1990) have become standard components of offender treatment. Segal and Stermac (1990) suggested that the reason for the absence of research in this area may be that "psychosocial investigations of sexual assault have
yet to experience the "cognitive revolution" which has permeated the study of other problem behaviors" (p. 161).

French's (1990) article was the only one I found which explicitly applied cognitive processing theory literature to the problem of denial in sex offenders. He defined "distortion" as "'gross reshaping of external reality to suit inner needs'" (p. 163). Lying "is the process of consciously and deliberately deceiving another person" (p. 163).

While this article was based on clinical observations of adolescent offenders, the literature reviewed applies to adults. French (1990) contends that there is a "close similarity and interrelation between lying and distortion" (p. 167). He adapts the work of memory and perception experts (Loftus & Loftus, 1980) to denial among sex offenders.

If a person lies often enough, and rehearses in his mind the altered version of the story he wishes were the truth, it may be that the actual reality becomes increasingly less clear to him. This concept is similar to the substitution hypothesis which exists in recent memory research. This hypothesis suggests that the "postperceptual information replaces the original information," and that the original information is forgotten. (p. 167)

The substitution hypothesis may be an important development in understanding persistent denial among sex offenders. It contrasts with the more traditional psychogenic denial (dissociation) described below.
Forensic/Psychopathological Theories

Four principal studies from correctional and behavioral clinical settings present slightly different conceptualizations of the motivation and function of denial. The first of these is described in a theoretical article by Rogers and Dickey (1991). They discuss denial of a sex offense in relation to the broader psychological literature and theories of malingering and defensiveness. Defensiveness is a "denial or gross minimization of psychiatric symptoms and problematic behavior" (p. 51). They identified the two traditional models (pathogenic and criminogenic) and elaborated on a third recently proposed model: adaptational.

The pathogenic model is based on the psychoanalytic theory of unconscious conflicts. "Unacceptable impulses, probably reflecting oedipal conflict, were submerged by ego mechanisms of repression and suppression" (p. 52). In this model, the sex offender's denial or projection of blame is viewed as beyond the offender's awareness.

The criminogenic model, by contrast, "has gained popularity and, at present, forms the basis of the DSM III-R model of malingering" (p. 53). Based on Rogers' (1990a, 1990b) previous work, Rogers and Dickey (1991) described the threefold components of "badness" in the criminogenic model:

They disputed many of the premises of the criminogenic model. Some research has suggested that those diagnosed as APD are "not particularly adept at malingering" (p. 53). Also, "we simply do not know whether APD sex offenders are more defensive than others" (p. 53). Second, the authors contended that "some form of dissimulation is likely to occur in any adversarial setting (legal or not) and that this response style is best understood from an adaptational model" (p. 53). In regard to the third criteria, the authors indicated their strong discomfort with labeling someone a defensive sex offender when they may have been advised by legal counsel to not participate in an assessment. "We would vigorously argue that non-participation is the legal right of any accused and should not be evaluated as corroboration of either [defensiveness in a sex offender] or unacknowledged deviance" (p. 53).

The adaptational model of dissimulation includes three principal components:

The would-be malingeringer (a) perceives him/herself in an adversarial setting, (b) believes that he/she has something to lose from self disclosure and/or something to gain from feigning, and (c) believes that feigning is more effective than other methods for achieving his/her goals. (p. 56)
Rogers and Dickey (1991) pointed out empirical support for the adaptational model from studies on armed forces during conflict, institutionalized psychiatric patients wishing to remain in the hospital, and others. Obviously, sex offenders risk both severe social sanctions and legal consequences with the acknowledgment of their sexual practices.

Approaching sex offenders in denial from the conceptualization of the adaptational model suggests that "openness is probably contingent on expected outcomes" (p. 58). Offenders may feel that expressing a need for treatment may interfere with eligibility for parole or release. The authors contend that self-disclosure and defensiveness should be a "major focus of group treatment" in future research.

Kennedy and Grubin (1992) interviewed 102 convicted sex offenders in prisons in southern England. Sixty-six (66) subjects had been convicted of sexual assault on children under 16, and 36 subjects had been convicted of sex offenses with adults. The purpose of the study was "to identify patterns of denial . . . [and] test whether these patterns would identify typologies of offenders" (p. 192). After excluding subjects with "absolute denial" (n = 34), the authors conducted a Ward's method of cluster analysis on six variables: level of admission, responsibility, internal and external attribution, sexual
preference, acknowledgment of effect on victim, and acceptance of social and legal sanctions regarding the sexual behavior. Three groups emerged from the analysis: (1) rationalizers believed they had helped the victim through the offense; (2) externalizers blamed the victim for the offense; and (3) internalizers blamed abnormal mental states for the offense. Those in absolute denial composed a fourth group.

The authors found that the absolute deniers were disproportionately "non-Caucasian and foreign-born men (P<0.001)" (pp. 193-194). They were also the least likely to be willing to participate in any form of treatment, even for substance abuse. Absolute deniers tended to offend more against adults and females than against children. The authors speculated that absolute denial reflects "the reluctance of a socially disadvantaged group to admit guilt to psychiatrists perceived as authority figures; however, it may also have been influenced by pressure from the ethnic peer-group in prison" (p. 195).

A third study in the psychopathological model identified the motivation for denial as being a desire to maintain an anomalous sexual preference. Langevin et al. (1988) studied 87 subjects undergoing pre-trial assessments or assessments for court-ordered treatment. The primary purpose of the study was to "address the issue of how to motivate sex offenders to change their
problematic behavior" by identifying treatment approaches that address the "offenders' perceptions of their own problems" (p. 365). They found that only 49.4% of the subjects wanted "any treatment at present" (p. 373). They contended that "most sex offenders are reluctant to give up their socially problematic behavior" (p. 365).

The authors provided an historical anecdote which quite poignantly identifies the problem.

The senior author had the opportunity to be involved in a treatment clinic for sex offenders just before and after the Canadian law changed, whereby it was no longer an offence for consenting adults to have homosexual contact in private. In the year prior to the legislation, 1968, over 100 androphilic men (attracted sexually to adult male partners) presented with some sexual offence related to their erotic preference. In the year following legislation, none came to our attention. (p. 365)

This "illustrates the strength of men's desire to maintain their particular erotic behavior" (p. 365). While this article did not focus directly on denial, the authors have clearly identified one of the principal motivations and functions of denial. Denial in child sexual abusers functions as a mechanism to maintain a predominantly ego-syntonic sexual preference.

Finally, Langevin (1988) pointed out that some offenders are motivated to maintain denial because they have greater credibility than their accusers. Offenders "may feel that the circumstances permit denial; that is, the child is uncertain or will be a poor witness, preventing a successful prosecution" (Langevin, 1988, p."

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This observation has also been made by Groth (1990), i.e., that the more ambiguous the evidence the more likely there will be denial. This aspect of denial is consistent with Rogers and Dickey's (1991) adaptational dissimulation model—denial works.

**Summary**

This literature review has been organized around the four primary aspects of this study: treatment approaches to denial, legal contexts for treatment, psychological assessment of defensiveness, and conceptualizations of denial in sex offenders.

Studies of therapeutic efforts and assessment procedures to modify denial in sex offenders have consistently lacked comparison treatment conditions. I found no studies that have compared treatment modalities or assessment procedures with each other. When a specialized laboratory is available, the extensive assessment model can be effective in modifying denial of a pattern of sexual deviancy. The studies using individual therapy have been largely theoretical with little or no empirical data provided. Studies utilizing group therapy have recently appeared in the field, but they have not used experimental designs, thus prohibiting causal inferences. Base rates for modification of denial have been found at 50% to 65% in out-patient settings, and 55% to 86% in correctional facilities for group therapy with
convicted sex offenders in denial.

Treatment of sex offenders occurs in many different legal contexts. Most studies have focused on convicted sex offenders, when in reality this may represent a small portion of the sex offending population. This study focused on providing counseling for offenders in a variety of legal contexts.

The MMPI has been widely used in the assessment of defensiveness of clients in forensic or legal settings. The validity scales and various derived scales have been found effective in discriminating between admitting and nonadmitting offenders. No study has been found that has examined the utility of the various validity or derived scales in predicting treatment response and outcome in attempts to modify denial in child sexual abusers. This previous literature has focused on identification of defensiveness or admitting status, as though it were a static trait. The MMPI-2 was utilized in this study to identify personality organization and levels of defensiveness associated with treatment outcomes.

O’Donohue and Letourneau’s (1993) results have suggested the importance of the offender’s perception of the reaction of loved ones and other consequences to admitting as reasons for staying in denial. However, no instrument or method of assessment of the perception of consequence to admitting has been systematically studied.
Denial among sex offenders has been conceptualized and classified by many different schools of psychological theory which provide treatment and assessment in a variety of contexts. Perhaps most striking among the various taxonomies is the considerable overlap in descriptions of the observed behavior. This suggests that denial in child sexual abusers may be a fairly distinct phenomena with similar behavioral manifestations.
CHAPTER 3

METHODOLOGY

Research Design

This case study is an exploration of the factors which contribute to denial among child sexual abusers and of the efficacy of treatment efforts to modify denial using 10 case studies with pre- and posttest measurements. This research builds on O’Donohue and Letourneau’s (1993) brief group treatment model for the modification of denial among child sexual abusers and incorporates techniques from other recent studies (Barbaree, 1991; Marshall, 1994). A comparison treatment of brief individual therapy was added to the study to make initial, limited comparisons between the relative effectiveness of a specialized brief group treatment and the "standard or routine treatment condition" (Kazdin, 1992) of individual therapy. Comparative analyses were conducted on several domains.

Subjects

Target Population

Subjects in the study were men 18 years old or older who had been accused of sexually abusing a child, but
denied the offense. Several measures were used to confirm that the allegations were valid and that people falsely accused were not included in the study. In all cases, there were clear statements from the victims which included sufficient detail to support the conclusion that the subject had sexually abused the child. In some cases there was additional support for the veracity of the child statements, such as failed polygraph examinations, convictions by jury, and partial admissions by the subjects themselves.

Some subjects referred for services may in fact not have been guilty. The establishment of guilt or innocence is not the proper domain of therapy. However, subjects may be innocent and still be required to participate in court-ordered punishment, or in this case, treatment. Every attempt was made to treat all patients with respect and provide them with brief, humane treatment that would do no harm to even a possible aberrant innocent person.

Recruitment and Selection of Subjects

Potential subjects were sought through many different sources within the service delivery system for sexually abused children and the adult legal system. I made presentations to both the St. Joseph County and Elkhart County Offices of Family and Children staff describing the study and requesting subjects (see Appendix A). In a letter similar in content to the presentation, and in a
follow-up phone conversation, I explained the program to the probate judge in St. Joseph County. In Elkhart County, I explained the program in person to the juvenile referee and continued to correspond with him throughout the study. I had several meetings with the deputy prosecuting attorney and staff in St. Joseph County to identify potential subjects. In Elkhart County, I met with the deputy prosecuting attorney who was very supportive of the study before his untimely death. I attended the monthly meetings of the multidisciplinary team in Elkhart to identify and request potential subjects. Subjects were also sought from other treatment agencies which provide services to sexual abusers. I gave presentations to child and family service agencies in both counties. A letter was sent to numerous treatment providers in Elkhart County, including private practice groups and the community mental health center (see Appendix A). I made numerous informal contacts with treatment providers, as well as with colleagues within the Family Learning Center and Holy Cross Counseling where the study was conducted. Adjudicated sex offenders were sought through the probation offices in each of the two primary counties.

All subjects participated in the study voluntarily. Given the legal context of this treatment, refusal to participate in treatment could have potential negative
consequences. However, participation in the study was entirely voluntary with no adverse consequences. All subjects who agreed to participate in treatment did agree to participate in the study. Separate informed consent forms were used to distinguish treatment and the study (see Appendix A).

Some of the subjects paid the full fee for services, others paid on a sliding fee scale. Several subjects received the treatment at no direct cost to them, since they were covered under a contractual agreement between the respective Office of Family and Children and the treatment provider. One subject was seen pro bono.

The 10 subjects who were finally included in the study were selected from approximately 30 consecutive identified possible candidates or direct referrals. Most of the potential subjects identified from the myriad of sources never agreed to an initial interview or never followed through on the referral. Not surprisingly, the primary exclusion criteria was failure to make or keep an appointment. At least four potential subjects were excluded because other evaluators determined that the abuse had not occurred. Other potential subjects moved out of the jurisdiction and abandoned their families following the report of the abuse. Still others refused to participate in treatment. In some of these cases the child was in foster care and did not want to reunite with
the family, so there was little pressure on the offender to participate in services.

Four subjects who did keep initial interview appointments were eventually excluded. Two withdrew because legal counsel advised them to participate only nominally, and another stalled and delayed for several months and ultimately planned to return to court hoping to be dismissed from ordered participation. The third subject suffered a heart attack while driving home from the initial interview. He received bypass surgery and was convalescing well, but declined to participate further.

Subjects were assigned to the treatment condition of individual or group therapy on the basis of geography. Subjects residing in Elkhart County were assigned to the group treatment condition. One of these subjects was actually on probation in St. Joseph County. Subjects from St. Joseph and Kosciusko counties were assigned to the individual treatment condition.

Subjects in group therapy were told they would be terminated from treatment if they could not uphold the basic group rules, which included confidentiality and no threats or intimidation of others. No subjects in the group were terminated or excluded during the study.

Description of Subjects

Ten adult male subjects were selected from three counties in north-central Indiana. One subject lived in a
small town, six subjects lived in small cities (12,000 to 45,000), and four lived in a medium-sized city (150,000). The average age of the subjects was 42 years old, with the youngest age 25 and the oldest 62. There were eight White non-Hispanic subjects and two African American subjects. Two of the subjects were divorced and the remainder were married. Three of the eight married subjects were separated from their spouses during the course of treatment, with only one of them likely to reconcile. Nine of the subjects were employed and one was retired. One of the subjects was terminated from his job when he was arrested for the offense. Eight of the subjects were laborers and one was beginning in business. The retired subject had been a ship captain. One of the subjects made less than $10,000 a year. Five subjects earned between $10,000 and $20,000. Two subjects earned between $20,000 and $30,000, and two others earned between $30,000 and $60,000. Six subjects had completed high school, and two of those went on for some college or technical schooling. The average level of education was 11.2 years, with two subjects having seventh and eighth grades as their highest level of formal education.

When divided into the two treatment conditions the demographic variables were very evenly distributed: Mean age 43.2 vs. 40.8; same racial compositions and distributions of marital status; education 10.6 vs. 11.8;
and similar employment/income distributions.

The legal context of referral and treatment varied for the subjects. Of the subjects in the group treatment, one had been convicted and was on probation, three had been ordered into treatment by the Juvenile Court through parental participation petitions, and one was essentially voluntary although his stepdaughter was out of the home and involved with the Office of Family and Children (OFC). Of the subjects receiving the individual treatment, two had been convicted and were on probation, one was involved as part of an informal adjustment with OFC, another had been encouraged to attend by OFC (and was later criminally charged), and one was under a deferred prosecution arrangement.

Setting and Materials

The study was conducted in two agencies in five different locations. The project was initially designed to be conducted at the Family Learning Center which is a private for-profit group practice. The contract to provide services for sexual abuse in Elkhart County changed hands during the course of the project resulting in the group treatment being provided at the Holy Cross Counseling Group, which is a not-for-profit independent group practice affiliated with a religious organization. The individual therapy was provided through both organizations in Plymouth, South Bend, and Elkhart,
Clients were given two informed-consent forms at the outset of their participation in the project. The first form was informed consent for treatment; each organization had the same statement on its letterhead (Appendix A). The second form provided information and requested permission for the treatment results to be included in this study with Andrews University (Appendix A). The data sheet (Appendix B) was completed during the initial interview or assessment. To keep the evaluation of denial consistent and reliable, I developed a denial rating form based on the findings from Pollock and Hashmall (1991) and O’Donohue and Letourneau’s (1993) study (Appendix B). The independent raters and I completed this form at the end of the denial rating interviews, both pre- and posttest.

As outlined below in the independent variable section, one book, a collection of photocopied articles, two questionnaires, a video, and a brief true/false test were the materials used in this study. These items were used to maintain treatment fidelity with O’Donohue and Letourneau’s (1993) group treatment protocol.

A copy of Your Perfect Right: A Guide to Assertive Living by Alberti and Emmons (1970) was given to all participants in the group treatment process during the first group session. I purchased copies of the book and offered to lend them or sell them at cost to the subjects.
Based on a conversation with William O’Donohue (personal communication, March 7, 1994), I elected to develop a collection of relevant readings on human sexuality rather than to use the large and expensive textbook used in the original study. Excerpts from five books at a basic reading level were copied and given to each subject in the group treatment condition. Chapters 1, 2, and 7 from *The Family Book About Sexuality*, by Calderone and Johnson (1989), were included to address sexuality and development within the family. Excerpts addressing basic sexual information were selected from *How Sex Works*, by Fenwick and Walker (1994). The topic of masturbation was covered in chapter 3 of Gale’s book *A Young Man’s Guide to Sex* (1984). Chapter 16 of Zilbergeld’s book *The New Male Sexuality* (1992) was included to address sexual arousal. Finally, chapter 7, of *Human Sex and Sexuality* (2nd ed.) by Steen and Price (1988) was included for discussion of common sexual dysfunctions. I developed a brief quiz (see Appendix B) to review the reading material and to assess how well the subjects understood the material, if they read it.

Copies of Abel and Becker’s unpublished cognition scale and belief scale (Appendix B) were obtained from O’Donohue and used in this study to discuss cognitive distortions common to sex offenders. I modified the cognition scale by eliminating the repeated administration
to avoid confusion among the test-takers.

As a part of the victim-empathy component of the study, a videotape of the television movie "Not in My Family" (Otto, 1993), which depicted a family with multi-generational child sexual abuse and ongoing denial among several family members, was shown. This program was approximately 90 minutes long.

Independent Variable

Since the independent variable of treatment is rather complex, it has been separated out from the procedure section so that it can be described in detail.

Brief Group Treatment

O'Donohue and Letourneau's (1993) treatment model as it was originally conducted is described first. This information is not only from the article, but also from conversations with O'Donohue (personal communication, January 24 and March 7, 1994). Following this description, the adaptations of the model for this study are presented.

O'Donohue and Letourneau's model had seven, 1.5-hour sessions that covered five topics. First, victim empathy and the "sequelae of sexual abuse commonly observed in children" was discussed (p. 301). Specific issues and questions about each client's victims and further harm caused by the perpetrator's continued denial were
discussed in the first session.

The second session addressed irrational beliefs associated with child sexual abusers. Various sentences were read from questionnaires developed by Abel and Becker. Emphasis was placed on the irrationality of the beliefs.

The third session provided education regarding sexual and relationship difficulties. Positive models of male sexuality including empathy, caring, and consensual relations were presented.

Fourth, the group discussed Your Perfect Right (Alberti & Emmons, 1970), which they had been assigned to read during the intake interview. Role plays were conducted and assertiveness skills were discussed.

A visitor presented his experience in sex offender treatment during the fifth session. He discussed the factors which contributed to his coming out of denial after 3 months in treatment. "In this session, an attempt was made to dispel fears and irrational beliefs about sex offender treatment, and to emphasize the positive consequences of participating in treatment (e.g., eventual increased contact with family)" (p. 302).

In the sixth session, victim empathy was discussed again. A videotape of several adults discussing the impact of their victimization was presented and discussed.
The final session was less structured and clients discussed reactions to the group and other issues. The therapist attempted to give clients a combination of confrontation about the possible consequences of continued denial and empathy for the difficulty of coming out of denial.

O'Donohue acknowledged that the legal context of potential return to jail was emphasized throughout the study and was a factor in the subject coming out of denial (personal communication, March 7, 1994). In the pre-adjudication setting, he anticipated that the treatment outcome would be attenuated, and he suggested developing an enhanced version of the treatment to modify denial under these circumstances (personal communication, March 7, 1994).

Three primary modifications were made to O'Donohue and Letourneau's (1993) model in order to address the different context of the treatment. First, considerable emphasis was put on developing group trust and reviewing the rules of confidentiality. Second, the section on victim empathy was specifically focused on intra-familial child sexual abuse and incorporated research which highlighted the impact on victims. Third, two more sessions were added to address each individual in the group with the specific details of his alleged offense.
Establishing rapport and clarifying confidentiality were the focus at the beginning of the first session. Group development techniques such as pairing members with similar concerns or issues were used to help establish relationships between members. Members who had not been criminally charged and were involved in services through the Office of Family and Children were told that since the case of suspected abuse had already been reported, that if they admitted, the group therapists would not need to report the abuse of that victim, since they were already in treatment. In the closing report, a general reference to progress would be made, along with a referral to treatment with admitting offenders. No guarantee was given that they would not be prosecuted.

During the discussion of victim empathy, the research of Wyatt and Newcomb (1990) was presented by showing a copy of their path analysis which demonstrated that the "proximity of the abuse" had one of the strongest negative effects on adulthood functioning among child sexual abuse survivors of any of the variables examined. "Proximity of abuse" included three components: the relationship of the victim and perpetrator (stranger to father-figure); location of abuse (not in the home to home of victim and perpetrator); and effect of abuse on the family (none to severe--family broke up). In the current study most of the subjects and their victims met all three criteria,
therefore, the importance of their admission to reduce the negative effect on the child was emphasized.

The third modification to the original treatment model was to insert two additional sessions dedicated to the confrontation of each group member with the official version of the victim's statement and his own minimizations and denial. I had used this technique in an informal way during previous groups addressing denial and called it "matching the facts." In October 1994, I attended a workshop by Howard Barbaree (1994) where he explained a more formal method (previously described in chapter 2 of this study). This revised technique was used; however, the details were not listed on a board for everyone to see as Barbaree had proposed.

Originally, these sessions were scheduled to follow the presentation from a former admitting group member about what to expect from sex offender treatment and his process of overcoming denial. However, when he canceled, the two sessions ended up following the emotional movie the previous week about inter-generational familial child sex abuse and denial.

Brief Individual Treatment

The individual treatment served as the "routine or standard treatment" comparison condition described by Kazdin (1992). I provided all of the treatment to ensure consistency in the application of the technique, as was
recommended in Kazdin (p. 136). The treatment techniques were based on my clinical experience and on literature and training from the family systems approach. An outline for the sessions was developed to help provide consistency in treatment of all five subjects (see Appendix B). Since the individual therapy is a variable in the study, but is also an intervention, the outline for the sessions helps to document that this comparison treatment is happening in a consistent manner. The same questions and techniques were used on all of the subjects, and space on the outline was provided to record each subject's reactions and comments.

The nine 50-minute sessions of individual therapy were planned to follow the same basic progression of themes and techniques for each subject. The first session emphasized establishing rapport, identifying shared treatment goals (Perkins, 1991), and identifying these interventions as treatment rather than a criminal investigation. I admitted that I did not know what actually happened and emphasized that only the client and the child really know. Yet, I took a stance which made it clear that I believed the child's statement as a beginning point. Information designed to build victim empathy was presented.

The second session continued with explorations of attitudes and beliefs about the impact of sexual abuse on
child victims and especially on the child in question. Models and motivations for different types of denial were presented.

The third session focused on the offender's account of the incident. Excuses or counter-evidence, as well as similarities between the subject's report and the victim statement, were noted. Information about possible offense scenarios and typologies was provided (Perkins, 1991). Finally, I discussed with the subject the impact of his continued denial on the child and included material from Wyatt and Newcomb (1990).

The fourth session introduced the "as if" frame of reference to engage the client in discussing beliefs, attitudes, and potential behaviors to identify sources supporting the denial or blocking of an admission. Then a more confrontational approach based on information from the victim's statement followed. At the end of the session, the dilemma of what to do was given back to the client.

In the fifth session, I took a more conciliatory approach, reviewing the experience of the previous session. Some exploration of beliefs about consequences continued. Positive connotations to the denial were emphasized. At the session's end, I attempted to join with the client in contemplating his dilemma.
In the sixth session, I returned to a more confrontational stance as I discussed with the subject the specific details of the offense. Patterns of the client's responses and irrational beliefs were pointed out, but not challenged too firmly. I then tried to offer "something that felt like help" (Groth, 1990).

The seventh and eight sessions served to reemphasize the consequences of denying or admitting. My dilemma of needing to make recommendations was turned over to the client. An assignment to have the subject write his own progress report and future treatment recommendations was given at the end of the seventh session.

Finally, the ninth session provided some time for reflection on the course of treatment and the need for additional treatment. Opportunity for further disclosure was provided. Generally the report to the referral organization was reviewed during the ninth session.

The above description of treatment outlines the independent variable of individual therapy; however, as would be expected in the course of individual therapy, situations did arise which required some variation in this outline. When this contingency arose, I tried as much as possible to use the content and techniques outlined in a sequential and consistent pattern.
Instrumentation

Three instruments were used to measure two moderator variables and one dependent variable. The MMPI-2 and the Perception of Consequences Questionnaire (PCQ) measured the moderator variables of defensiveness and beliefs regarding the consequences for admitting to the abuse. The Denial Rating Form was used to measure the dependent variable.

Minnesota Multiphasic Personality Inventory --Second Edition (MMPI-2)

The Minnesota Multiphasic Personality Inventory (MMPI) was initially developed at the University of Minnesota in the late 1930s and early 1940s by Hathaway and McKinley. The instrument was unique in that the developers used an empirical basis for selecting items from criteria groups from a variety of clinical disorders. The test also has three validity scales designed to detect a variety of test-taking approaches or set responses. The test became the most widely used inventory for assessment of personality (Greene, 1991).

In 1989, following an extensive restandardization process, the Minnesota Multiphasic Personality Inventory--Second Edition (MMPI-2) was published. The restandardization process was undertaken to eliminate outdated wording, sexist language, and to make items more easily understood. Numerous items were simply reworded,
while others were replaced with new items. The MMPI-2 was standardized on 2,600 subjects from a variety of geographic sites with various marital, ethnic, and racial groups commensurate with the 1980 census (Greene, 1991).

The MMPI-2 contains 567 statements which require a true or false response. A subject selects the response which is most characteristic of him or herself. The booklet form with a separate answer sheet was used in this study. The responses were computer-scored through the National Computer Systems, Inc. (NCS) program. The Extended Score Report Plus was generated. This report identifies the results of the three validity scales and the 10 clinical scales with T-scores which have a mean of 50 and a standard deviation of 10. The cut-off scores for clinical significance are 65, which are 1 1/2 standard deviations above the mean. Numerous other derived scales and indices are generated. The F-minus-K index and the Wiener-Harmon Subtle-Obvious total T-score difference were the only derived scales evaluated in this study.

The test results are interpreted on the basis of the two highest clinical scale elevations, which are known as the "code type." In this study, the scores determined from the NCS results were entered into an interpretive computer program entitled the "MMPI-2 Adult Interpretive System" developed by Greene, Brown, and Psychological Assessment Resources (1990). This system profiles an
interpretation of the test on the basis of either the "highest scale" code type or the "best fit" code type. The "highest scale" code type simply identifies the two highest clinical scales to develop the code type interpretation. The best fit code type is correlation between the specific test results on the 10 clinical scales and prototypic scores for specific code types. The best fit code type is a more sophisticated interpretation method and was generally selected throughout the study.

Since the subjects in this study were all male, only the reliability data for males are presented. Butcher, Dahlstrom, Graham, Tellegen, and Kaemmer (1989) developed test-retest data from 82 male community adults. The reliability coefficients for a 1-week period for each scale are as follows: L, .77; F, .78; K, .84; Hs (1), .85; D (2), .75; Hy (3), .72; Pd (4), .81; Mf (5), .82; Pa (6), .67; Pt (7), .89; Sc (8), .87; Ma (9), .83; Si (0), .92.

As noted above, extensive effort went into developing normative data for the MMPI-2. The normative data are not presented here, other than to indicate that the profiles of 933 White male subjects and 126 African American male subjects from nine different locations throughout the United States were used to develop the norms for the MMPI-2.

The MMPI-2 was used for two different purposes in this study. First, the 2-point code type was used to
assess personality organization and to establish a psychological description of the client.

Second, the MMPI-2 was used to determine levels of defensiveness and correlate those findings with the treatment outcomes. The hypothesis that high defensiveness scores correlated with non-response to treatment was tested. Defensiveness was measured with the validity scales (L, F, K), a derived index (F-minus-K), and a derived scale (Wiener-Harmon Subtle-Obvious total T-score difference). These scales are used routinely to assess underreporting of psychopathology and have had mixed results in determining defensiveness among sex offenders.

The title of the Wiener-Harmon Subtle-Obvious scales can be confusing, because the total T-score difference is calculated by subtracting the T-score of the subtle items from the T-score of the obvious items. Thus, positive numbers indicate endorsing more obvious items than subtle items, which in extreme cases suggests overreporting of psychopathology and potential malingering. Negative numbers suggest underreporting, and in exaggerated cases, defensiveness.

Defensiveness was operationally defined as either high or low, based on the F-minus-K index or the Wiener-Harmon Subtle-Obvious total T-score difference. On the F-minus-K scale, Langevin (1988) used the cutoff score of
-11 or less to indicate defensiveness. Greene (1991) recommended that the cutoff score indicating defensiveness on the Wiener-Harmon Subtle-Obvious total T-score difference be -65 or less, which would correspond with the 95th percentile among psychiatric patients. These criteria were used in this current study.

Perception of Consequences Questionnaire

The "Perception of Consequences Questionnaire" (PCQ) is a 5-point Likert-type scale that I developed specifically for this study. The PCQ was designed to measure a subject's belief about the consequences to himself if he were in fact guilty of molesting a child and admitted to doing so. Five domains were selected from the literature. The first domain was the "reaction of loved ones." O'Donohue and Letourneau (1993) cited this factor as the most frequently stated reason for staying in denial. The family systems theorists (Hoke et al., 1989; Trepper & Barrett, 1989; Winn, 1996) have identified the other four domains included in the PCQ: internal reactions, social, legal, and employment/financial.

The Perception of Consequences Questionnaire was developed by generating 89 items for the pilot questionnaire entitled "Beliefs and Consequences for Child Sexual Abusers (SCCSA) (see Appendix B). The five anchors on the pilot SCCSA were: 1 = very valid item, 2 = somewhat valid item, 3 = uncertain validity, 4 = somewhat invalid
item, 5 = very invalid item. Nine practitioners who have worked with sex offenders and their families for a minimum of 2 years completed the survey. O’Donohue also reviewed the survey. These judges were instructed to rate the items for content validity for each of the respective five domains. The results were tabulated, and those items with the cumulative lowest scores (1 = very valid item) were selected for the study.

Based on the results of the judges' scores, the instrument was reduced to 26 statements. Two statements have three parts which creates a total of 30 items. Reverse scored items were deleted or re-stated in the affirmative to avoid the confusion associated with the traditional method of having some reverse scored items. Some of the questions were re-worded based on comments from the judges. O’Donohue identified the importance of having the statement reflect whether others "believed" the subject actually abused a child. Also the statements were worded to focus more on what the offender "believed" would happen if he admitted, and the hypothetical or "as if" wording was deleted. New anchors were selected: 1 = strongly agree, 2 = partially agree, 3 = uncertain, 4 = partially disagree, 5 = strongly disagree. The revised instrument was titled the "Perception of Consequences Questionnaire (PCQ)" (See Appendix B).
A total score and five domain scores were calculated for each subject. Item #26 was not calculated in the total score, since it was a simple, obvious item designed to assess defensiveness. Unanswered items were scored by adding the mean score for that domain to each unanswered item.

As with the defensiveness scales on the MMPI-2, the pretest and posttest differences in the five domains were analyzed in relation to the modification of the dependent variable.

Denial Rating Form and Independent Raters

The denial rating form was an adaptation of the follow-up questionnaire utilized in O’Donohue and Letourneau’s (1993) study to measure the dependent variable. The criteria for selecting one of the three levels on the rating form were specified by using sample statements from the findings of Pollock and Hashmall’s (1991) analysis of child molesters’ excuses (see Appendix B). In brief, complete denial was operationally defined as denial of behavior or facts reported by the victim. Partial denial is defined as denial of awareness, denial of sexual intent, denial that sex with children is wrong, and blaming the victim. Full admission of guilt emphasizes acknowledgment of "wrongfulness." Some minimizations and rationalizations may continue, since this is generally the case when an admitting child sexual
abuser begins treatment. The emphasis on modification of denial in this study hinges on culpability: denial is changed as the offender admits wrong-doing.

The independent rater #1 evaluated the subjects in the group treatment condition and one subject who received individual therapy. Rater #1 had previously run two denial groups with me at the Family Learning Center, but was not involved in the treatment of these subjects at Holy Cross Counseling Group. Rater #1 had previously treated the one subject in the individual treatment condition, but did not treat this subject afterwards. Two different independent raters were selected for the subjects receiving individual treatment. Rater #2 had 2 years of experience in treating sexual abusers and their families at the Family Learning Center and was not involved in the treatment of any of the subjects or their families. Rater #3 had over 5 years of experience working with child sexual abusers and was employed at Holy Cross Counseling Group. He had treated the subject he rated, but was no longer involved in the group treatment of this subject following the denial program.

The independent, but not blind, raters were instructed to ask the subject the basic question, "Did you have sexual contact with the alleged victim?" The initial aspect of the interview was to establish some rapport, followed by further probing and clarification of the
subjects' level of admission or denial. I was present for the half-hour interviews at both pre- and posttest. The raters were instructed to write verbatim comments on the rating form that were the basis for scoring the level of denial. Inter-rater reliability was 95%. The variance occurred with rating subject 108 at posttest and is discussed in chapter 4.

**Procedure**

**Initial Interview and Assessment**

I telephoned or wrote letters to each of the prospective subjects to schedule the initial interview. In most cases, the initial interview was the first session at the treatment agency, and, therefore, the standard intake protocols and documents were completed in addition to determining the appropriateness of each subject for the study. I described the treatment program which included the pre-test (MMPI-2 and PCQ), a meeting with an independent rater, brief treatment (9 sessions), the posttest, and a second interview with the independent rater. The subjects were informed that the program was part of a research project, but they could participate in treatment independent of the research project. All of the subjects who elected to participate in treatment agreed to participate in the research.

Subjects read and signed the two informed consent forms which describe the purpose of the treatment and
study and the potential benefits and risks of treatment. Appointments and arrangements were made for taking the tests in the respective agency at a convenient time for the subject. The meetings with the independent raters were scheduled and completed as quickly as possible. Appointments to begin therapy were given after the rating interview.

Treatment

Since the treatment is described in considerable detail in the discussion of findings (chapter 4), it is not reviewed here.

Posttest Assessment

The posttest testing and interviews were scheduled within 2 weeks of the completion of treatment for all the subjects, except subject 104 who failed to complete the posttest assessment. Subjects who had admitted to the offense were referred into the appropriate group treatment. Those who continued to deny the offense received a variety of different recommendations. One was not referred to any further treatment, while all of the others were referred to several different treatment programs.

Progress reports or closing summaries with recommendations were sent to all of the referring agencies and future treatment providers.
CHAPTER 4

FINDINGS

The findings from the interviews, treatment, and assessment instruments are presented here as 10 individual case studies. First, the pretest data for the five subjects who received the group treatment are presented individually. These are Subjects 101 through 105. Then, a detailed account of the group therapy process is presented, followed by the results of each individual's posttest data. Second, the case study data for the subjects who received the individual therapy are presented. These are subjects 106 through 110.

Subjects 101-105 Pretest Assessment

Subject 101

Background Information

Subject 101 was a 44-year-old divorced White male. He married in 1969, separated in 1987, and the divorce was finalized in 1989. He resided with his 21-year-old daughter and also had a 25-year-old son from his marriage. He was employed full time in a semi-skilled trade. He has been employed with the same company 24 years and earned between $30,000 and $60,000 annually. He graduated from
high school and had no further formal education.

**Nature of the Offense**

He was arrested for child molesting, a class B felony and conspiracy to commit child molesting, a class C felony. The version of the account submitted to the courts indicated that he had approached prostitutes asking for "younger girls." The prostitute put him in contact with a woman who was an undercover police officer. He was presented pictures of girls in the age range of 11 to 15. He selected pictures of a 13-year-old girl and then secured a motel room. The officer called to say that the 11-year-old girl was also available. For an additional $100 he could have both of them. He agreed to both. He had been drinking. He had filled the hot tub, and had beer on ice. He was arrested after he paid cash and a check for a total of $500.

**Context of Referral**

Through a plea agreement, he was convicted of conspiracy to commit child molesting, a class C felony. He was sentenced to 1 year of home detention, probation for 2 years, and participation in counseling. He had retained a defense attorney for his court proceedings.

At the time of the referral, Subject 101 was still under house arrest and participating in individual psychotherapy. At the insistence of the director of the
house arrest program, he sought therapy in a recognized sex offense treatment program. He agreed to participate in the denial program.

**Level and Type of Denial**

Independent rater #1 and I determined Subject 101's denial level to be *partial denial* (2). He denied sexual intent with a minor, he shifted responsibility for sexual relations onto the minor, and he implied that sex with a child prostitute was not wrong.

In response to the question, "Did you intend to have sex with a minor?" Subject 101 replied, "No." "I like to think that I wouldn't have." He stated that the police officer was "very good at what she does and would not take no for an answer." "I have had counselors tell me that I am very easily led." "I picked one [of the girls from the pictures] that was developed," one that was "15 going on 30." He believed that the 15-year-old looked like "she'd be partly responsible" for the sexual encounter.

Subject 101 also stated that he initially was looking for someone 20 or 21 years old, when he had asked for "young girls." He acknowledged that he picked one he knew was 15 years old, but claimed that he could not remember if he had agreed to the 11-year-old because he had been drinking. He did concede that he might have agreed, because the police had taped the conversation. He commented that he was paying a "big price" for 10 seconds
on the phone.

Subject 101 disclosed during his initial interview that several years ago he had picked up a young woman who was hitch-hiking. He paid her some money to have sex with him. He commented that he was "not sure" of her age. With direct questions, he admitted she might have been "16 or 17 years old."

Perception of Consequences Questionnaire (PCQ) Results

Subject 101's total mean score on the PCQ was 2.6. This score would indicate that his overall responses were between partially agree (2.0) and uncertain (3.0). Thus, he was between partially agreeing and uncertain that there would be negative consequences to admitting to sexually abusing a child. See Table 1.

Table 1
PCQ Pretest Scores for Subject 101

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>FAMILY</th>
<th>SOCIAL</th>
<th>LEGAL</th>
<th>INTERNAL</th>
<th>FINANCE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>101-PRE</td>
<td>2.8</td>
<td>1.5</td>
<td>3.7</td>
<td>2.4</td>
<td>3.0</td>
<td>2.6</td>
</tr>
<tr>
<td>RANGE</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
</tr>
</tbody>
</table>

His lowest domain score was in the social area (1.5), which suggested that he anticipated the most negative consequences for admitting in the social arena. He
selected the strongly agree response to the statement: "A person who admits to sexually abusing a child even one time will be a social outcast." He selected partially agree for the statement: "If I sexually abused a child and admitted to it, I believe that my friends would avoid me."

His highest score was in the legal domain. The score was between the uncertain and partially disagree responses for further negative legal consequences. His other domain scores were fairly close to the uncertain response.

**MMPI-2 Results**

**Code type**

Subject 101's MMPI-2 pretest scores resulted in a "Within-Normal-Limits" (WNL) code type. People with this profile "describe themselves as being happy, healthy and contented. They see their relationships as satisfying." In a mental health setting, people with this code type have been found to have "characterologic or psychotic disorders to which they have become adjusted. They tend to have little insight into their behavior and do not understand why others have concerns about them" (Greene et al., 1990). Table 2 displays the MMPI-2 results.
Table 2  

**MMPI-2 Pretest Scores for Subject 101**

<table>
<thead>
<tr>
<th>L</th>
<th>F</th>
<th>K</th>
<th>Hs</th>
<th>D</th>
<th>Hy</th>
<th>Pd</th>
<th>Mf</th>
<th>Pa</th>
<th>Pt</th>
<th>Sc</th>
<th>Ma</th>
<th>Si</th>
<th>F-K</th>
<th>O/S</th>
</tr>
</thead>
<tbody>
<tr>
<td>48</td>
<td>48</td>
<td>56</td>
<td>45</td>
<td>54</td>
<td>52</td>
<td>59</td>
<td>52</td>
<td>61</td>
<td>62</td>
<td>49</td>
<td>39</td>
<td>42</td>
<td>-14</td>
<td>+3</td>
</tr>
</tbody>
</table>

**Note.**  T-scores with K-correction.

Defensiveness

The F-K scale score was -14, which placed Subject 101 in the high defensiveness category. This would suggest the possibility of a "faking good" profile. The Wiener-Harmon Subtle-Obvious total T-score difference was +3, which would not indicate defensiveness or attempts at dissimulation. The traditional validity scales were in the normal range. As described in chapter 3, since Subject 101 had a score on one of the two primary scales being investigated in the study (F-minus-K and Wiener Harmon Subtle-Obvious), his profile is considered defensive.

Subject 102

**Background Information**

Subject 102 was a 51-year-old White male who has been married three times. He was first married in 1964 at age 21 to a 17-year-old. That marriage lasted approximately a year. There were no children. His second marriage was in 1967 to a 16-year-old. There were four children from that marriage; their ages range from 19 to 26. He had an
affair with his second wife's sister, and a child was produced from that affair. He divorced his second wife in 1977, and in 1979 he married his current wife. He has two daughters, ages 10 and 14, from this current marriage. He was employed full time in non-skilled production work. He earned between $20,000 and $30,000 dollars annually. He attended school until the beginning of the 12th grade and later completed his GED.

Nature of the Offense

Subject 102's 14-year-old daughter reported that in September 1992 her father walked into her bedroom, knelt beside her bottom bunk bed, and touched her breast. She reports that she said "no," but he continued to move his hands down her body and touch her vagina. She again told him to leave her alone and pushed him away from her. He then left the room. Her mother was away at a meeting. The next morning she told her mother of the incident. She confronted her husband and he admitted to doing it. The mother told him not to do it again. The daughter does not report any other incidents since that time. No further action was taken by any of these parties until September 1993.

Context of Referral

Subject 102 was initially referred for a family assessment following a Preliminary Inquiry filed in the
Juvenile Division of the Circuit Court. After the Evidentiary Hearing, the family was ordered to participate in the sexual abuse treatment program. He had not been interviewed or contacted by police. He had not hired an attorney, although he had said he would.

Subject 102 had nominally participated in the initial family assessment, contending that he would not discuss the matter without his attorney present. He was referred to group treatment as early as October 1993, but he refused to attend. Neither the counselor nor the caseworker recommended filing a contempt of court hearing for his non-participation, perhaps because they had some doubts about the truth of the allegation.

The daughter initially reported that her father "had sex" with her, which focused the investigation on incest. She then described the incident reported above. She clarified that she was confused about what "having sex" really was.

Further doubt was raised as Subject 102 and his wife emphasized that the report was initiated by his ex-wife. This was true. Relations between Subject 102 and his ex-wife were extremely hostile. Subject 102 had recently spent at least half a year in the county work release center because his ex-wife had prosecuted him for unpaid child support. Immediately preceding the report of abuse, his ex-wife was again extremely angry with him. His
current wife had informed a child from his second marriage that he was now paying support. The child in turn confronted her mother because she had told the child she was not receiving any support. This ex-wife then filed the report of abuse and moved out of the area. These factors raised doubts about the truth of the allegation.

Subject 102, his wife, and two daughters were involved in 14 months of counseling prior to the referral to the denial program. Subject 102 and his wife maintained a unified denial of the incident, in spite of the therapist's efforts to confront discrepancies. During this year Subject 102 said that he would not participate in group treatment because he felt he was being punished for something he did not do. Options such as polygraph testing and exploring deferred prosecution were offered. He maintained that he would never admit anything, and threatened to hire an attorney to fight even this nominal participation in treatment.

The mother unconvincingly denied that she had talked to her husband the day following the incident, as the daughter had reported. The daughter maintained that her mother had told her not to say anything more following the incident because her father would have to go to prison and the family would have no money. The daughter knew firsthand what this meant, based on their recent experience. The counselor reported that the fear of
Subject 102 going to prison was a dominant concern of the entire family.

During these 14 months of treatment the daughter was in foster placement and Subject 102 remained in the home. The daughter began having visits supervised by her mother. At the time of the referral to the denial program, she had visits lasting up to 10 days. The daughter reported feeling safe and that the abuse was history now. The entire family denied any anger toward each other and expressed a desire to be reunified and have the case closed.

In September 1994, the counselor again recommended that Subject 102 participate in the denial program. At this time he was court ordered specifically into the denial program.

**Level and Type of Denial**

Independent rater #1 and I determined Subject 102's level of denial to be a complete denial (1). He maintained that the incident "never happened" and that he "was never in his daughter's bedroom." However, contradictions emerged when I challenged him on never being in his daughter's room. He responded, "I know that things like this could happen" (referring to the allegations). He said that if he ever was in their bedroom, "they'd have to be awake and watching me." When asked more specific details about where his wife was the
night the alleged incident occurred, he stated, "Their mother probably had a meeting that night . . . [pause] or the night it was supposed to have happened."

When asked, "If you were guilty [of the abuse] would you admit to it?" Subject 102 responded, "Nope." He explained that he "would not be able to go home." He felt he could work out the problems caused by sexual abuse with his wife and kids, but his own extended family and his in-laws would physically harm him. He said "there's no way you could do anything to stop them." "If I admitted, I'd have to get out of the state."

PCQ Results

Subject 102's total mean score on the PCQ was 2.2. This score would indicate that his overall average for responses were between partially agree (2.0) and uncertain (3.0). Thus, he was close to partially agreeing with most items that indicate negative consequences for admitting to sexually abusing a child. See Table 3.

Table 3
PCQ Pretest Scores for Subject 102

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>FAMILY</th>
<th>SOCIAL</th>
<th>LEGAL</th>
<th>INTERNAL</th>
<th>FINANCE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>102-PRE</td>
<td>2.0</td>
<td>2.0</td>
<td>3.0</td>
<td>2.4</td>
<td>2.0</td>
<td>2.2</td>
</tr>
<tr>
<td>RANGE</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
</tr>
</tbody>
</table>
Subject 102's average scores indicated responses of partially agree to the negative consequences in the domains of family reactions (2.0 average), social interactions (2.0 average), and finances (2.0 average). He selected the strongly agree response to items regarding friends avoiding him, moving out of his neighborhood, having a difficult time accepting himself, and his spouse's family disowning him if he admitted to abusing a child. His answers in the legal domain were uncertain (3.0) on average. These scores are consistent with what he stated during the interviews.

MMPI-2 Results

Code type

Subject 102's best fit code type is "K+." Persons with this code type are "very defensive, guarded, and resistant to considering that they might have psychological problems. They avoid close interpersonal relationships, and tend to be fearful and suspicious of others" (Greene et al., 1990). Individuals with this profile may be difficult to evaluate "because of their defensiveness" (Greene et al., 1990). See Table 4.
Table 4

MMPI-2 Pretest Scores for Subject 102

<table>
<thead>
<tr>
<th>L</th>
<th>F</th>
<th>K</th>
<th>Hs</th>
<th>D</th>
<th>Hy</th>
<th>Pd</th>
<th>Mf</th>
<th>Pa</th>
<th>Pt</th>
<th>Sc</th>
<th>Ma</th>
<th>Si</th>
<th>F-K</th>
<th>O/S</th>
</tr>
</thead>
<tbody>
<tr>
<td>65</td>
<td>55</td>
<td>58</td>
<td>68</td>
<td>62</td>
<td>61</td>
<td>62</td>
<td>34</td>
<td>39</td>
<td>53</td>
<td>51</td>
<td>41</td>
<td>54</td>
<td>-13</td>
<td>+11</td>
</tr>
</tbody>
</table>

Note. T-scores with K-correction.

Defensiveness

The F-K score of -13 placed Subject 102 in the high defensiveness category. The total T-score difference on the Wiener-Harmon Subtle-Obvious subscales was +11 which did not indicate high defensiveness or dissimulation. The L scale was elevated which also would indicate defensiveness. Individuals with scores in this range "may be defensive, lack insight, and be slightly more conforming and moralistic than usual. They may have a tendency to repress or deny problems and unfavorable traits" (Greene et al., 1990).

Subject 103

Background Information

Subject 103 was a 45-year-old male, who has been married three times. He first married when he was 21 years old and divorced 6 years later. There was one child from that marriage. He married a second time in the same year as his divorce and has two teenage children from that second marriage. He divorced his second wife 10 years later. Within a year of that divorce, he began living
with his current wife. They married 4 years later. There are no children from this marriage, although his wife has two teenage children from a former marriage. One of those children was living with Subject 103 and became the target of his sexual behavior.

Subject 103 has been employed in the same retail company for 27 years in a middle management position in the receiving department. His annual income was between $20,000 and $30,000. He graduated from high school and has not had any further formal education.

Nature of the Offense

Subject 103 wrote a series of rambling and disorganized letters with overt sexual comments to his 15-year-old stepdaughter. He had been giving her the letters for several weeks before she told a friend, and eventually her mother. Her mother reported them to authorities.

Subject 103 had become preoccupied about his 15-year-old stepdaughter after she had told her mother in the summer of 1993 that she had been raped. He became very controlling. He would go through her bedroom, read her diary, and closely monitor her friends. He would become very angry with her defiance and the fact that she continued to be sexually active.

A series of events added to his stress in the winter of 1994. He was concerned that his job might be eliminated. His visits with his biological children
stopped because they were telling their mother they did not want to visit. He had debts for their medical expenses. He became very agitated, withdrawn, and moody. Co-workers expressed concern.

During this time he began keeping a journal as well as writing the letters. In the journal he made comments about suicide. When the letters were disclosed to his wife and the authorities were involved, he became suicidal and was placed on a 24-hour involuntary emergency detention. The police and child protective services were involved. Further evaluations were indicated.

Several letters were included with the referral information. The following are some excerpts with original syntax and spelling. (Some punctuation is added to make reading easier.)

"You know I love you more than life itself - If you don't want me to write any more please tell me... I would love to have bought a bottle last night but I didn't... You keep me going some days when nothing else will... Please destroy this letter... To hold you, to love you, to touch you soft skin, no wonder you turn these young heads - you do get in a man's blood... You have never experienced love till you love someone who really loves you... Don't be afraid of me. I love you dearly - I would never hurt you. You know I get mad sometimes, But I am afraid that's your fault - it's just that you bring it out of me - It's not your fault I feel the way I do - I miss seeing you in the morning. I try to stay in my room (not to bother you) But you are a very pretty young lady. I can't help but stare at you. I try not to but after all I am a normal (haha) man. That's a joke I should not be talking this way to you I know - But if I don't get it off my chest I will explode..."
I am trying to make it thru this hell I am living in but it is very hard. I go to sleep with you on my heart and wake the same way. I am slowly driving myself crazy over you - not your fault. it's okay to hate me I understand. Don't let my affection for you get the best of you or me - I would do almost anything for you -(yes I would.) But their are limits to what even I could do - I don't think you take me seriously - don't take me for granted - it hurts to know or even think you might be toying with me, I want to forget you seeing me drunk - the 2 & 3 time in my life. I don't normally drunk at all, I just got to forget its almost impossible - but remember I love you just to see you smile, to hold you, sets my heart on fire. . . .

I am sorry you don't trust me. . . Your silence - is deadly - to me. . . My nerves are all but gone. Please forgive me for loving you, I can't help myself - when it comes to you and my feeling. . . . I must tell you how I feel in a note - because you won't let me talk the way I want to - I guess you are still a forbidden love.

Although, there was no report of any physical sexual contact, the referring therapist was uncertain how thoroughly the child had been interviewed to assess this issue. The child had been placed with her biological father and stepmother. She was not involved in counseling.

Context of Referral

Subject 103 was essentially self-referred for treatment. Although the letters were initially investigated by the authorities, and the police were involved in his psychiatric commitment, Subject 104 was never interviewed for potential criminal issues. He was not under any court order from the Juvenile Division of the Circuit court to participate in treatment. His goal
was to have his stepdaughter returned to their home. He was participating in treatment at his own expense to work toward this goal.

Subject 103 was referred to the denial program after he had been in individual treatment for 7 months. The stepdaughter remained in placement with her father. Subject 103’s wife strongly desired to be reunited with her daughter, but was unwilling to separate from her husband. The case plan regarding reunification had not been determined.

Level and Type of Denial

Independent Rater #1 and I determined Subject 103’s level of denial to be partial denial (2). The distinguishing feature in his denial was his desire to not know what he had written. He evaded questions about sexual intent. He also reported that he did not remember writing the letters.

He stated that “it was a sick son-of-a-bitch that wrote [those letters].” “I won’t read no more.” He did acknowledge that he wrote the letters. When asked whether he had a sexual attraction to his stepdaughter, he responded, “I don’t know. You guys are the therapists.” He acknowledged what he did was wrong based on the fact that the letters scared her, but he could not articulate what was wrong other than to say that writing such letters is something “normal people don’t do.”
PCQ Results

Subject 103's total mean score on the PCQ was 1.7. This score would indicate that overall his responses were between the partially agree and strongly agree categories for the negative consequences of admitting to the sexual abuse of a child. See Table 5.

Table 5

PCQ Pretest Scores for Subject 103

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>FAMILY</th>
<th>SOCIAL</th>
<th>LEGAL</th>
<th>INTERNAL</th>
<th>FINANCE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>103-PRE</td>
<td>1.4</td>
<td>2.3</td>
<td>2.0</td>
<td>1.2</td>
<td>2.0</td>
<td>1.7</td>
</tr>
<tr>
<td>RANGE</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
</tr>
</tbody>
</table>

The two extremely low scores were in the domains of reactions of family (1.4 average) and internal reactions (1.2 average). He selected the strongly agree response to the statement "If my wife (or partner) believed I had sexually abused the child, she would probably divorce or leave me." He selected the strongly agree response to all but one of the items in the internal reaction section.

MMPI-2 Results

Code type

Subject 103's MMPI-2 results indicated a 2-0/0-2 (highest scale) code type. (See Table 6.) Persons with this code type "typically present with very mild
depressive symptoms . . . [and] have little propensity to abuse alcohol or drugs" (Greene et al., 1990).

These individuals are very conventional and avoid interactions with others. They are very unlikely to get into trouble because of their behavior. They see themselves as socially inept and awkward . . . . They are very sensitive to the reactions of others and easily embarrassed in social situations. (Greene et al., 1990)

Table 6

<table>
<thead>
<tr>
<th>MMPI-2 Pretest Scores for Subject 103</th>
</tr>
</thead>
<tbody>
<tr>
<td>L F K</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>48</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Note. T-scores with k-correction.

Defensiveness

Subject 103's F-K score was -2, which did not place him in the defensiveness category. The total T-score difference on the Wiener-Harmon Subtle-Obvious scales was +2, which also did not place him in the defensiveness category. Subject 103 did not respond to 15 items on the MMPI-2. While this could raise some question about his defensiveness, the validity scale configuration indicated a "willingness to admit personal and emotional problems" and a request for help (Greene et al., 1990). Thus, he was not viewed as providing a defensive MMPI-2 profile.
Subject 104

Background Information

Subject 104 was a White 32-year-old married man. He completed the 11th grade before he dropped out, and had not completed a GED. He has had a variety of unskilled-labor jobs, primarily in the manufactured housing field. At the time of the initial interview he was employed full time working for his father doing cement work. His annual income was $17,000. His employment record involved many sudden job changes. He reported alcohol abuse as a significant factor contributing to his employment instability.

He was married in 1982 and has two daughters and one son from that relationship, ages 14, 12 and 10. The 14-year-old daughter was the target of his abusive behavior. Following the disclosure he stayed with his wife, continued drinking, and denied the allegations. The children were placed in foster care. The family had no permanent address.

Subject 104 had been incarcerated several times in his life for alcohol-related offenses. The longest time that he has been abstinent was the 9 months he was in jail. He did not drink for some time after release, but began after he committed his mother to a psychiatric hospital for her "paranoid schizophrenia." He disclosed a very chaotic home life. He left home at age 15, because
he "couldn't stand the problems." He agreed to remain abstinent during treatment.

Nature of the Offense

In July 1994, Subject 104's 14-year-old daughter had stayed out very late one evening. She then reported to her mother that she had been raped. When she was interviewed by authorities regarding this incident she also disclosed that her father had "put his hand down her pants during the night." She reported that her father was very drunk when he had done this. He reports that her mother was out on a drinking binge the night this happened.

The information regarding the offense was very sketchy. The standard videotaping of the disclosure of the abuse had not been done. The victim was very reluctant to talk further about the abuse in treatment because she feared that her father might go to jail. She had been placed in multiple settings since being removed from the home. She was distrustful of adults, had been sexually victimized again, and reported feeling "trapped." Thus, the details of the offense were limited to those reported by the subject himself.

Context of Referral

Subject 104 had never been contacted by the police. He was referred for sexual abuse counseling by the
Juvenile Division of the Circuit Court.

The family's chaotic organization continued to impede their participation in treatment. While the children attended counseling fairly regularly, their mother rarely kept appointments and moved several times, making contact with her difficult. Likewise, Subject 104 had been seen one time in July 1995. Due to the change in agencies providing service and his low motivation, he was not seen again until October 1995. He was referred to the denial program.

Level and Type of Denial

Independent rater #1 and I ranked Subject 104's responses as partial denial (2). He denied awareness of the abuse. In a fairly classic style, he responded, "I don't know [if this happened], I was drunk." "It could have happened." "I want to believe her." "I'm afraid that it might have [happened] . . . [but] she lies so much."

He further denied the probability of the abuse occurring by contending that when he is drunk he has no sexual drive. In the past he would "get mean" and that he was frequently physically abusive toward his wife. He has learned how not to do that anymore. He also denied any sexual feelings toward his daughter.

He further disclosed a history of blackouts from drinking. He has been told of times that he urinated in
the corner while people were talking to him. He has no recollection of these events. In this context he said, "If she said it did happen, it did." But when pressed, he again said, "I don't know if I abused her."

PCQ Results

Subject 104's total mean score on the PCQ was 3.6. This score would place his average responses between uncertain (3.0) and partially disagree (4.0). This score would suggest that on the average of all items, he was close to partially disagreeing with negative consequences for admitting to the sexual abuse. See Table 7.

Table 7

PCQ Pretest Scores for Subject 104

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>FAMILY</th>
<th>SOCIAL</th>
<th>LEGAL</th>
<th>INTERNAL</th>
<th>FINANCE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>104-PRE</td>
<td>3.9</td>
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<td>4.5</td>
<td>2.0</td>
<td>4.3</td>
<td>3.6</td>
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<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
</tr>
</tbody>
</table>

Four of the five domain scores were above the mean (3.0). His lowest domain score was regarding internal reactions (2.0 average). He selected the strongly agree response to items about viewing himself as a criminal, and being "sick." This suggests that he would have a "very difficult time accepting" himself if he did admit to sexually abusing the child. His high scores in the legal
and financial domain reflect the frequency with which he selected the **strongly disagree** response to items about going to prison, being arrested, or losing his job or status in the community if he admitted to sexually abusing a child.

**MMPI-2 Results**

**Code type**

Subject 104’s code type was "WNL." As noted above with Subject 101, people with this profile describe themselves as "being happy, healthy and contented . . . and see their relationships as satisfying" (Greene et al., 1990). When a profile like this emerges for someone with obvious indicators of psychological maladjustment, the most plausible interpretation is that "they have become adjusted" to their disorder and have "little insight into their behavior" (Greene et al., 1990). See Table 8.

**Table 8**

**MMPI-2 Pretest Scores for Subject 104**

<table>
<thead>
<tr>
<th>L</th>
<th>F</th>
<th>K</th>
<th>Hs</th>
<th>D</th>
<th>Hy</th>
<th>Pd</th>
<th>Mf</th>
<th>Pa</th>
<th>Pt</th>
<th>Sc</th>
<th>Ma</th>
<th>Si</th>
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<th>O/S</th>
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<td>56</td>
<td>51</td>
<td>54</td>
<td>54</td>
<td>52</td>
<td>47</td>
<td>59</td>
<td>40</td>
<td>53</td>
<td>53</td>
<td>45</td>
<td>53</td>
<td>48</td>
<td>-12</td>
<td>+39</td>
</tr>
</tbody>
</table>

Note. T-scores with K-correction.

**Defensiveness**

The F-minus-K score of -12 placed Subject 104 in the defensiveness category. Defensiveness was not noted on
the Wiener-Harmon Subtle-Obvious scales. The traditional validity scales were also largely unremarkable.

Subject 105

Background Information

Subject 105 was a 32-year-old twice-married African American man. His first marriage occurred when he was 20 and his wife was 26. His first wife had one daughter, now age 15, from a previous relationship. Together they had one child, now age 13, who was born prior to their marriage. They divorced in 1989 when Subject 105 was in prison for burglary and dealing drugs. (His ex-wife also had multiple convictions and incarcerations for dealing drugs and welfare fraud.) Following his release from prison in January 1991, his ex-wife gave him physical custody of the 13-year-old daughter. During this time he began dating many women, including living with his ex-wife "for a while." In September 1991, Subject 105's ex-wife removed his daughter from his care. In November 1991 he married his current wife. She has a 6-year-old child from a previous relationship. Together they have a 2-year-old child.

Subject 105 was employed in production as a semi-skilled laborer earning between $10,000 and $20,000. He had been employed there 3 years. In his prior work he was a laborer in a meat-packing plant. He was eventually terminated there for stealing meat. He had some work
experience as an auto mechanic, but was terminated for sleeping. He was an avid body-builder and participated in many competitions. He disclosed that he had worked as a male stripper in the past.

He graduated from high school and attended 18 months of technical college for diesel mechanics. He says he was kicked out because he did not pay his tuition.

**Nature of the Offense**

The allegations against Subject 105 were complex and confusing. Ironically, he became involved with authorities when he reported in June 1993 that his 13-year-old daughter had been sexually abused by his ex-wife's drug-addicted and alcoholic husband. In the courtroom there was a near physical altercation with his ex-wife. Both children were placed in relative placements and allegations gradually emerged that Subject 105 had sexually abused the 15-year-old stepdaughter when she was 10 or 11. This stepdaughter also alleged that he had fondled his 13-year-old daughter's friends around the time that he had abused his stepdaughter.

His stepdaughter outlined that prior to his incarceration, Subject 105 would come into her bedroom at night and molest her. During the videotaped interview, she reported that "he'd come in and feel on my boobs, then he'd stick his penis in me." This occurred about three times a week and would last for about half an hour. She
was on the bottom bunk and her half-sister was on the top. She provided clear details such as what clothes she had on and how he would undress her. She reported that he had threatened, "Don't tell your mom or otherwise I'm gonna accuse you of it and stuff like that."

She also reported an incident in a swimming pool where he was "feeling all over me." She told of an incident while visiting him in the prison camp where he was "french kissing me and squeezing me real tight."

Later, during the course of therapy, the therapist for the 13-year-old daughter thought that he may well have abused that daughter also. She has never disclosed any abuse by him to date.

**Context of Referral**

Although Subject 105 was interviewed by the police, his referral into counseling remained under the supervision of the Office of Family and Children. In November 1993 he passed a police-administered polygraph exam indicating that he did not sexually abuse his stepdaughter. He maintained that the allegations against him were in retaliation for reporting his daughter's allegations against his ex-wife's husband. No criminal charges were filed and the case was closed with the police.

The local Office of Family and Children was considering the possibility of placing the 13-year-old
daughter back with her father's family. During the course of an evaluation for this placement, Subject 105 disclosed issues that raised further questions about the allegations. He admitted heavy marijuana and cocaine use during the time when the alleged abuse occurred. He disclosed more of his sexual history which included sexual intercourse with a 15-year-old girl when he was 29 years old. He contended that he did not know her age and that her parents knowingly allowed him to "date her." He reported ending the relationship when he learned of her age. There was a child from that relationship.

Other aspects of his sexual history included his own sexual victimization as a child (between ages 5 and 7), exploitative relationships with numerous women, and being a male stripper. Meanwhile, his stepdaughter remained firm in her claim of sexual victimization. Thus, Subject 105's sexual history combined with his criminal background, poor work history, rather narcissistic personality organization, and impulsive decision-making led to a request for a second and more thorough polygraph examination.

Subject 105 had deceptive reactions to questions regarding french kissing his stepdaughter, sexual contact with his 13-year-old daughter, and continued sexual thoughts of sex with someone under 18. Given these results, Subject 105 was referred to the denial program in
the fall of 1994.

Level and Type of Denial

Independent rater #1 and I evaluated Subject 105's denial to be complete denial (level 1). During the interview he stated, "I did not molest her." He denied any sexual interactions with the child. He denied any sexual thoughts about the child. He maintained that he was in jail when she alleges he abused her.

He also added that he had always shown preference to his biological daughter. Thus, his stepdaughter's allegations were motivated by revenge against him and his daughter who ended up in foster care.

He dismissed the report of the incident at the swimming pool as her retaliation against him for "taking her bike away from her." He punished her by removing her bike-riding privileges. Overall, he contended that his ex-wife was behind the allegations.

PCQ Results

Subject 105's total mean score on the PCQ was 1.8. This score would indicate that the average of his overall responses were between partially agree (2.0) and strongly agree (1.0). Thus, he perceived there to be negative consequences to admitting to child sexual abuse. See Table 9.
Table 9
PCQ Pretest Scores for Subject 105

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>FAMILY</th>
<th>SOCIAL</th>
<th>LEGAL</th>
<th>INTERNAL</th>
<th>FINANCE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>105-PRE</td>
<td>2.1</td>
<td>1.0</td>
<td>2.3</td>
<td>2.0</td>
<td>1.8</td>
<td>1.8</td>
</tr>
<tr>
<td>RANGE</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
</tr>
</tbody>
</table>

Subject 105's scores for each domain were well below the mean (3.0). His lowest score was in the social domain (1.0 average). He endorsed items indicating that he strongly agreed he would be a "social outcast," viewed as a "dangerous criminal," and avoided by his friends, if he admitted to sexually abusing a child.

His scores in the family domain varied because he endorsed the strongly agree response to items about his wife divorcing him, her family disowning him, and loss of contact with his children if he admitted. However, he selected the strongly disagree response to the question about his mother disowning him if he admitted. He did not respond to the items about his father or stepparent, which would have applied in his situation.

**MMPI-2 Results**

**Code type**

Like subjects 101 and 104, Subject 105 had a "WNL" code type. Descriptions of these people include "being happy, healthy and contented" (Greene et al., 1990). When
a person with known or observed behavioral problems attains a WNL code type, he or she has likely incorporated those patterns into their personality organization. Treatment prognosis is "guarded" since they experience "little distress" (Greene et al., 1990). See Table 10.

Table 10

<table>
<thead>
<tr>
<th>MMPI-2 Pretest Scores for Subject 105</th>
</tr>
</thead>
<tbody>
<tr>
<td>L  F  K</td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td>56 67</td>
</tr>
</tbody>
</table>

Note. T-scores with K-correction.

Defensiveness

Neither the F-minus-K score of -3, nor the Wiener-Harmon Subtle-Obvious total T-score difference of +60 placed Subject 105 in the defensive category. The configuration of the validity scales also did not indicate defensiveness, but rather suggested an openness to admitting problems and seeking help. Subject 105's moderately elevated "F" scale indicated that he may well have been experiencing emotional and psychological problems (Greene et al. 1990).

Group Therapy Process

Session #1

The group began with four members, since subject 103 had not yet been referred. My co-therapist and I
introduced ourselves and then led a 15-minute discussion of group rules. Confidentiality among group members was emphasized. They all agreed they could be trusted to keep information confidential. I explained that since they had already been investigated for the sexual abuse of a specific child, the mandatory reporting obligation had been fulfilled for that victim. If additional child victims were identified, I would report the information to the local Child Protective Service organization, so that child could receive the necessary services. They were also informed that progress reports would be sent to the referral sources upon completion of the group.

Other group rules included regular attendance, openness and honesty, no threats of violence, and abstinence from alcohol. Subject 101 asked rather nervously if the no-violence rule had ever been a problem. He said, "We're all here for the same thing--why would someone attack another?" This opened the discussion of the function of the group as a place for both support and confrontation. I told about a time in a similar group when one member became very intimidating. He was terminated from the group. Then, within 4 weeks, two members admitted to their sexually abusive behavior. The group members all agreed they would not intimidate each other.
Subjects 102 and 104 acknowledged problems with alcohol use. Subject 102 disclosed a pattern of daily drinking three beers. He agreed to non-use, but felt that it would be a struggle during the holidays. Subject 104 reported drinking 48 beers a week. He agreed to total non-use for the 9-week duration of the group.

Each member introduced himself by giving his name, age, type of employment, and description of the alleged offense that resulted in his referral to this group. Subject 101 volunteered to go first. He described asking a prostitute to find him "younger girls." He reported details of attempting to procure minors through an undercover police officer. He stated that in his situation "there was no real victim." He mentioned that he had been "entrapped," and that he really did not want girls "that young."

Following a brief pause, Subject 105 gave a lengthy description of conflict between his ex-wife and himself. He told that he had been released from prison for a non-sexual offense and had gained custody of his biological daughter. His stepdaughter, who was in the custody of his ex-wife, then made an allegation that Subject 105 had sexually abused her years ago. He was persuasive in his presentation that the allegations against him were motivated by a vindictive ex-wife. I thanked him for talking. Then, gently, I pointed out several inconsistent
facts, mentioned his failed second polygraph and his sexual relationship with a 15-year-old girl, which he had admitted. He acknowledged having a child from that relationship.

At this point I pointed out how this interaction was an example of the dual functions of the group—support and confrontation. Members of the group nodded in agreement that they understood this is how the group would work.

Subject 104 reported the allegation that he had fondled his 15-year-old daughter's breast and vagina under her clothing in his bed. He quickly mentioned that he had been drinking and did not remember the incident. With some questions from the co-therapist, he acknowledged that he had been attracted to other 14- to 16-year-old girls, "but never my daughter." He said with a smile that he had heard "old enough to bleed—old enough to lead." This prompted some group talk characteristic of a forming group. Subject 102 said he had heard "old enough to lead --old enough to butcher." Client 101 reported, "Fifteen will get you 30." Subject 102 said, "Ten will get you 20." Subject 104 then described adolescent girls as "jail quail."

The co-therapist responded with a review of the Indiana Code defining child molesting. A general discussion of child molesting stereotypes followed. Subject 101 was quite intent with his point that society
has stereotypes about child molesting that do not fit him. He felt a child prostitute would be a willing participant in sex with an adult.

Subject 102 had to be drawn out by the lead therapist. He reported the allegation of his daughter that he had come into her bedroom and fondled her breasts. He said, "... and I will never admit to doing it." Lead therapist asked, "If you did do it, would you admit to it?"

"No."
"Why not?"
"It is a low thing to do."
"Not admitting to it is an even lower thing to do."

Following this dialogue, with the remaining 15 minutes of group, I presented how each of the group members was in a position to significantly lower the negative effects of the abuse on their victim by admitting to their wrongdoing. Information concerning the impact on the victim's self-esteem and self-perception, and on the lasting effects of childhood sexual abuse was presented. They were informed how one of the important therapeutic goals for child victims is to help them not blame themselves. They, as the perpetrators, further complicate the child's healing by implicitly or explicitly calling them "liars." Some offenders further damage the child by raising doubt in the child's mother's mind, undermining
that mother-child relationship during a time of crisis. They were told that what they do now, in terms of admitting or denying, will have an impact on the child for a lifetime.

Subject 101 responded to the presentation by speaking defensively about the low status of child molesters in society and prison. He mentioned some distorted information about "picking up a minor hitchhiking is even child molesting." The co-therapist corrected this statement. I acknowledged that admitting to sexually abusing a child is a "very difficult thing to do."

The schedule for the group was outlined. Reading assignments were distributed. Each member was given a copy of the "Belief Scale" and the "Cognition Scale" to be completed and returned for the next session. The group closed with the Serenity Prayer as is Holy Cross Counseling Group's standard procedure.

Session #2

Subject 103 was present for the first time. The group rules were reviewed for his benefit. I emphasized that the group is a safe place so that members can be open and honest. Then each member briefly introduced himself and provided some details of the allegations. Members who had tended to be quiet in the first session spoke more willingly during the beginning of this session.
There was a brief awkward pause following the introductions, as Subject 103 hesitated to talk. With encouragement he told of the letters that he had written to his stepdaughter. He acknowledged that he did not want to know what he had written. Another therapist had told him that the content of the letters was "sexual in nature." Subject 103 explained that "the person who wrote those letters was 'sick'." He became rather agitated as the co-therapist asked for clarification as to who wrote the letters. Subject 103 said he had, but that he was extremely angry, working long hours and not sleeping during the time period when he wrote them.

Subject 101 then asked if writing such a letter was "illegal." The co-therapist explained how sexual abuse could occur without involving touch. Group members discussed what parts of the law might apply to this situation. Eventually, Subject 103 informed them that his involvement in the group was entirely voluntary.

I discussed Subject 103's motivation for therapy as a lead into the topic of the impact of sexual abuse on children. Members were attentive to the details of the path analysis handout from the Wyatt and Newcomb (1990) study. I emphasized to them that because of their close relationship to the victim (as fathers and stepfathers) there is greater risk of impairing the victim's adulthood functioning.
Subject 105 responded by talking about false allegations. Other members joined into this discussion. Given the intensity of the discussion, I decided to address the issue. Both therapists agreed that false allegations do occur. The therapists acknowledged the difficulty of evaluating these allegations. I gave two examples from my clinical experience. The first reviewed how a child who had been abused was coached by her mother to say that it was her father (mother's ex-husband), when it fact, the abuser was her mother's boyfriend.

The other example recounted the pain that a victim experienced when, as a child, it was decided that she had given a false report. A week after the investigation was closed, the abuse by her father resumed. It continued until she was able to leave home as a teenager. The co-therapist emphasized that during the investigation and early stages of treatment, an adult is much more capable of handling being falsely accused than is a child not being believed and left in an abusive situation.

Subject 101 objected to this approach, telling how much a person's social standing can be damaged by a false allegation. He contended that a child will always be believed over an adult. He was obviously surprised when he learned that there were potential candidates for this group who had been screened out because there was not enough certainty that the abuse had occurred. In these
situations, the child was still maintaining her statements of abuse.

Subject 102 offered that his situation was like the husband in the first situation. His daughter was saying it was him, even though it was someone else.

I brought this discussion to a close by stating that all of the members of this group were here because, after careful review of the case, they were determined to have abused the child. The purpose of the group was to help them admit to this behavior.

The presentation then shifted to the rating scales that each of the members had been asked to complete and return. Subject 103 was given copies to review. Subject 105 had failed to bring his back.

I asked if any members had responded with a 1, 2, or 3 to any items on the first page of the Abel-Becker Cognition Scale. Most of the discussion centered on whether or not "an adult can tell if having sex with a young child will emotionally damage the child." Several members said they misread the statement and changed their response to indicate that they thought any sexual contact would be damaging. Subject 101 contended that if a child was a prostitute, and received money, she might not be emotionally damaged. Subject 104 countered, saying that any sexual interaction between an adult and child would be damaging. Both therapists confronted Subject 101 on his
attempts to make what he had done acceptable. Most group members disagreed with Subject 101. The general theme of rationalizations that all child sexual abusers use to make their behavior acceptable to themselves was discussed. The importance of identifying and changing these distortions for relapse prevention was also emphasized.

All members agreed that the correct answers to the "Belief Scale" should be true. Subject 103 said that he did not know that most prostitutes have had sexual contact with adults when they were children. He appeared ashamed of not knowing this. The therapist told them they could possibly lessen the likelihood that their victim would engage in prostitution by admitting their wrong-doing and taking responsibility for the abuse.

For the next session, the group was given the assignment to read a packet of compiled information regarding sexuality.

Session #3

The third session opened with an opportunity for each member to identify any issues or agenda that they would like to cover during the session. No one mentioned anything specific.

I asked who had read the assigned material on sexuality. Subject 105 had gotten confused and read the material for the next session. All other subjects reported reading some or all of the material. They then
completed a six-item true and false quiz which I had developed from the first section of the handout: The Family Book About Sexuality, revised edition (Calderone & Johnson, 1989). The group discussion was organized around the quiz items.

Subject 105 was the only member to answer true to the statement, "Many mothers and fathers feel turned on sexually by their own children after they outgrow babyhood, especially when the children reach the age of puberty." He explained that in prison he listened to men talk about sexual contact with minors. He made some confusing statements, including that his cellmate was "in there for the same thing I was in there for." He indicated that his cellmate was incarcerated on a sexual offense involving a minor. This statement was apparently a slip, since Subject 105 had been serving time on burglary and drug charges.

All the members denied ever having arousal or even attraction to their own children. They were shown the specific reference in the reading material. The remaining part of the statement in the text was, "and these feelings are usually disturbing to the parents" (p. 127). This topic of arousal toward a child was integrated with the discussion of the human sexual response system. All members denied any awareness of any sexual arousal toward their mothers during development.
Much of the session focused on distinguishing between a disturbing sexual thought toward a family member and creating sexual fantasies involving a family member. In the context of this discussion, Subject 101 stated that he thought it would be "sick" if a person had sexual feelings that emerged in the context of a "loving and nurturing relationship." I had Subject 101 reflect on his statement. We discussed the role of this type of thinking influencing his sexual preference for prostitutes and the preference for impersonal sex.

The conversation shifted to the second item regarding sexual identity and adolescent development. My co-therapist emphasized the disturbing impact of child sexual abuse on the long-term development of healthy sexuality.

Most members gave incorrect responses to the item "Much of the communication about sexuality among family members takes place without words and even unconsciously." As the statement was clarified, they all agreed that most of the information they had communicated to their children was "non-verbal."

Each member was asked what he had communicated about sexuality. Subject 103 said that what he had communicated was "not good." He was very anxious and fearful of sex. Subjects 101, 102, and 105 also felt that what they had demonstrated was "not healthy." Subject 104 had given the message to his teenage daughter: "Don't get pregnant--sex
is fun--don't do it." He acknowledged shyness about his own sexuality.

Some members thought that a child does not develop his or her sense of sexuality from family members. Instead they pointed to TV, peers, and school. In response to discussion about their own development, they acknowledged how much their families influenced them, even though sex was not talked about openly.

Following a review of the quiz items, there was discussion of the process of arousal and techniques to enhance arousal. I cautioned about selecting appropriate targets for sexual fantasies and arousal.

Finally, there was a spontaneous discussion about how a person's sense of sexuality affects his or her children. Subjects 101 and 102 disagreed with this statement. When asked, Subject 101 agreed to describe his sense of sexuality, while Subject 102 declined. Subject 101 views himself as "somewhat of a Don Juan." This was a factor in his divorce and he agreed that this expression of sexuality negatively affected his daughter.

Subject 103 again talked about his extreme privacy and insecurity about sex. He was clearly struggling with what impact this had on his daughter and stepdaughter.

Subject 104 spontaneously offered that he was openly affectionate in his marriage. However, he relies on alcohol to lower his inhibitions. He was asked if he used
the alcohol to gain internal permission to express sexual feelings toward his daughter. He denied any sexual feelings toward his daughter. Subject 102 also acknowledged his reliance on alcohol to help him to be social.

Subject 105 began to describe how women would "come on to" him after he had become a body-builder. He described very exploitative relationships, in which he would receive room and board from women in exchange for ongoing sexual relations.

There was considerably more direct discussion between members in this session. Numerous times members laughed. They were told that the one goal for the group was that they could feel as relaxed as if they had a couple of beers under their belts. Subject 103 commented while walking out the door that this group was "extremely helpful to him."

Session #4

Session #4 began with the same request for agenda. Subject 101 commented that he was a little unclear about how the group was to work. He felt that the information had been helpful to him in the previous session. However, he was not sure what he was to be working on in the group. He again commented that there was no real victim in his case and that he was not in denial. I countered that he was denying sexual intent and details of the incident. He
was informed that specific details of the encounter with the police officer would be reviewed in sessions 6 and 7.

Subject's 101 demeanor was more critical of the program. He appeared to be trying to distinguish himself from the other members by implying that his offense was different. Both the co-therapist and I were much more involved in facilitating the group interactions this session. Subject 101's opening comments sparked considerable more discussion among members.

I then shifted the discussion to assertiveness. All members had read some of the book. A chart in *Your Perfect Right* (Alberti & Emmons, 1970, p. 29), which differentiates non-assertive, aggressive, and assertive behaviors, served as the initial content for the presentation. I asked each of the members to think of his own style.

To help give more specific focus to the discussion, I asked for their responses to several items in the assertiveness inventory (Alberti & Emmons, 1970, pp. 56-57). Subject 101's responses indicated that he varied in situations. I observed how, although he contends that he is "easily led," in certain situations he can be quite assertive. I pointed out that he had been quite assertive at the beginning of the group. Subject 102 reported being non-assertive in most all settings. Subject 103 observed that he fluctuates between being very non-assertive and
aggressive. He acknowledged that he struggled not to get into fights at work with delivery drivers or superiors who could be very demanding. Subject 104 described a pattern of non-assertive behavior. Subject 105 told of situations where he was assertive.

I then asked if the members could speculate as to why this topic was included in this program. Subject 101 commented on the importance of good communication skills in relationships. Subject 103 then said that in the back of the book there was a chapter about assertiveness and sexual behavior. He observed that he had been very non-assertive sexually in his relationship with his wife because of his discomfort in talking about sex.

I mentioned that one theory regarding the motivation for adults sexually abusing children emphasizes that these adults may not have emotional resources and communication skills to handle adult relationships. I presented a brief overview to the regressed-fixated classification for child molesters. I went on to mention that this theory is not considered as solid, as the research indicates the pervasiveness of sexual deviation among child sexual abusers.

I emphasized that admitting to sexually abusing a child is also assertive communication. The process of denying is non-assertive. I mentioned that a goal of the group is to help members admit to their behavior. By
including this section on assertiveness, I hoped that they might learn more direct methods for communication.

The group closed with a reminder that there would be no more reading and written assignments. My co-therapist encouraged them to have a good Christmas. I reminded them that there was no meeting next week due to the holiday.

Many aspects of the group process in session #4 indicated that the conflict stage of group development was occurring. Subject 101 clearly attempted to develop a dominate position.

Session #5

Subject 104 failed to appear for this session. Later I learned that he had called and left a message that he was having car problems. The group began 10 minutes late. The scheduled presenter called 30 minutes prior to group to say that he had to work overtime and could not come in. A quick adjustment was made to present the victim empathy video scheduled for session #8.

My co-therapist had previewed the tape and gave a brief introduction. The video initially aired as a Sunday night movie entitled "Not In My Family." In the movie an adult, following the birth of her own daughter, begins to recall being sexually abused by her father. She begins to suspect he is currently sexually abusing her niece. She informs her brother, the victim's father, of her own abuse and her current suspicion. Concurrently, she establishes
a relationship with her estranged sister. Reluctantly, her sister discloses her victimization which supplies necessary information for the main character to piece together the details of her abuse. The main character demonstrates typical symptoms of an adult survivor, such as occupational impairment, conflict in her marital relationship, flashbacks, excessive fears about her child's well-being, and depression.

The niece discloses the sexual abuse. The grandfather is arrested. He has a heart attack as the siblings are debating whether or not to proceed with criminal charges. The grandmother aligns with her husband and becomes vindictive in her comments to her daughter (main character).

The movie ends with the daughter confronting her father in his hospital bed. He continues to deny both current and past abuse. He attempts to intimidate her into dropping criminal charges. She decides to proceed with prosecution.

Given the late start, excerpts of the movie were fast-forwarded. During the middle of the movie, my co-therapist handed out paper and asked each group member to note the "effects of the abuse on the adult survivor." As the movie progressed, I asked them to also note the effect of the abuse on other family members. The movie ended with approximately 10 minutes left for discussion.
Subject 105 said that he understood the struggle of the grandmother. He also said he was angry at the grandfather as he attempted to manipulate the daughter by making her feel guilty for pressing charges.

Subject 103 became tearful several times during the movie. During the follow-up discussion he said he felt like the lead character. He identified with her irritability and withdrawal from people. He became tearful as he talked about this, and asked to pass.

Subject 101 said he found the movie to be quite "moving in the description of incest." He felt that sexual relations with children are harmful, "especially with family members." He felt that the grandfather had sexually abused the daughter even if she could not remember it initially.

Subject 102 was very quiet throughout the movie. He also had no doubt about the grandfather committing the offense. He denied that he had felt like crying, but acknowledged that the movie was "emotionally powerful." I pressed him on the difference. He conceded that there was not much difference, but he had been raised that men are not supposed to cry.

The members were told to reflect during the next week on how the lead character might have reacted if her father had admitted wrongdoing. Their notes were collected for future discussion.
Following the close of group, I asked subject 103 if he was suspecting that he might have been sexually abused as a child given his strong identification with the lead character. He did not believe he had suppressed any memories of abuse. While watching the movie he felt the internal pressure that he had also experienced when he had become so irritable in the past. Watching the lead character become depressed and irritable reminded him of the onset of his own depression and hospitalization. He said that he was very angry at the grandfather in the movie.

The group dynamics were disrupted by the very limited group interaction time. Subject 101's attempt to differentiate himself were again noted in his comments.

Session #6

I began this session by introducing the theme of "matching the facts." Subject 101 asked about the notes they had taken during the movie. I explained that since the guest speaker had not come last week, that the group would return to a discussion of victim empathy in session #9. The guest speaker would come for session #8. I told them Subject 102 was absent due to the flu.

During the "check-in" and "agenda-gathering" portion of the group, I asked if any of them had thought about how the lead character might have been affected if her father had admitted wrongdoing. They indicated that she would
have felt better. We discussed briefly how his acknowledgment might have been very painful for her, since it would have validated the abuse. At the same time she might have experienced relief and been able to make new progress in her own healing.

Subject 104 apologized for missing the last group. A freeze plug had blown out of his van. I said that since he had missed the session following the holiday, several members and I had wondered if he had been drinking. He reported that he had drunk six beers the week after the first session, but had remained abstinent since that time. He contracted to report any further drinking. He informed the group that he had changed jobs twice in the last two weeks. He reported feeling much better about life since stopping drinking and making a positive job change. My co-therapist and several group members commented that he looked much "brighter and happier." He agreed that he is clearing out the "cobwebs" of heavy drinking. He is "quite certain" that the abuse occurred, but he does not remember doing it.

Subject 101 again commented on spending money for therapy to watch a movie similar to one he had seen before. This provided a lead-in for the topic at hand. I began with Subject 103. Prior to the session, he mentioned his anger about his wife's recent decision to move out, so that her daughter could be placed with her.
Although he said that he did not want this brought to group, I mentioned it. He briefly became angry, saying he is a private person. The co-therapist asked the group how they felt about Subject 103’s pattern of leaving large portions of his life closed to the group.

Subject 105 offered support and a willingness to help. Subject 101 mentioned the non-judgmental aspect of the group. He went further and wondered aloud how Subject 103 would feel if he waits until the last group session to talk. I asked Subject 104 for his input. He offered support.

I asked Subject 103 what he had heard. He responded that he did not want to talk further about it. I pressed again. He then told of his wife moving out. He said this was very difficult to talk about. My co-therapist asked who needed his wife more, he or the daughter. He agreed the daughter did. I asked if he was willing to make progress himself by talking about the letters. He said "no." I questioned if his goal was to work toward reunification. He said "yes."

I pointed out the dilemma of his wanting to have healing for his family without examining the injury. I offered a metaphor of going to the doctor with a broken leg. The patient then tells the doctor he wants to heal, but that the doctor cannot set the bone, because "it will hurt."
Without further explanation, Subject 103 agreed to have me read excerpts of the letters. I read portions which contained themes of attraction and lust toward his stepdaughter. I pointed out how he isolated the child by telling her to destroy the letters. He also attempted to get her to not say "no" to him by saying how emotionally fragile he was.

Subject 103 gave more details of how he set up the situation. He asked her if she minded the letters. When she said "no," he became more explicit in the letters. She would then have difficulty saying she did not like the letters, because she had given permission for him to write them. She may have assumed a sense of culpability. He acknowledged at this point that he did have arousal toward his stepdaughter. He continued to maintain that there was never any physical contact.

Most of the interaction in eliciting the "facts" of the abuse were between Subject 103, my co-therapist, and myself. I returned to the group by asking for feedback. Subject 101 suggested that Subject 103 was trying to help his stepdaughter by writing these letters to show her affection, since she had a poor relationship with her biological father. He said that he hadn't heard anything sexual in the letters. A moment of silent shock followed. I then re-read some of the excerpts. He then agreed those were sexual. Subject 105 joined Subject 101 in raising
doubt about how harmful the letters were, but very clearly stated that the letters were sexual.

The focus of the group then shifted to Subject 101. He began giving details of the event of asking prostitutes for younger girls. He then disclosed for the first time that the children in the pictures he reviewed with the undercover agent were naked and in provocative poses. When I questioned him, he acknowledged that some of the children had not yet reached puberty. He commented that some of the 13- to 15-year-old girls looked like they had sexual experience. There was a lengthy discussion between Subject 101 and the co-therapist as to the age of the child he selected--13 or 15. Finally, they agreed that legally it did not matter. Subject 101 vacillated on whether or not he intended to have sex with a minor.

I then reviewed excerpts from the court records. I highlighted that he paid $500, not the $200-300 he had told the group. The group responded with sighs. At one point he said, "Well, I am a child molester." Then he backed away from that statement, contending that "he is easily led." He had acknowledged sexual arousal to the girls pictured and the thoughts of sexual contact with them.

I then asked the group to reflect on what they had heard. Subject 103 nodded in agreement that Subject 101 may be denying the sexual intent in an attempt to avoid
the painful awareness of deviant sexual arousal. Subject 101 responded by saying that he does feel uncomfortable around a school-age girl who lives nearby. He said that he stays indoors whenever a school bus is present.

I raised the issue of other incidents of sexual contact with minors. I informed the group of Subject 101's sex with a teenage hitch-hiker. He denied any undisclosed incidents of sexual abuse. I questioned this also, given his admission of arousal toward minors. He appeared frustrated, but maintained that he had not had sex with minors.

The group ended rather abruptly as the time had elapsed. Subject 101 expressed dissatisfaction with not having as much time as Subject 103.

Session #7

This session began as members commented on Subject 103's absence. I explained that he had called to cancel due to illness. I stated that we would be continuing the process of "matching the facts" which we had begun the previous session. I outlined the procedure. Subject 105 agreed to go first.

He described the details of the allegations very closely to those reported by the victim in a videotaped interview. She had reported fondling of breasts, kissing, and sexual intercourse. He then discredited the allegations by the fact that he was in jail during the
time she said this happened. I countered. She had been vague in the interview about the time, but was very specific about the location.

He then turned to his argument that he had a poor relationship with the child and that the allegations were motivated by her jealousy of his biological daughter who had been in his custody. He had always shown preference to his biological daughter. He also emphasized that his ex-wife was motivated to shift the attention off of her current boyfriend who had sexually abused Subject 105's biological daughter. Both my co-therapist and I agreed that there were several circumstantial factors that would raise doubt about the truth of his stepdaughter's allegations. However, I turned the discussion to the polygraph results.

Subject 105 responded that he was cold and nervous during the polygraph, and thus the results were inaccurate. Following discussion, he acknowledged that he had attempted to withhold information. He admitted to the group that he did have sexual thoughts about children. He was bothered by his arousal toward minors when he drove by a high school. He also had not told the examiner about his sexual involvement with the 15-year-old girl. Thus, he had inadvertently demonstrated to the group that the results of the polygraph were accurate regarding these two questions. This was pointed out to him. Then he was
asked specifically about the question of sexual contact with his stepdaughter, which had been presented to him between the other two items during the exam. He became moderately agitated and began moving around in his chair. He stated that he had not abused the child. The co-therapist pointed out that Subject 105 could not look him directly in the eyes and answer the questions. Subject 105 shifted the focus by claiming that an "ex-offender can't get a clean start."

Subject 105 was told to think of himself as the grandfather in the video presented 2 weeks before. His stepdaughter's allegations were like those in the movie--what was he going to do? He responded that he did not do it.

I then shifted the focus to Subject 104. I said, "Let's begin with 'what did you do?'" He responded, "I fondled my daughter's vagina." There was a moment of silence and uncertainty as to whether or not he was reporting the allegation or making an admission. I hesitated and said, "You did do it, right?" He nodded his head in the affirmative. I asked if he remembered doing it. "Yes." The co-therapist responded, "Thanks. Thanks for telling us. That took a lot of courage." I responded that I was nearly in tears as I listened to this breakthrough. He was encouraged for setting himself and his family on a path toward potential healing.
He reported that he felt "sick in the stomach" the morning following the abuse of his daughter. He had planned the incident by going into his bedroom, knowing that his daughter was in his bed. She had slept there regularly with her mother. He often slept on the couch.

He appeared to be quite uncomfortable during the beginning of his disclosure. When asked about this, he stated that he had been thinking about it a lot lately. He stated that he knows that he has a long way to go. He visibly relaxed as he was given support for his admission.

Subject 101 asked, following the disclosure, if he mistakenly had thought that his daughter was his wife. Subject 104 said no, again, and stated that he knew it was his daughter.

Subject 105 had been staring off across the room with a blank look on his face and mouth slightly open during the initial portion of Subject 104's disclosure. I pointed this out to him. He commented that it took a lot of courage for Subject 104 to admit. The co-therapist pressed some more. Subject 105 said that his mouth was open due to Bell's Palsy. He then became irritated with the questions.

I then directed the attention to Subject 102. I asked "What did you do?" He said that he did not fondle his daughter. I then described details from his daughter's statement. These described him coming into her
room and fondling her breasts. He said he was never in his daughter's room when his wife was not present. When challenged on how that could be true, given 14 years of family life, he stated that his wife rarely left the house.

I then focused specifically on the night when the alleged incident happened. His wife was at a meeting. I asked about a reported conversation with his wife the next day. He acknowledged that he talked with his wife about "some" statements his daughter had made. At this point Subject 102 appeared uncomfortable and was changing positions in his chair frequently.

I commended him for telling his daughter that he "would never do it again," and for following through on that promise during the intervening year before the disclosure. He appeared to relax some to these compliments. He started to say something indicating that it was true that it had not happened again but stopped himself. He did not admit to any wrongdoing. The co-therapist pointed out that Subject 102 was like the grandfather in the video presentation. His daughter was, in a sense, asking for him to acknowledge his wrongdoing by making the disclosure outside the family.

I asked if there was anything else he wanted to say. He said, "No." The group ended with the Serenity Prayer 3 or 4 minutes early.
The planned theme for this session was to have a guest speaker discuss his experience in treatment. The rationale was to address fears and concerns among group members about what treatment was really like.

The speaker was going to come for the second half of the session due to a late work schedule. Arrangements were made to present a video on the topic of victim empathy during the first portion of the group. However, prior to the group session, Subject 102 approached me and asked, "What would happen to me if I admitted." I responded, "It is difficult to say. Could we talk about this in group?" He agreed.

I began group by outlining the slated agenda, then turned to Subject 102 and asked for his agenda. He repeated his early question. He said that a "family conference" was approaching next week. He knew that recommendations for restricting his contact with his daughter were being made.

I outlined three basic responses Subject 102 could have to the various agencies involved with his family. These would affect what happened to him. He clarified that his main concern was that he not be taken away from his family and put in jail. All three options included disclosure in therapy. The first option included turning himself in to the police. The second included openness
with the Office of Family and Children, but getting legal
counsel before talking with law enforcement agencies. The
third option was to be open and cooperative in counseling,
but not cooperate with anyone else.

The other group members distracted the discussion by
commenting that Subject 104 was listening intently
(following his disclosure the previous week). I redirected
the attention back to Subject 102, who said that he was
still thinking about it. The co-therapist raised a
question about Subject 102's hesitation last week.
Subject 102 then said, "Well, it will never happen again."
After a brief pause, I said, "So you are admitting it
happened once?" Subject 102, "Yes."

The group and therapists were very supportive to
Subject 102. Subject 105 said, "It takes a real man to
admit this." Subject 101 said that admitting "was a good
thing to do." Subject 102 said that he had wanted to say
this last week, but he needed to think about it.

The group focus then shifted to Subject 103. He was
informed of the events in group the previous week.
Several members commented that they thought he was really
angry after the session 2 weeks ago, and were uncertain if
he would come back. He countered that he had slept very
well and awoke feeling "lighter and very good" following
the session 2 weeks ago. This feeling was lost when he
helped his wife move out. He continued to describe
himself as "sick."

Subject 103 presented himself as being in crisis. The group members responded by offering support and advice. Subject 101 raised the theme of forgiving oneself and "not dwelling on what you did." Both the co-therapist and I discussed taking full responsibility for the abuse, selecting responses of guilt instead of shame, and avoiding self-absorbed depression so that he can progress in treatment. At the same time we both emphasized the importance of remembering the pain caused by the abuse.

At this point the speaker had not yet arrived. With some group input, I decided to continue with group processing of the changes happening in the group rather than watch the video on victim empathy.

The co-therapist shifted the focus onto Subject 105 by asking how he was feeling in response to the admissions of other members. Subject 105 responded that he was innocent. He talked about taking the issue back to court to prove that his stepdaughter was lying. I asked him about sexual contact with his biological daughter. He commented that she had not made any allegations. I reported that deception was detected on his polygraph results on this issue. I also raised the issue of sexual contact with his daughter's friends. He discussed some of the details of those allegations, which included him playing with the children in the swimming pool. He
maintained that the allegations were false and motivated by the jealousy of his stepdaughter.

I took a break to see if the speaker had arrived. He had not. I turned the focus of the group back to Subject 103. Both the co-therapist and I tried to help him move to a way of conceptualizing his behavior, so that he could take responsibility for it, rather than projecting it as the work of a "sick" person. We reflected on the relief he had felt after he faced the letters he had written.

After checking a second time for the speaker, I presented an overview of the treatment process for sex offenders. The crucial role of first admitting to the behavior and then dealing with the underlying sexual deviance and cognitive distortions was highlighted.

Subject 101 contended that he was accepting his problem. In response to challenges from the therapists, he said that he does not think he would have sexual thoughts toward a hypothetical granddaughter, but would have sexual fantasies about her friends when they would reach the age of 13 or so. He told of this pattern of arousal beginning after his divorce.

I contrasted Subject 101's pattern of non-familial, impersonal sexual arousal with the close emotional type of arousal that presumably Subjects 102 and 104 might have. I discussed treatment implications for these different types of arousal. I also introduced the cycle of abuse...
and relapse prevention topics. This concluded an overview of what to expect in treatment.

We then returned to a brief reflection on the progress the group had made to date, gave affirmations, and clarified that the next session would be the last one for the group. The co-therapist again asked Subject 105 if there was anything that he would like to say in light of the next session being the last. Subject 105 said, "Yes." He began by hanging his head and saying that there are some things that "he had never told anyone." He proceeded to say that he was sexually abused as a child by his brother and a neighbor boy. The abuse included him having to perform oral sex and receive anal sex. He then became very tearful and told of being raped in prison. The group was initially slow to respond as they appeared to be shocked by this disclosure. Both the co-therapist and I responded by offering support and thanking him for telling us this. As he regained composure he said that he would be all right. Arrangements were made for him to have an individual session with the co-therapist that week.

The group closed with the Serenity Prayer. After this, several members went up to Subject 105 and offered support. With his permission, I put my arm around his shoulder and offered encouragement as we exited the group room.
I brought cookies to celebrate the last group session. We began by scheduling times for each of the members to have their exit interview with the independent rater. Recommendations for further treatment were outlined to each member individually. Three were to begin attending groups the next week. Two were referred back to their individual therapists, with recommendations for continued group therapy. I then outlined the agenda of discussing each member's progress toward admitting to the abuse and taking time for discussing their reflections on how the group experience had been.

The co-therapist began with Subject 105. He was affirmed for the disclosure he had made. He told the group that it felt good to tell them this because this was a secret he had not even told his wife. The co-therapist again asked if there was anything more he wanted to say regarding the abuse of his stepdaughter. He said, "I can't believe this." He maintained his innocence and the plotting against him by his ex-wife. The co-therapist asked some further prodding questions. He became angry and said that he could not believe these continuing challenges, "especially from another brother."

Subject 105 was given some time to talk about how he thought his victimization had affected him. He told of how it made him angry and led him to "do a lot of wrong
stuff with women." He described using women for material gain, being a male stripper, and viewing women as "bitches and whores."

I asked if he viewed his stepdaughter in a similar way. He said he did and that he would treat her very badly when she would be waiting for him at the door when he came home from work. He knew that she looked up to him, yet he treated her with contempt. I asked if given his attitude toward sex and women, and his very negative relationship toward his stepdaughter, whether he might have "crossed the line with her?" He denied that he did, but acknowledged that their family life was very unhealthy.

Much of the group interaction was among the two therapists and Subject 105. At one point Subject 101 interjected that he thought it would be a big relief for Subject 105 if he would admit as it had for others. Subjects 102 and 104 agreed that it had been a relief to admit, even if they were uncertain what the consequences would be. Subject 102 also explained that he is continuing to look for a place to live so that his daughter can return home with her mother and sister.

Since I had been present at the family conference with Subject 102, I commented that his daughter looked very happy when he acknowledged the abuse and made a commitment to temporarily move out of the home.
Subject 104 reported that he had not informed his ex-wife that he had admitted to the abuse. He believes that she does know the abuse occurred "in part." He expressed, again, a sense of relief after admitting. He stated his desire to have contact and improve his relationship with his daughter and son.

Subject 105 did not comment in response to these other members' experiences.

The last 20 minutes of group were given to having each member report on "how group was for you." Subject 103 volunteered to go first, and said it had been "extremely helpful." He told of his wife moving to an apartment so that her daughter could be reunited with her. He told of his ongoing feelings of intense discomfort in groups. The members responded that they felt he had been a very important part of the group and that they enjoyed getting to know him. He agreed to continue in therapy and address issues of responsibility, relapse prevention, and family issues.

Subject 101 reported that group had been very helpful to him. In response to a question, he said without hesitation that he had intended to have sex with minor children when he went to the undercover police officer. He said he probably would have had sex with the 11-year-old child, depending on how the child acted. He was supported for the progress he had made.
Subject 104 said he began group feeling "quite ashamed" and "not wanting anyone to know what he had done." He felt the group had been supportive. He was asked about his drinking and drug patterns. He reported continued abstinence.

Subject 104 also felt the group was very supportive. He acknowledged being very afraid when he began attending the group. He said that the support of the group was helpful to him in owning up to the abuse. He acknowledged continuing fear of family and co-workers, although he does not believe that he will go to jail, since no charges have been filed against him to date.

Finally, Subject 105 reported also feeling positive about the group. He had not ever been in group therapy before and felt the experience was helpful. He said that he was here on the "wrong issue" and would benefit from a group for survivors of abuse. He was encouraged to continue exploring sexual behaviors in his past that he was "not proud of" in further counseling.

The group ended with the Serenity Prayer and two members requested prayer for a friend and co-worker facing surgery and a terminal illness. Following the close of group there was some standing around and talking before members left.
Subject 101

Level and Type of Denial

During the posttest interview with the same raters, Subject 101 was scored at level 3, full admission. This was a change from the pretest rating of level 2. In response to the question, "Did you intend to have sexual contact with the girls?" Subject 101 answered, "Yes." He stated that "it is just not right" to have sex with minors. He acknowledged ongoing thoughts of sexual activity with minors, but contends that now it "is not a goal." At the beach or watching TV the "thought might run through my mind."

He continued to feel that the damaging effect would not be as great on a child prostitute as on a family member, or child "you would talk into it" because of the "betrayal of trust." He stated, "I'm not a child molester." His thinking continued to reflect that since he did not actually have sexual contact, he did not deserve this label. He did acknowledge that "the thought of seeking out [sex with minors] is not normal."

His reflections on the group process included descriptions like "the group was helpful . . . . It helped you find out who you are." "Talking helps admit the mistake. If you keep it in, you convince yourself it is ok." "By seeing others, you can say that's not right,
but, me too."

**PCQ Results**

Subject 101’s PCQ posttest total mean score was 2.9, which was a slight overall increase from the pretest score of 2.6. The posttest score indicated that his overall average of responses were near the *uncertain* response. This would suggest that he continued to be uncertain of the consequences for admitting to sexually abusing a child. However, there was considerable variability among the domain scores. See Table 11.

**Table 11**

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<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
</tr>
<tr>
<td>PST-PRE</td>
<td>+0.8</td>
<td>-0.2</td>
<td>-0.4</td>
<td>+0.6</td>
<td>+0.3</td>
<td>+0.3</td>
</tr>
</tbody>
</table>

Subject 101’s scores increased in three domains and decreased in two. The larger increases were in the domains of family responses (+0.8 average increase) and internal reactions (+0.6 average increase). These increases would suggest that he anticipated fewer negative consequences for admitting to the abuse from family and within his own self-perception.
According to his posttest score in the social domain, Subject 101 was slightly more inclined to believe that his friends would be more likely to "avoid him" if he admitted to the abuse. However, he had increased his level of admission during treatment. This trend toward lower posttest social domain scores among several subjects is discussed in chapter 6.

**MMPI-2 Results**

**Code type**

Subject 101's code type was the same at posttest as pretest: "WNL." This may suggest that the "WNL" code type is a fairly accurate and stable description of his personality organization. This may also indicate that he is not significantly disturbed by his pedophilic or hebephilic interests. See Table 12.

### Table 12

**MMPI-2 Posttest Scores for Subject 101**

<table>
<thead>
<tr>
<th></th>
<th>L</th>
<th>F</th>
<th>K</th>
<th>Hs</th>
<th>D</th>
<th>Hy</th>
<th>Pd</th>
<th>Mf</th>
<th>Pa</th>
<th>Pt</th>
<th>Sc</th>
<th>Ma</th>
<th>Si</th>
<th>F-K</th>
<th>O/S</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRE</td>
<td>48</td>
<td>48</td>
<td>56</td>
<td>45</td>
<td>54</td>
<td>52</td>
<td>59</td>
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<td>61</td>
<td>62</td>
<td>49</td>
<td>39</td>
<td>42</td>
<td>-14</td>
<td>+3</td>
</tr>
<tr>
<td>PST</td>
<td>56</td>
<td>42</td>
<td>58</td>
<td>51</td>
<td>50</td>
<td>43</td>
<td>62</td>
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<td>51</td>
<td>45</td>
<td>48</td>
<td>-17</td>
<td>+14</td>
</tr>
<tr>
<td>PST-PRE</td>
<td>+8</td>
<td>-6</td>
<td>+2</td>
<td>+6</td>
<td>-4</td>
<td>-9</td>
<td>+3</td>
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<td>-8</td>
<td>-5</td>
<td>+2</td>
<td>+6</td>
<td>+6</td>
<td>+3</td>
<td>+10</td>
</tr>
</tbody>
</table>

*Note. T-scores with K-correction.*
Defensiveness

The posttest F-minus-K score for Subject 101 was -17. This indicated a slight increase in his defensiveness. The Wiener-Harmon Subtle-Obvious total T-score difference was +10 which did not suggest defensiveness.

Subject 101's "L" scale score increased 8 T-score points. While the score is still in the normal range, the increase does suggest a slight increase in defensiveness.

Summary and Discussion: Subject 101

Subject 101 responded positively to the group treatment, moving from partial denial (2) to full admission (3). The PCQ revealed mixed results. There was a slight increase on the PCQ total score, suggesting that overall his perceptions of negative consequences for admitting to child sexual abuse decreased. However, there were decreases in scores in two domains. Subject 101's defensiveness increased on the selected MMPI-2 variables, even though he disclosed more of the sexual abuse behavior and deviant sexual arousal pattern.

Subject 102

Level and Type of Denial

Independent Rater #1 and I scored Subject 102 as making a full admission (level 3) at the posttest interview. This represented a change from a pretest rating of complete denial (level 1). He stated, "Yes, I
fondled her under the clothing." He maintained that this occurred one time and involved touching the breast and genitals. "I'm ashamed of what I did . . . . It was wrong." He acknowledged that it is "possible" that it affected her. He contended that she started a part-time job soon after the incident and then her attitude changed. These statements reflected the admission of fact and wrongfulness, while he continued to minimize the impact of the abuse.

**PCQ Results**

Subject 102's total posttest PCQ mean score was 4.2, which was a dramatic increase from the pretest average of 2.2. This posttest score indicated that, on average, his responses were between *partially disagree* (4.0) and *strongly disagree* (5.0). This would suggest that he did not anticipate many negative consequences to admitting to the child sexual abuse. He did admit. See Table 13.

**Table 13**

**PCQ Posttest Scores for Subject 102**

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>FAMILY</th>
<th>SOCIAL</th>
<th>LEGAL</th>
<th>INTERNAL</th>
<th>FINANCE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>102-PRE</td>
<td>2.0</td>
<td>3.0</td>
<td>3.0</td>
<td>2.4</td>
<td>2.0</td>
<td>2.2</td>
</tr>
<tr>
<td>102-PST</td>
<td>5.0</td>
<td>5.0</td>
<td>5.0</td>
<td>4.4</td>
<td>5.0</td>
<td>4.4</td>
</tr>
<tr>
<td>RANGE</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
</tr>
<tr>
<td>PST-PRE</td>
<td>+3.0</td>
<td>+2.0</td>
<td>+2.0</td>
<td>+2.0</td>
<td>+3.0</td>
<td>+2.2</td>
</tr>
</tbody>
</table>

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Subject 102 obtained the highest possible scores in the social, legal, and financial domains. These scores suggested that he did not anticipate negative consequences for admitting to the abuse in any of these domains.

His score in the family domain was difficult to interpret. Ironically, at posttest he selected the strongly agree (1.0) response to the item about his wife divorcing him if he admitted, while at pretest he selected the partially agree (2.0) response. He had admitted to her, moved out, and was working toward being reunited with his wife and family. When I queried this response, he indicated that he read the statement to mean sexual intercourse, rather than sexual abuse. He clarified that his response to the item for the fondling he committed was "probably a '2' [partially agree] because you can never be too sure, [about your wife's reaction] you know."

**MMPI-2 Results**

**Code type**

Subject 102's code type changed from a "K+" at pretest to a "1-4/4-1" code type at posttest. The characteristics of this profile were more accurate to the behaviors observed with Subject 102. Salient to the presenting problem, Greene et al. (1990) reported "substance abuse, particularly alcohol abuse occurs frequently. Family members find them difficult, but they do not report problems with their family."
individuals exhibit strong needs for self-gratification without strong concern for others; however antisocial behavior is not seen very often" (Greene et al., 1990). See Table 14.

Table 14

MMPI-2 Posttest Scores for Subject 102

<table>
<thead>
<tr>
<th></th>
<th>L</th>
<th>F</th>
<th>K</th>
<th>Hs</th>
<th>D</th>
<th>Hy</th>
<th>Pd</th>
<th>Mt</th>
<th>Pa</th>
<th>Pt</th>
<th>Sc</th>
<th>Ma</th>
<th>Si</th>
<th>F-K</th>
<th>0/S</th>
</tr>
</thead>
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<tr>
<td>PRE</td>
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<td>58</td>
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<td>61</td>
<td>62</td>
<td>34</td>
<td>39</td>
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<td>51</td>
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<td>+11</td>
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<tr>
<td>PST</td>
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<td>58</td>
<td>68</td>
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<td>64</td>
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<td>45</td>
<td>45</td>
<td>55</td>
<td>-13</td>
<td>-4</td>
</tr>
<tr>
<td>PST-PRE</td>
<td>-4</td>
<td>0</td>
<td>0</td>
<td>-1</td>
<td>0</td>
<td>+2</td>
<td>0</td>
<td>+3</td>
<td>-6</td>
<td>-6</td>
<td>+4</td>
<td>+1</td>
<td>0</td>
<td>-15</td>
<td></td>
</tr>
</tbody>
</table>

Note. T-scores with K-correction.

Defensiveness

Subject 102's defensive approach to the MMPI-2 remained largely unchanged. His F-minus-K score was the same as pretest level: -13, which placed him in the defensiveness category at posttest. Changes in defensiveness measured on the Wiener-Harmon Subtle-Obvious scale were not significant. The traditional validity scales decreased very slightly on only the "L" scale, which dropped the score from a marked to a moderate elevation. This subtle change on the "L" scale combined with the slight increase on scale "4" (Pd) suggests slight changes in a willingness to admit minor faults (L) and deviant behavior (4).
Summary and Discussion: Subject 102

Subject 102 responded very positively to the group treatment. He moved from complete denial (level 1) at pretest to full admission (level 3) at the posttest. His perception of negative consequences for admitting to the sexual abuse of the child, as reflected in the PCQ scores, dramatically shifted from partially agree (2.2) to partially disagree (4.4). There were only very slight changes in defensiveness measured on the MMPI-2.

Subject 103

Level and Type of Denial

At the posttest interview, independent rater #1 and I assessed Subject 103 at full admission (level 3). This was a change from the partial denial (level 2) at the pretest. The change in score reflected Subject 103's willingness to acknowledge writing the letters, awareness of what he wrote, and ownership of his sexual feelings toward his stepdaughter. He stated, "Absolutely, the letters were wrong. I wrote them." He now knew the content of the letters, but continued to have difficulty incorporating this past behavior into his self-perception. "It is not like me—it goes against all I believe." Yet, he acknowledged sexual feelings toward his stepdaughter as she was an "attractive young lady." He denied that he was "chasing her, but was looking out for her." He reported learning in group that it is normal to have some
affectionate and sexual feelings toward a child, which he previously thought were "immoral." He emphasized that he had "acted very inappropriately" on those thoughts and feelings.

**PCQ Results**

Subject 103's total PCQ posttest mean score was 2.3, which was a slight increase from 1.7 at pretest, but still below the mean of 3.0. The posttest mean score indicated that he still partially agreed that there would be negative consequences to admitting. He did feel that his wife moving out to be reunited with her daughter was a negative consequence. He did not clarify how much his admission contributed to her moving out. See Table 15.

**Table 15**

**PCQ Posttest Scores for Subject 103**

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>FAMILY</th>
<th>SOCIAL</th>
<th>LEGAL</th>
<th>INTERNAL</th>
<th>FINANCE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>103-PRE</td>
<td>1.4</td>
<td>2.3</td>
<td>2.0</td>
<td>1.2</td>
<td>2.0</td>
<td>1.7</td>
</tr>
<tr>
<td>103-PST</td>
<td>2.9</td>
<td>2.2</td>
<td>2.0</td>
<td>1.4</td>
<td>2.5</td>
<td>2.3</td>
</tr>
<tr>
<td>RANGE</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
</tr>
<tr>
<td>PST-PRE</td>
<td>+1.5</td>
<td>-0.1</td>
<td>0</td>
<td>+0.2</td>
<td>+0.5</td>
<td>+0.6</td>
</tr>
</tbody>
</table>

Subject 103's scores changed the most in the family domain. At the pretest, Subject 103 frequently selected the *strongly agree* (1.0) response to items indicating a negative family reaction for admitting to child sexual
abuse, while at posttest he more frequently selected the uncertain (3.0) response. He indicated a complete change on the item pertaining to the impact of his denial on the victim, suggesting increased victim empathy.

Subject 103’s posttest scores were slightly lower in the social domain. He was less inclined to think he would be a “social outcast” if he admitted. However, he was more inclined to think that he would “have to move out of his neighborhood” if he admitted.

MMPI-2 Results

Code type

Subject 103’s code type changed from a “2-0/0-2” to a “2-4/4-2” code type. The “2-4/4-2” occurs frequently and is “one of the more difficult code types to interpret because of the multitude of factors that can produce it” (Green et al., 1990). The content scales helped distinguish Subject 103 as someone significantly depressed, irritable, alienated from self and others, and experiencing significant familial discord. The content scales indicated very low scores in anti-social practices, cynicism, and authority problems. Persons with this profile frequently “perceive themselves as playing a significant role in [their own] problems and are distressed by them” (Greene et al., 1990). They tend to be “very dependent on others” and “manipulative and passive-dependent in their relationships with others”
Defensiveness

At the pretest, Subject 103 was not assessed to have a defensive approach on the F-minus-K and Wiener-Harmon Subtle-Obvious measures. This remained true at the posttest, as they each were largely unchanged. On the "L" scale, Subject 103 responded much more defensively at the posttest, yet ironically, he revealed much more emotional and psychological disturbance on the clinical scales, particularly scale 4.

Summary and Discussion: Subject 103

Subject 103 responded to the group treatment by moving from partial denial (level 2) to full admission (level 3). His total score on the PCQ increased an average of 0.6 points, which suggested a slight decrease in perceived negative consequences for admitting to the abuse. Virtually all of the change occurred in the family.
domain. Significant changes occurred on his MMPI-2 clinical profile. He revealed profound emotional and psychological difficulty at the posttest. These changes in treatment and on the tests coincided with his wife moving out so that she could be reunited with her daughter, the victim. Subject 103 reported being supportive of this move, provided the eventual goal of family reunification was met.

Subject 104

Level and Type of Denial

No formal posttest data was available for Subject 104. He failed to appear for his scheduled exit interview and posttest. He also failed to attend the additional group therapy he had been referred to during the last group session. I sent several letters to him that were not returned, but he did not respond. I informed the caseworker of his withdrawal. Initially, she decided to "give him ample time" to return to therapy. A month elapsed.

His wife and children were informed that he was to return to therapy and complete the exit interview. They reported that they had no contact with him. However, he did call several days later. Since he had no phone he left a message that he would call at a certain time. I arranged my schedule for his call. He did not call.
Two months had elapsed by this time. The children’s mother had moved to a nearby city. The children were in placement with their aunt in that city. The caseworker had little contact to monitor who was seeing the children. Through my persuasion, the caseworker reviewed her chart and discovered that a contempt of court order could be issued. Again there was a delay in filing the request for a contempt hearing. The court schedule was full. The date given was June 13, 1995, 4 months since he had failed to appear for the exit interview. He did not appear for the court hearing. I was not informed whether or not a warrant was issued. As of August 1, 1995, he had not made contact to schedule an appointment.

In the absence of the formal exit interview my co-therapist and I rated Subject 104 as making a full admission (level 3) based on his disclosures in group sessions #7, #8, and #9. He did acknowledge that he had molested his daughter. He planned the incident and had full recollection. He reported that he had been “afraid” and “ashamed” to admit that before. No further posttest data are available for Subject 104.

Summary and Discussion: Subject 104

While in treatment Subject 104 responded very positively to the group therapy. He entered treatment denying awareness of the abuse, sexual intent, and any type of responsibility. Through the group process he
admitted that he knowingly sexually abused his daughter. She was sleeping in his bed, as she frequently did because he often slept on the couch. He went to his room that night with the intent of having sexual contact with his daughter.

In the second to last session, Subject 104 listened intently as another member was asking about what could happen to him if he admitted. He did not comment when asked for a response. In the final session he disclosed that he had not yet told his wife that he was admitting. In fact, he had not told anyone. At that time he said he was working toward renewed contact with this daughter, but acknowledged that he knew he had a lot of work to do.

He said that he was "ashamed" when he entered group and that "he didn't want anyone to know what he had done." This statement corroborates his low pretest score on the PCQ in the internal reaction domain.

Subject 105

Level and Type of Denial

Independent rater #1 and I ranked Subject 105's posttest level of denial as complete denial (level 1). During the exit interview he maintained that he had "no sexual contact" with his stepdaughter. He denied any "sexual thoughts" or any "sexual wrongdoing" with her. "Kisses stopped when she turned 5 or 6." He also denied any sexual wrongdoing with his 13-year-old biological
daughter.

He acknowledged that he had learned "how easily a man can be turned on by young teenagers." He told of his sexual thoughts involving the high school "ladies."

**PCQ Results**

Subject 105's total posttest PCQ mean score was 3.8, which was a considerable increase from his pretest mean score of 1.8. This posttest score indicated that his average of responses was near the partially disagree (4.0) response. This would suggest that he did not perceive that there were many negative consequences to admitting to child sexual abuse, although he did not admit to abusing his stepdaughter or daughter. See Table 17.

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>FAMILY</th>
<th>SOCIAL</th>
<th>LEGAL</th>
<th>INTERNAL</th>
<th>FINANCE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>105-PRE</td>
<td>2.1</td>
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<td>2.3</td>
<td>2.0</td>
<td>1.8</td>
<td>1.8</td>
</tr>
<tr>
<td>105-PST</td>
<td>3.9</td>
<td>3.7</td>
<td>4.0</td>
<td>4.0</td>
<td>3.8</td>
<td>3.8</td>
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<tr>
<td>RANGE</td>
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<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
</tr>
<tr>
<td>PST-PRE</td>
<td>+1.8</td>
<td>+2.7</td>
<td>+1.7</td>
<td>+2.0</td>
<td>+2.0</td>
<td>+2.0</td>
</tr>
</tbody>
</table>

Subject 105 had higher scores in all domains at posttest, which reflected a consistent pattern of anticipating fewer negative consequences for admitting to sexually abusing a child. His change in the social domain
was the largest, reflecting his responses that indicated he did not think society would view him as a criminal, nor would he be an “outcast,” or have to move out of his neighborhood, if he admitted. Perhaps the most interesting changes were in the family domain. At pretest, he left unanswered the items relating to his father or stepfather disowning him if he admitted. At posttest, he selected the strongly disagree (5.0) responses to these items. Similarly he changed from strongly agree (1.0) to uncertain (3.0) about his wife divorcing him if he admitted.

**MMPI-2 Results**

**Code type**

There was no change from his pretest code type “WNL” in his posttest MMPI-2 results. Given Subject 105’s criminal history, drug abuse history, and admitted sexual contact with a minor, the WNL code type likely reflects his ability to manage his self-presentation to the extent that the MMPI-2 does not detect his personality organization. No items appeared on the Lachar-Wrobel sexual concern and deviation index, as would be expected given what he had admitted during the course of therapy. See Table 18.
Table 18

MMPI-2 Posttest Scores for Subject 105

<table>
<thead>
<tr>
<th></th>
<th>L</th>
<th>F</th>
<th>K</th>
<th>Hs</th>
<th>D</th>
<th>Mh</th>
<th>Pd</th>
<th>Mf</th>
<th>Pa</th>
<th>Pt</th>
<th>Sc</th>
<th>Ma</th>
<th>Si</th>
<th>F-K</th>
<th>O/S</th>
</tr>
</thead>
<tbody>
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<td>59</td>
<td>50</td>
<td>45</td>
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<td>59</td>
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<td>+60</td>
</tr>
<tr>
<td>PST</td>
<td>65</td>
<td>48</td>
<td>43</td>
<td>48</td>
<td>57</td>
<td>40</td>
<td>50</td>
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<td>PST-PRE</td>
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<td>-2</td>
<td>-9</td>
<td>-12</td>
<td>+9</td>
<td>+5</td>
<td>-40</td>
</tr>
</tbody>
</table>

Note. T-scores with K-correction.

Defensiveness

Again at posttest, neither the F-minus-K score, nor the Wiener-Harmon Subtle-Obvious scales indicate defensiveness on the MMPI-2. While the score of -40 on the Obvious-Subtle scales did not reach the cutoff score, the increase suggested that he probably is under-reporting symptoms of distress. Also, the increase on the "L" scale of 9 points from the pretest suggested a more defensive approach.

Summary and Discussion: Subject 105

Subject 105 maintained his complete denial of sexually abusing his stepdaughter during the group therapy. Throughout the course of therapy he made significant disclosures to the group regarding his sexual history. During the posttest interview, he commented that the group had been "very helpful" to him, because he "got a lot off his chest." On the PCQ, Subject 105 made a
noticeable change from a low pretest score (1.8 average) to a high posttest score (3.8 average). Despite the decrease in perceived negative consequences measured on the PCQ, he continued to deny the allegations. He did not demonstrate defensiveness on the MMPI-2 on the two primary variables examined, although dissimulation was suspected because there were noticeable omissions on other scales or indices.

Subject 105's high posttest score on the PCQ and his continued denial are difficult to explain. One plausible explanation is that he did not molest his stepdaughter despite the evidence. Another explanation would be that while the group did prove to be very helpful, there remained other powerful motivations to deny the allegations not measured on the PCQ.

Subjects 106-110: Individual Therapy

Subject 106

Background Information

Subject 106 was a 25-year-old, African American male. He married in 1993 after having lived with a woman for 3 years. His wife had three children, ages 13, 8, and 5, from prior relationships. Together, they have a 6-month-old child. He had an intermittent work and college history. He was currently employed in the service department of a communications office as a temporary employee, where he earned between $10,000 and $20,000 a

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year. He was also enrolled in some college music courses. He was a musician in his church choir.

Nature of the Offense

Subject 106's 8-year-old stepdaughter alleged that he had French-kissed her on at least two occasions, had sexually aroused her while "wrestling" numerous times, had watched her bathe, and had requested that she watch him bathe. The stepdaughter reported that he had sexually aroused her during the wrestling on the bed, and that he had penetrated her vagina with his penis. These reported behaviors had extended over 2 years, during which time the family had moved from a large metropolitan area to a large city in north-central Indiana. Abuse had been suspected in the spring of 1994 when the child exhibited behavioral problems at the school and made reference to watching sexually explicit movies. Abuse was not substantiated at that time since the child would not disclose more information during the investigation. A second disclosure was substantiated in October 1994. However, the child continued to offer only limited information about the abuse following her initial statements to authorities.

Context of Referral

Subject 106's case was managed in St. Joseph County. He was referred directly to the denial program by the Division of Family and Children caseworker following the
initial interview without the knowledge of or consultation with the deputy county prosecutor. He was also interviewed by the city police, where he admitted only to non-sexual contact. I did not know if he would be prosecuted or not at the time that he began counseling. His participation was voluntary, and he was to be responsible for the cost of counseling.

The child had been removed from the home and was placed in foster care, while the other children remained at home. Subject 106 reported that his wife said she did not believe he had abused the child and had confronted the child about lying. These initial positions by the parents were to change dramatically and are described below in the section regarding the course of therapy.

The abused child and the mother were referred to another agency for separate individual therapy. The caseworker reported that the child was initially quite guarded in disclosing further details of the abuse. The mother was very slow to begin counseling, failed to keep appointments with the caseworker, and was difficult to contact. No additional information about the abuse was obtained from the other treatment providers during the early stages of Subject 106's treatment.

**Pretest Level and Type of Denial**

Independent rater #2 and I determined Subject 106's level of denial to be a partial denial (2). Subject 106
systematically discounted or explained away each of the reported abuse behaviors. First, he contended that she had inserted her tongue into his mouth during the one occasion over a year ago, but he had not reciprocated. He had "accidently kissed her on the mouth" even though he knew that stepfathers should not kiss stepchildren that way. He denied any wrongdoing during the incident, other than not to tell his wife about what had happened or discipline the child. The second incident of kissing happened while they were playing a video game. He said "she planned it out," and that he was startled and sent her away, ending the game.

Second, he explained that the wrestling in his bedroom occurred after he had come out of the shower and was watching television in his room. He told her that her hair looked pretty and she blushed. She joined him on the bed, and he gave her a back ride and a horse ride on his knee. Later, she jumped on his back, and they rolled around a few times. He had on a bathrobe and towel with no undergarments, but maintained that he was never exposed. He denied any sexual thoughts during the incident, or any awareness that his stepdaughter might have been sexualized by the experience. He argued that it was physically impossible for him to have sexually penetrated her because the difference in the length of their bodies would not have even aligned their genitals.
next to each other. He did feel these behaviors were wrong, only that he was being more lenient than her mother was about clothing and playing in the adults' bedroom.

Third, he acknowledged that his stepdaughter would sit on the edge of the tub while he bathed, but bubble bath always covered his genitalia. He had on occasion accidently walked in on her bathing, but maintained that he always immediately left and did not "watch her" as she had reported. He denied any wrongdoing, other than to not reprimand her for coming into the bathroom when he was bathing.

In general, he tried to discredit her allegations by contending that these incidents, while they did have a factual basis, did not represent any child sexual abuse. He argued that she was an overly affectionate child with an Attention Deficit Disorder. Corresponding with the diagnosis was a history of lying and other anti-social and disruptive behaviors. He maintained that she was motivated to make these false remarks to take the focus off her own bad behavior in school, and in retaliation for his recent discipline of her for these bad behaviors.

**PCQ Pretest Results**

Subject 106's total mean score on the PCQ pretest was 3.7. On average, his responses were between uncertain (3.0) and partially disagree (4.0) to the various negative consequences for admitting to sexually abusing a child.
See Table 19.

Table 19
PCQ Pretest Scores for Subject 106

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>FAMILY</th>
<th>SOCIAL</th>
<th>LEGAL</th>
<th>INTERNAL</th>
<th>FINANCE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>106-PRE</td>
<td>4.6</td>
<td>2.7</td>
<td>3.5</td>
<td>3.0</td>
<td>4.3</td>
<td>3.7</td>
</tr>
<tr>
<td>RANGE</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
</tr>
</tbody>
</table>

Subject 106's pretest scores indicated that he did not anticipate many negative consequences to admitting to the abuse in the reaction of family domain (4.6). He selected the strongly disagree response to all of the items in this domain, except the item pertaining to the family being disgraced, with which he partially agreed. He did not answer the items regarding his wife's parents' reactions. Thus, his responses indicated that he believed his wife would not divorce him and he would be able to have ongoing contact with his children if he admitted.

His scores in the legal domain (3.5) and the finances domain (4.25) were both above a mean score of 3.0, which suggested fewer negative consequences. In the social domain, his response average (2.6) indicated that he perceived some negative social consequences to admitting to the abuse. On average, he was uncertain (3.0) about his internal reactions to admitting. He
selected the strongly disagree (5.0) response to feeling like killing himself or thinking he was sick, if he admitted. But he selected the partially agree (2.0) response to having difficulty accepting himself if he abused a child. Overall, these scores were consistent with his statements during the intake interview.

**MMPI-2 Pretest Results**

*Code type*

Subject 106's best fit code type was a "8-9/9-8 (4)." Individuals with this profile exhibit "serious psychopathology." They are likely to be "emotionally labile, demanding, irritable, evasive, suspicious and distrustful" (Greene et al., 1990). They may have confused or disorganized thinking which impairs their judgment and reality testing. They may have delusions and hallucinations. They have a high need for achievement, but their disorganization prevents them from reaching their goals.

Interpersonally, they are fearful of others and have problems with close relationships. "They may have poor sexual adjustment" (Greene et al., 1990). Their self-concept is usually quite poor, although they may appear boastful and self-centered. See Table 20.
Table 20

**MMPI-2 Pretest Scores for Subject 106**

<table>
<thead>
<tr>
<th>L</th>
<th>F</th>
<th>K</th>
<th>Hs</th>
<th>D</th>
<th>Hy</th>
<th>Pd</th>
<th>Mf</th>
<th>Pa</th>
<th>Pt</th>
<th>Sc</th>
<th>Ma</th>
<th>Si</th>
<th>F-K</th>
<th>O/S</th>
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</thead>
<tbody>
<tr>
<td>61</td>
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<td>68</td>
<td>68</td>
<td>82</td>
<td>78</td>
<td>47</td>
<td>-16</td>
<td>+74</td>
</tr>
</tbody>
</table>

Note. T-scores with K-correction.

Defensiveness

The F-minus-K score of -16 placed Subject 106 in the high defensiveness category. The total T-score difference on the Wiener-Harmon Subtle-Obvious subscales was +74, which did not indicate high defensiveness or dissimulation.

Given that Subject 106 had some college education, his "L" scale score of 61 was considered slightly elevated. This elevation indicated some defensiveness, limited personal insight, and a fairly moralistic approach to life, along with a tendency to use denial and repression in dealing with problems. The K scale was moderately elevated, which was interpreted to reflect the fact that he did have some emotional resources to handle stress.

**Course of Individual Therapy**

First three sessions

Subject 106 failed to keep the first two appointments following the intake interview and assessment. After he failed to show for the first appointment, I gave a follow-
up call and rescheduled. He canceled the second appointment on short notice because he could not get away from work. Following this second missed appointment, I informed him that I would need to notify the referral source of the missed appointments, but offered to schedule another appointment also.

He appeared rather nervous during the beginning of the first therapy session. I commented on his apparent discomfort, and then emphasized that for therapy to be effective it was important that he feel this was a safe environment. He appeared to relax some, and began telling of his wife's numerous medical conditions, including ulcerative colitis and cancer. He reported that she received a Social Security disability benefit, which paid the rent. However, he explained that his wife had a drug abuse problem, was likely involved in criminal behavior, and probably was engaged in prostitution under a pseudonym. He depicted himself as the responsible one in the relationship. He had tried to involve her in drug treatment programs. He paid the bills when she had used the money for drugs. He then explained how her unpredictable absences left him with large amounts of time alone with the children.

According to Subject 106, the oldest child in the family never accepted him as her stepfather, and always aligned with her irresponsible mother. When he attempted
to establish structure in the family, the tension with the oldest daughter increased even more. By contrast, the second daughter, and suspected victim, was very affectionate and accepting of him.

During this lengthy disclosure of the family situation, I attempted to direct him back to the outlined agenda by beginning with a question of his perception of the impact of child sexual abuse on children, in general. He responded by saying that he knew firsthand about the impact, because as a child, he had experienced sexual activities with an older female babysitter. He said, "I didn't feel she abused me" because he felt the kissing, fondling, and "playing house" (which included simulated intercourse with clothes on) were enjoyable.

I returned to the likely impact of the abuse on his stepdaughter if the allegation was true. He responded to a question about her self-esteem following abuse by saying that she would feel worse about herself than she already did "when this happened." After an awkward pause, I clarified that he was saying he had engaged her in some sexual touching. He proceeded to describe how he had fabricated the story of her initiating a French kiss and told of playing "vampire" which included kissing and gently biting her lip.

His statements became somewhat confusing as he talked further about the child not being a "scapegoat" for the
fact that his relationship with his wife had not been sexual for extended periods. He clarified that he did not mean that the child was a "substitute" for his wife, and that he was not sexually aroused. I intervened by normalizing the reality of sexual feelings emerging within a family, while emphasizing need for appropriate boundaries. He then acknowledged that he had been sexually aroused with the child on several occasions and that this particular incident had been an "intimate" experience. He appeared to recoil, nonverbally, when I told him this behavior was sexual abuse.

We identified the common treatment goal to be minimizing the impact of the abuse on his stepdaughter. He agreed that he, as the adult, should shoulder the consequences of his behavior. He knew that he would eventually have to tell his wife, but made no immediate plans. He recounted how he had not slept much the last 2 nights as he was trying to decide what he was going to say in this first session. As we concluded the session, I affirmed him for his bold step of admitting to the abuse in this first session.

The planned structure and techniques for the remaining eight individual sessions had to be modified following Subject 106's admission in the first session. For example, we discussed his beliefs about the actual impact of the abuse on his stepdaughter, rather than the
"hypothetical" impact on children in general. Subject 106 frequently assumed that her experience was similar to his own experience with the babysitter. Throughout the early sessions, he continued to report his childhood sexual experience as wrong, but enjoyable. He said that to call his experience with the babysitter "sexual abuse" would be "extreme." He also told of being sexually abused by an uncle of a family friend when he was 4 years old, which he did not remember other than what was told to him by his mother. While he felt that there was "a lot" of negative impact on his stepdaughter from not being believed, he did not think that the sexual incidents had "hurt" her.

He reported in the second session that he had told his wife what had actually happened. He reported that she had already suspected that the child's statements were true, because the child had told her "much earlier" than the public. He said that his wife had moved out, implying that the Division of Family and Children supported this, so the child could be reunited with her. He acknowledged that a divorce would be likely, and that this brought him some emotional relief because of the dysfunction in the marriage and family.

He began to develop a supportive network by writing a letter to his minister and informing her that the allegations were "true" and that "it happened." She became a supportive person throughout the course of the
counseling.

We were able to follow much of the pre-planned outline for the third session which included reviewing his version of the abuse, and confronting him with some discrepancies. He disclosed more incidents of kissing which always occurred down in his bedroom late at night. His wife would be upstairs with the baby or other children. I confronted his perceptions that the child was not uncomfortable with sexual touching because she was affectionate and already sexualized. Tension emerged as I discussed likely offense scenarios, which involved his planning the incidents and his sexual arousal. He denied a pattern of sexual arousal to the child, even though he had previously admitted full arousal during the "wrestling" incident.

Middle sessions

These sessions were characterized by Subject 106's anger and adjustment to the involvement of the Division of Family and Children and the reorganization of the family. I provided education about the dynamics of abuse from a child's perspective and continued to confront his minimization of the impact of the sexual abuse. He was informed during the fourth session that he would be referred to group therapy for admitting sex offenders, but we would continue to meet for the full number of sessions outlined.
Prior to the fourth session, Subject 106 had moved into the home of some church friends, so that his wife, and eventually her child, could return home. I had encouraged this move in earlier sessions. Throughout these middle sessions, he expressed anger toward the caseworker and the legal system as being against him. He wanted to reunify with the family, so that the four children would not be "bastards" and so he could tend to his wife's medical needs and monitor her irresponsible behavior. He was uncertain if his wife actually wanted a divorce, or if she was saying this to the caseworker so the child would be returned. In consultation with the caseworker, I learned that there was a history of Subject 106 being physically abusive to his wife and children. He admitted and minimized this as well.

Subject 106 continued to deny deviant sexual arousal. He gave mixed and conflicting responses to inquiries about his arousal. Sometimes he said he was thinking about his wife during the various incidents, and other times he said he knew that "this was a child." He remained angry with allegations that penile-vaginal penetration had occurred, although he described an incident which was very close to intercourse. I continued to challenge him to explore within himself to find out what was happening.

I provided education about the dynamics of intra-familial child sexual abuse, which Subject 106
misunderstood and used to minimize the abuse. For example, he reported that he and his wife were "caught off guard" when the child disclosed the abuse months after telling her mother. She disclosed to authorities soon after he had refused to let her take karate lessons. He interpreted this delayed disclosure as her manipulation of him, and not as any indication that she was upset by the abuse. He appeared to grasp my explanation of the confusion the child must have experienced, as he alternated between trying to be her "lover" and "parent." We discussed the damaging effect of a parent sexually abusing a child. He continued to struggle with the concept that sex could "hurt" the child, if there was not actual physical pain.

In the midst of the frustration of this stage of therapy, Subject 106 was able to say of his admission to the abuse that it was "cleansing to get it out."

Final three sessions

The final sessions were characterized by the gradual disengaging in treatment and transfer to another treatment program. Some of Subject 106's disengagement may have been exacerbated by the ongoing criminal investigation and his arrest. He was arrested and bonded out between the eighth and ninth sessions. Most of the planned outlines for the session no longer applied because of his admission.
During the final sessions he continued to disclose more details of his own childhood abuse and juvenile criminal activity. During the probable cause hearing, following his arrest, he acknowledged that he had his stepdaughter undress for him on one occasion. He said that the report also alleged attempted sexual intercourse over a year before the disclosure. He was vague regarding the veracity of this detail. I was not able to clarify this, since it was the last session.

He experienced numerous stressors during these final sessions. He moved into the homeless shelter, in part to be closer to work, because his car no longer worked. He reported enormous debt for unpaid rent, his wife's medical expenses, and phone and utility bills. Following his arrest, he was terminated from his job and would need to rely on a public defender for his legal defense. He was in arrears for the cost of counseling as well.

During the final sessions he was beginning to feel that it would be easier to not work toward reunification with his wife and family. He continued to have telephone contact with his wife, but he was uncertain of her intentions. He felt that the new caseworker was prohibiting work toward reunification. However, it was unclear how much his wife's blame of the caseworker was her attempt to end the relationship without having to directly say this to him.
He did not like to have his behavior called child sexual abuse. He preferred to view himself as "a father who made a big mistake." He demonstrated emotional pain about his behavior. However, he used therapy mostly to talk about the multiple social and legal systems intervening in his life.

In the final session, his primary concern was that information he had divulged in therapy had been used by the prosecutor. We reviewed again the intake summary I had sent to the caseworker, which the prosecutor may have reviewed. He seemed only partially satisfied with this explanation. In concluding and reviewing the therapy, he reported that the counseling had been "helpful." He felt that he needed more counseling and not the legal and child welfare interventions. I encouraged him to continue the therapy he had begun at the other treatment program, whether he was mandated to attend on not. He expressed his desire to do so.

Posttest Level and Type of Denial

At the posttest interview Independent Rater #2 and I ranked Subject 106 at a Full Admission, which is Level 3. He stated, "Yes, I did it." "I was sexually aroused" when rolling around on the bed. He reported that he thought what he had done was wrong and that it did have a negative effect on the child. He stated that it was not her fault. "It was my responsibility." He continued to
deny that there was any planning of the events leading up to the abuse. He maintained that his sexual thoughts were about previous sexual relationships. When challenged about the incident of biting her lip as a grooming behavior, he acknowledged that it was like sexual foreplay.

**PCQ Posttest Results**

Subject 106's PCQ posttest total mean score was 3.2, which was a 0.5 decrease on the total mean score from the pretest score. This slightly lower score suggested that Subject 106 believed that there were a few more negative consequences for admitting to the abuse than he had at the pretest. Between the test administrations, he had admitted, his wife had moved out, and was telling others that she wanted a divorce, he had been arrested, and was currently facing criminal charges. The fact that his posttest score was this high was quite interesting. See Table 21.

Table 21

**PCQ Posttest Scores for Subject 106**

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>FAMILY</th>
<th>SOCIAL</th>
<th>LEGAL</th>
<th>INTERNAL</th>
<th>FINANCE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>106-PRE</td>
<td>4.6</td>
<td>2.7</td>
<td>3.5</td>
<td>3.0</td>
<td>4.3</td>
<td>3.7</td>
</tr>
<tr>
<td>106-PST</td>
<td>3.7</td>
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<td>2.8</td>
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<td>3.2</td>
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<td>RANGE</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
</tr>
<tr>
<td>PST-PRE</td>
<td>-0.9</td>
<td>+0.6</td>
<td>-0.5</td>
<td>-0.2</td>
<td>-1.8</td>
<td>-0.5</td>
</tr>
</tbody>
</table>
Subject 106's average scores decreased most in the family (-0.9), legal (-0.5), and financial (-1.8) domains. At posttest he selected the uncertain (3.0) response to the statement regarding his wife divorcing him, in contrast to the strongly disagree (5.0) response at pretest. Interestingly, he changed his response from strongly disagree at pretest to partially agree on the item "The victim would be hurt more if I admit to the abuse than if I deny it."

At pretest, Subject 106 did not perceive negative financial consequences if he admitted. However, independent of his admission in therapy, he was arrested and terminated from his job. His lower scores on the posttest PCQ reflected these negative financial consequences. He selected the uncertain response for all of the items in the legal domain. These responses may have indicated his uncertainty about the admissions in counseling being connected with the arrest as well as his uncertainty about whether or not he was going to prison.

The posttest social domain score increased slightly (0.6). He had admitted the abuse to his pastor and another counselor, and had experienced some degree of personal acceptance.
**MMPI-2 Posttest Results**

**Code type**

Subject 106's "best fit" code type at the posttest was a "2-4/4-2 (8)." This code type occurs rather frequently, but can have many different causal factors. Subject 106 was obviously experiencing vocational, family, and legal problems which would contribute to depression (Scale 2). Persons with this code type "perceive themselves as playing a significant role in these problems and are distressed by them" (Greene et al., 1990). This dissatisfaction is a good prognostic indicator, since although scale 4 is elevated, Subject 106 is distressed by the consequences of his anti-social behavior. However, the distress may be related only to being apprehended, and not the sexually abusive behavior itself. Additional time and therapy will be needed to determine more accurately the source of his distress. See Table 22.

**Table 22**

**MMPI-2 Posttest Scores for Subject 106**

<table>
<thead>
<tr>
<th></th>
<th>L</th>
<th>F</th>
<th>K</th>
<th>Hs</th>
<th>D</th>
<th>Hy</th>
<th>Pd</th>
<th>Mf</th>
<th>Pa</th>
<th>Pt</th>
<th>Sc</th>
<th>Ma</th>
<th>Si</th>
<th>F-K</th>
<th>O/S</th>
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<tbody>
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<td>55</td>
<td>64</td>
<td>64</td>
<td>57</td>
<td>61</td>
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<td>78</td>
<td>47</td>
<td>-16</td>
<td>+74</td>
<td></td>
</tr>
<tr>
<td>PST</td>
<td>56</td>
<td>67</td>
<td>56</td>
<td>70</td>
<td>81</td>
<td>74</td>
<td>90</td>
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<td>84</td>
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<td>PST-PRE</td>
<td>-5</td>
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<td>-22</td>
<td>+13</td>
<td>+8</td>
<td>+50</td>
</tr>
</tbody>
</table>

*Note: T-scores with K-correction.*

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Defensiveness

Subject 106’s F-minus-K posttest score was -8, which places him in the non-defensive category. He had a dramatic increase in the Wiener-Harmon Subtle-Obvious subscales score to a total T-score difference of +124. While this does not place him in the defensive category, it does suggest an over-reporting or exaggeration of his psychological symptoms. In short, he was not considered defensive at posttest.

Summary and Discussion: Subject 106

Subject 106 entered treatment in partial denial (2) and had moved to full admission (3) at posttest. He admitted to the abuse in the first therapy session, which does not attest to the utility of the treatment design. However, as he was arrested after the eighth session, he did not regress to denial, which at least supports the benefit of the counseling in avoiding returns to denial. The PCQ scores decreased between pretest and postest which reflects what actually happened in Subject 106’s situation. His scores dropped in the family reaction, legal, and financial consequences domains. His wife said she planned to divorce him. He had been arrested and he had lost his job. His defensiveness, as measured by the validity scales of the MMPI-2, decreased during the course of therapy. Concurrent to the decrease in defensiveness, he reported--and probably exaggerated to some extent--a
significant increase in psychological problems.

Subject 107

Background Information

Subject 107 is a 44-year-old White married male. He was employed full time in a salvage yard as a laborer. His annual income was $12,000. His highest level of formal education was seventh grade, and he had not completed a GED. He was not able to read. He was first married in 1968, when he was 18 years old, and divorced in 1975. He had four children from that marriage, including one set of twins. The children are now 22 through 20 years old. He married his second and current wife in 1979. His wife was pregnant at the time of the marriage. There are three children ages 15 through 11 from this marriage. The alleged victim was their 15-year-old daughter, who was learning disabled and had been in special education courses. Subject 107 and his wife remained together with the two younger children.

Subject 107 had a criminal history of forgery, shoplifting, driving without a license, and public intoxication. He had served 3 years in prison. He had been raised in a foster home, because when he was 2 years old, his father was incarcerated for life on an abduction, rape, manslaughter conviction. His mother died when he was 3.
Nature of the Offense

Subject 107's 15-year-old daughter reported in May 1994 that her father had approached her upstairs while they were painting and said he loved her. He then reached down the front of her shirt and touched her breasts. He then put his hands down the front of her pants and touched her vagina. By report, she told him to stop, but he would not, so she yelled. She reported that this had happened on two occasions. She also reported that her mother told her not to tell anyone, because her father would go to jail.

Context of Referral

Subject 107's case was managed in St. Joseph County. He was referred by the caseworker at the Division of Family and Children. The county prosecutor had approved this subject's participation in the project and the case was opened in May 1994. The daughter was placed in foster care and received individual therapy at another agency. There were no specific counseling services required of the family, in part because the mother had so clearly aligned herself with her husband's denial. She was not even open to considering that the abuse might have occurred. On one occasion, she reported that her husband was never alone with his daughter, to prevent allegations like these from being made. Subject 107 was referred in October 1994 to the denial program. Costs were to be covered through
funds provided by the Division of Family and Children. The Division of Family and Children was already familiar with this family through previous allegations made by the 15-year-old daughter of physical abuse. These had not been substantiated, and on one occasion, the daughter recanted her statements.

Pretest Level and Type of Denial

Independent Rater #2 and I assessed Subject 107 at level 1, complete denial. When asked about sexual contact with the alleged victim, he responded, "No I didn't, I don't know why she is saying it." He argued that she had fabricated these current allegations because she had been prompted by peer pressure to make them. His wife had found some of her letters, which contained references to wanting to be sexually active. By his report, a neighbor girl and her mother wanted his daughter to come live with them, so she could enjoy more freedom, especially freedom to date boys.

Subject 107 attempted to discredit his daughter's account by telling how she had changed the description of what happened when she talked with each separate party: the school counselor, the caseworker, and the police. He argued that they had not been painting rooms, as she had said, but were scraping off the wallpaper. He attempted to discredit her as someone who did not know appropriate boundaries, and would "hug up" to strangers. By
implication he argued that, since she was becoming sexual, her allegations could not be believed.

**PCQ Pretest Results**

Subject 107's total mean score on the PCQ was 1.9. This score indicates that the average of his responses was between strongly disagree (1.0) and partially disagree (3.0). Overall, this score would suggest that he partially agreed that there would be negative consequences to admitting to the abuse. See Table 23.

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>FAMILY</th>
<th>SOCIAL</th>
<th>LEGAL</th>
<th>INTERNAL</th>
<th>FINANCE</th>
<th>TOTAL</th>
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<tbody>
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<td>107-PRE</td>
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<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
</tr>
</tbody>
</table>

Subject 107's scores for each domain were also below the mean score of 3.0. His highest domain score was regarding legal consequences (2.75). His lowest domain score was regarding his own internal reactions to admitting (1.0). He selected the strongly agree (1.0) response to items indicating that he "would have a difficult time accepting himself," would "feel like killing himself," and would think he was "sick" if he admitted to sexually abusing a child. He also selected
the **strongly agree** (1.0) response to the statement, "If my wife believed I had sexually abused the child, she would probably divorce me." He joked about this item in follow-up discussion, saying that he was certain she would divorce him if he admitted to sexually abusing the child.

**MMPI-2 Pretest Results**

**Code type**

Subject 107's code type was "2-3/3-2 (7)." People with this clinical profile are depressed, apathetic, tense, and anxious. Their likely poor physical health may interfere with their work. "These individuals are often chronically unhappy and experience marital discord and sexual maladjustment. Feelings of inadequacy, helplessness, insecurity, and lack of insight are quite frequent" (Greene et al., 1990). Due to the feelings of inadequacy, they tend to avoid social involvements, and may tend to be immature and dependent. See Table 24.

**Table 24**

**MMPI-2 Pretest Scores for Subject 107**

<table>
<thead>
<tr>
<th>L</th>
<th>F</th>
<th>K</th>
<th>Hs</th>
<th>D</th>
<th>Hy</th>
<th>Pd</th>
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<th>Pa</th>
<th>Pt</th>
<th>Sc</th>
<th>Ma</th>
<th>Si</th>
<th>F-K 0/S</th>
</tr>
</thead>
<tbody>
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<td>68</td>
<td>60</td>
<td>35</td>
<td>79</td>
<td>-2 +97</td>
</tr>
</tbody>
</table>

**Note.** T-scores with K-correction.
Defensiveness

The F-minus-K score of -2 does not place Subject 107 in the defensive category. Likewise, the Wiener-Harmon Subtle-Obvious total T-score difference of +97 does not place Subject 107 in the defensive category. The three validity scales suggest that he approached the test in an open and frank manner, while reporting that he is experiencing some psychological and emotional distress.

Course of Individual Therapy

Subject 107 was seen for the intake interview at the beginning of November 1994. He missed one appointment before his first session and also missed the session following. He then attended regularly until after the sixth session. He missed two appointments. He then completed the final three sessions consecutively.

First three sessions

During the intake interview, Subject 107's wife was in the waiting room. I invited her into the room at the end of the session to introduce myself and briefly describe the program. She commented that she "knew that he would not do this [molest a child]." Then, almost jokingly she said, "he better not have." She made some reference to him knowing better than to do anything like that.
Subject 107's sessions followed the pre-planned outline fairly closely throughout the sessions. His initial presentation in therapy was to claim that his daughter had recanted to her grandmother. He said she was afraid she would be punished if she told the authorities, so she had not. He had told her that she would not be punished by the family if she told. I told him that this could be viewed as a bribe, and then proceeded to discuss the importance of admitting to abuse for the well-being of the child.

He said that if the allegations were true, he would admit. He said that he would not be able to face his wife or the child. He believed that he would lose his marriage, have criminal charges filed against him, lose visitation with his other children, and be cut off from the extended family if he admitted. His significant loss of family, if he admitted to the offense, remained a theme throughout the course of counseling.

He identified "getting to the truth" as his primary goal for the counseling and clearly stated, "I don't want to hurt [the child]." He seemed to relax as the session progressed and said that he felt comfortable talking to me.

He had several common misperceptions about child sexual abuse. He felt that fondling a child's breast or grabbing their buttocks was not sexual abuse. He viewed
child molesting as being similar to rape. He was surprised to learn that occasional brief sexual thoughts or feelings toward a family member do occur. He was surprised to learn that counselors would ever recommend sexual abusive families be reunified. I countered his belief with several recent examples of reunification.

He had considerable difficulty conceptualizing the impact of abuse on children. He believed that if he had abused his daughter as she had said, then she would be fearful of him and would not touch him during visits like she did. I told him that some victims still love their offending fathers, but do not want the sexual abuse to continue. I then told of the impact of childhood abuse on adult functioning. He listened extremely attentively, but appeared to have difficulty making any association with his immediate situation.

Subject 107 believed that a person who had abused a child would feel relieved to admit it to a counselor. He felt that an offender should admit the abuse to a counselor "to get help." He thought an offender should seek treatment from a psychiatrist, but he was uncertain that the doctor could really do anything to help a person with that problem. I introduced the concept of risk management and relapse prevention. In general, he thought offenders would not admit to the abuse because "they don't care about anybody." He expressed concern for his
daughter. However, when asked during the second session about the three different motivations for denial, he readily admitted that denying the abuse for self-protection "probably" would describe his situation.

Subject 107 was more tense and agitated at the end of these first three sessions. He had begun the third session stating "everybody thinks I am guilty." The Christmas holidays were approaching and his visits with the victim were now being restricted because of pressure on the child to recant. He was sad and angry that his daughter would not be at family gatherings and in the pictures. He did not know what to do regarding gifts. He was having financial problems due to arrearage of child support from his first marriage. Also, recently the other two children had engaged in some questionable sexual behaviors and he was concerned that they may also be removed.

During the exercise on matching the facts, Subject 107 disclosed that he had been upstairs and had hugged his daughter good night in the hallway the night before she reported the sexual abuse. This was a slight shift from his initial presentation of complete denial, including his assertion that he had never been in her bedroom. He denied any sexual components to this interaction. He continued to attack her ability to make a clear report because she could not even get the details right about
scraping instead of painting.

While he was venting his frustration during the third session, he disclosed that he had hated his foster home as a child. He had perhaps threatened his daughter with horror stories of foster homes when she admitted, in an attempt to get her to recant. But now he said to me that if he was guilty he would admit so she could come home and not have to endure what he did in foster homes as a child. However, he was baffled that she liked her foster home. He became very critical of his daughter, saying that she wanted the foster home because they allowed her to have friendships with boys. He began to accuse her of rejecting the family by liking the foster home. This would become a dominant theme in the remainder of the counseling.

Middle sessions

There was a break in the sessions for 3 weeks during the holidays. During the fourth session, Subject 107 was more emotionally vulnerable and became slightly tearful at one point. His daughter did not have contact with the family during the holidays because she was not to have contact with her father, and his wife did not make arrangements to see her without him.

The intervention designed to have Subject 107 think "as if" he had abused the child revealed that he believed he would lose virtually everything. This exercise
confirmed his PCQ score. He had no difficulty engaging in the activity and gave immediate responses. He believed his wife and extended family would have nothing to do with him and he would not see his children. He thought that it "would feel good" to admit, but he was sure he would go to jail. He believed his boss would fire him immediately. He had been employed 7 years, which was the longest he had ever worked anywhere.

He was given the homework assignment to live the next week "as if" he had abused his daughter. When he returned the following week, he reported that his wife thought the therapist "was nuts" to give an assignment like that. I learned that his wife told the initial investigating caseworker that there was no way her husband abused their daughter, and she had never directly asked him. I highlighted the dilemma this created for him if he had abused the daughter. Now, if he was to admit, not only would he have the anger of his wife's reaction to the abuse, but also her humiliation for having defended him more rigorously than he had defended himself.

Clearly, the alliance between his wife and himself against the daughter was strengthening at this time. He reported that a conflict had emerged among his daughter, his wife, and the foster parents over clothing. His wife had visited the child once in the last couple of weeks and was now was very critical of her. They viewed her as a
liar, irresponsible, and less intelligent than their other children. Subject 107 maintained that she was lovable, but lacking common sense. They were angry that she had recently scratched the name of a boy in her leg with a pin. The daughter's counselor was no longer supporting visits with the family.

After I reviewed Subject 107's perceptions of negative consequences a second time, I ascribed a positive connotation to his denial: "It is a good thing you don't admit, in order to keep the rest of the family together." He responded, "If a guy done what I'm accused of doing I think he ought to admit because of the child. The child should come first." He then said that he had kissed his daughter good night and told her that he loved her, but denied any fondling. Slowly, he was matching more of the facts she had reported, but he continued to deny any sexual improprieties.

In the sixth session I discussed again the possibility of the abuse happening, given the increasing match of detail between his report and that of his daughter. He minimized the possibility, because they hugged only 30 seconds. I then had him think about touching his daughter and timed 30 seconds. He agreed that felt like a long time, and that it could be very uncomfortable to a child.
In closing the sixth session, I tried to identify some interventions that might feel like help during this ongoing stalemate within his family regarding the abuse. I suggested that he might consider moving out, so that his daughter would not have to live in a foster home; whereas he could handle the hardship. He countered that his wife would not like that. I encouraged him to challenge his wife on the impact of her not believing and supporting the child. I offered him a recent example of a man who had admitted and moved out after 18 months of denial so that the child could be returned. He immediately wondered, "How did the wife take that?" I told him they were planning to stay married and work out the problem. He then responded, "I'd have to say I did something that I didn't do." I discussed sacrificing one child to save the other two.

Final three sessions

Subject 107 canceled two sessions in a row following the sixth session. Three weeks later at the beginning of the seventh session, he expressed his belief that his daughter would not be coming home until she was 18 years old and no longer under the control of the Division of Family and Children. He was angry about being told by the initial caseworker that their daughter would be coming home, and now, the current caseworker said she would not be coming home in the near future. He said that he and
his wife were deciding to "let welfare keep her." Yet, he got angry at his daughter for saying that her mother had said she didn't want her. He clarified, "We want her, but there's nothing we can do."

He expressed some rather rigid sex roles and odd beliefs. He said that he had never really wanted daughters. With boys, he did not have to worry about allegations of sex abuse. He said that he had been really strict with an older stepdaughter from his wife's first marriage. She became pregnant and moved out of the house in her mid-teens. He said his strictness with her had caused some "hard feelings" between them. He did not feel that his daughter who was now in the foster home should be allowed to have friendships with boys until she was 17 years old. Then it would not matter if she got pregnant.

He continued to say that she would have to stay in a foster home, since he was not willing to change his story or move out. I talked to him about how he was sacrificing this one daughter to justify keeping the family intact with him. He maintained that his wife would not have it any other way. At this point I informed him that I would be recommending a polygraph to add information for making decisions about the future course of family reunification.

I encouraged him to support his wife in developing the relationship with the daughter, but that relationship deteriorated even further. He too felt that the daughter
was "acting like she doesn't even care" about her parents. It appeared that his perception that she did not care contributed to his justification for leaving her in foster care and not taking any action himself.

He did acknowledge, in the second to the last session, that he had noticed his daughter's sexual development. He recounted telling her "you're getting to be a big woman" in reference to her breast development. He said she smiled in response. He then when on to repeat the theme of her pattern of being overly affectionate to people. I confronted him with an ambiguous misstatement he had made the previous session about "not saying no" to her. I queried if she had been playing flirtatiously with him and if he had then fondled her breasts. I questioned if he might have felt that he had simply "not said no" to her. He denied this possible scenario of abuse.

In the final session, Subject 107 reported that he had learned the prosecutor was closing the case. He knew that he would still have to take the polygraph to assist the Division of Family and Children in case planning. He responded, "As far as I am concerned, they can keep [her]. Things would never be the same. I would never know what she was going to do or say." He believed she might say that her brother raped her, and get him in trouble. I queried if he thought this was the best possible outcome, even if the abuse was true. He said, "Yeah. Either way
that's what she wants."

He reported, in reviewing the counseling experience, that he had learned most about what the victim goes through. Unfortunately, his behavior as observed during the sessions did not reflect that he was translating this learning into different attitudes or behaviors.

**Posttest Level and Type of Denial**

Independent Rater #2 and I ranked Subject 107 as having complete denial (level 1) at posttest. When asked if he had touched his daughter sexually, he stated, "Nope, I believe it's wrong to touch a girl or woman that way." The rigidity of his thinking emerged while discussing the allegations. Again he said that he had "hugged her up," but his hands were always on her back. He said he had stopped touching her in any way other than playfully since she was 10 years old. He explained that he did not want her to grow up to be a tomboy, so he did not even allow her to wrestle with her younger brother. He said he would "rather be dead than touch one of my kids." He also explained, "I don't even touch my wife in bed--when she is sleeping--the wrong way."

**PCQ Posttest Results**

Subject 107's posttest PCQ total mean score was 2.3, which was a slight increase from his pretest mean score of 1.9. This score was still below the mean of 3.0, and
indicated that on average he was close to the partially agree (2.0) response to the negative consequences for admitting to the abuse. With the exception of the legal domain, all other domain scores remained below the mean. See Table 25.

Table 25

PCQ Posttest Scores for Subject 107

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>FAMILY</th>
<th>SOCIAL</th>
<th>LEGAL</th>
<th>INTERNAL</th>
<th>FINANCE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>107-PRE</td>
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<td>2.8</td>
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<td>2.0</td>
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<tr>
<td>107-PST</td>
<td>2.3</td>
<td>2.7</td>
<td>3.3</td>
<td>1.0</td>
<td>2.8</td>
<td>2.3</td>
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<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
</tr>
<tr>
<td>PST-PRE</td>
<td>+0.4</td>
<td>+0.5</td>
<td>+0.5</td>
<td>0</td>
<td>+0.8</td>
<td>+0.4</td>
</tr>
</tbody>
</table>

At posttest, Subject 107 again selected the strongly agree (1.0) response to the item regarding his wife divorcing him if he admitted. His greatest change in the family domain was from a strongly agree (1.0) to a partially disagree (4.0) response to the item concerning his wife preventing him from seeing the children if he admitted to abusing a child.

Although he had learned from his wife that the prosecutor was closing the case, he still partially agreed (2.0) that he would go to prison if he admitted. However, he changed from partially agree (2.0) to partially disagree (4.0) response to being arrested if he admitted.
during counseling.

Subject 107's internal reaction score remained at the lowest possible level from pretest to posttest (1.0). He believed he would have to kill himself if he admitted to sexually abusing a child.

**MMPI-2 Posttest Results**

**Code type**

Subject 107's code type changed from a "2-3/3-2 (7)" to a "2-6/6-2" at posttest. Individuals with this profile are "often seen as hostile, depressed, aggressive, and suspicious" (Greene et al., 1990). They are sensitive to criticism and misperceive situations as being against them. They are "angry with both themselves and others ... [and] experience chronic conflicts concerning rejection" (Greene et al., 1990). They have poor self-esteem and poor relationships due to their anger. See Table 26.

**Table 26**

**MMPI-2 Posttest Scores for Subject 107**

<table>
<thead>
<tr>
<th></th>
<th>L</th>
<th>F</th>
<th>K</th>
<th>Hs</th>
<th>D</th>
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<th>Pt</th>
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<td>-2</td>
<td>-5</td>
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*Note. T-scores with K-correction.*

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Defensiveness

There were no significant changes in Subject 107's level of defensiveness from pretest to posttest: He remained in the low defensiveness category. Subtle changes occurred on the validity scales. He was slightly less defensive on the "L" scale and was willing to disclose a little more distress, as measured by the "F" scale. Overall, there was a drop of 5.50 points on the profile elevation suggesting that he was experiencing less emotional distress than he was at the time of the pretest.

Summary and Discussion: Subject 107

Subject 107 did not respond to the individual therapy and remained at complete denial (level 1). His total score on the PCQ increased an average of +0.5 points, suggesting a very slight decrease in perceived negative consequences for admitting to the abuse. The belief that his wife would divorce him if he admitted remained unchanged. His MMPI-2 code type changed. However, scale 2 remained the highest scale in both code types. He likely experiences some ongoing depression, although at posttest he was reporting less emotional distress. His defensiveness remained unchanged in the low category. His daughter would likely remain in long-term foster care, while he remains home with his wife and two other children.
Background Information

Subject 108 was a 62-year-old White married male with two adult daughters and four grandchildren. He married in 1962 when he was 29 years old and his wife was 19. He was employed full time as a production worker in a factory that manufactures medical devices. He has worked there most of his adult life. He earned between $30,000 and $60,000 annually. He graduated from high school and has had no further formal education.

Nature of the Offense

Subject 108 had a 14-year-old neighbor girl who reported that he had French kissed her approximately 20 to 25 times while she was visiting in his home. During these incidents he would put his arm around her and rest his hand on her breast. Then in August 1994 he grabbed her left breast with his right hand and fondled it for about 5 minutes. He asked if that made her mad, and she said no, but then left his house. Two days later she disclosed the incident to a trusted adult.

Context of Referral

Subject 108 was referred for counseling by a law enforcement agency in a primarily rural county in north-central Indiana. He signed an agreement that he would participate in therapy which would be monitored by the law
enforcement agency. If he did not follow through as recommended by the therapist, other legal action would be taken.

Within 2 weeks of the interview, Subject 108 began participation in a group for admitting sex offenders in an adjacent county. He attended 15 group sessions and two individual therapy sessions. His group therapists determined that his participation in the group therapy was not satisfactory since his account of the abuse was much less extensive than the report made by the victim. He also denied any sexual fantasies. He stated, "I don't think I need help," in reference to the counseling process. He was referred to the denial program. He agreed to attend the time-limited individual therapy program.

Pretest Level and Type of Denial

Independent Rater #3 and I determined Subject 108's level of denial to be partial denial (level 2). Subject 108 admitted that he had "grabbed" the girl's breast one time and that he had kissed her three or four times. He also stated that he knew what he did was wrong. Although this initial presentation appears to be a full admission, he denied any sexual intent and was ambivalent about his responsibility for the abuse. These other aspects of denial made Subject 108 a candidate for the denial program.
Subject 108 denied that he had any sexual thoughts or feelings preceding or during the time he was kissing and touching the girl. He denied initiating the acts but said that the girl "did not come on to me or nothing like that." Yet, he was not sure if somehow it was not partially her fault. He knew that the incidents were not an accident, but he was at a loss to explain his motivation for the incidents.

He was very guarded in disclosing sexual information. He denied sexual fantasies in general, including adult women. He said that he had not masturbated during his married life. He disclosed that he had not been sexually active for 3 years because his hernia prevented him from having erections. The hernia had been present for 8 to 10 years and was getting progressively worse over a 4-to-5-year period, but he was fearful of the surgery. This had disrupted sexual relations with his wife, which had already been infrequent prior to the hernia.

During the screening interview Subject 108 disclosed that he had been convicted of a battery charge 3 years earlier. He had not told the previous therapists about this incident and seemed to feel that it was not significant. This previous case occurred when he and his wife were visiting with a 25-year-old woman in a restaurant talking about the young woman's mother having cancer. Subject 108 explained that his wife had already
left, and on the way out the door he put his arm around the woman to offer comfort. He said, "She took it the wrong way." She filed a battery charge against him, to which he pled guilty on his attorney's advice. He received a small fine and probation. He said that his wife did not know about the incident. His description was vague and confusing, as he claimed he did not understand it all. As with the current offense, he denied that there was anything sexual about this incident.

During the course of therapy, he authorized a release of information for the police report of the previous incident. According to the victim and witnesses, Subject 108 not only put his arm around the woman, but also kissed her on the mouth. She resisted and yelled. He left without incident, but the complainant and witnesses knew who he was and filed the report.

**PCQ Pretest Results**

Subject 108's total mean score on the PCQ was 1.4, which is far below the mean score of 3.0. This score indicated that the average of his responses was between **strongly agree** (1.0) and **partially agree** (2.0) to there being negative consequences for admitting to sexually abusing a child. See Table 27.

Subject 108's scores in all of the domains were far below the mean score of 3.0. His highest average score was in the internal reaction domain (1.8). This score was
Table 27
PCQ Pretest Scores for Subject 108

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>FAMILY</th>
<th>SOCIAL</th>
<th>LEGAL</th>
<th>INTERNAL</th>
<th>FINANCE</th>
<th>TOTAL</th>
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</thead>
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<td>1-5</td>
<td>1-5</td>
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</tr>
</tbody>
</table>

raised because Subject 108 partially disagreed (4.0) to the item about killing himself if he admitted to abusing a child.

Because Subject 108's low scores did not match with his situation, I reviewed the scale with him to be sure he understood it. He said his wife knew what he had done and the police had not arrested him upon his admission, yet he selected the partially agree (2.0) response to the item about his wife divorcing him if he admitted and the strongly agree (1.0) responses to items about going to prison if he admitted. He explained that if the fondling happened as often as the child had said, and he admitted to it, and his wife believed it, “she probably would leave me.” He also clarified that he would have marked several items differently, but for many of them he continued to respond that “he didn’t know for sure.” During this review, he clarified that neither of his daughters knew of either the current or the prior incident. Yet, he and his wife frequently visited with their grandchildren. He also
said that no one at his place of employment knew of either incident. Thus, the low score was probably a fairly accurate reflection of his perception of the consequences.

MMPI-2 Pretest Results

Code type

Subject 108's code type was Within-Normal-Limits (WNL). This code type is very common, and reflects a person who is happy, healthy, and contented with satisfying relationships (Greene et al., 1990). In a clinical setting this code type is found among persons who have "characterologic or psychotic disorders to which they have become adjusted" (Greene et al., 1990). Correspondingly, such persons will have little awareness of their problems and "do not understand why others have concerns about them" (Greene et al., 1990). See Table 28.

Table 28

<table>
<thead>
<tr>
<th>L</th>
<th>F</th>
<th>K</th>
<th>Hs</th>
<th>D</th>
<th>Hy</th>
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<td>54</td>
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<td>-12</td>
</tr>
</tbody>
</table>

Note. T-scores with K-correction.

Defensiveness

The F-minus-K score of -13 places Subject 108 in the high defensiveness category. The total T-score difference of -12 on the Wiener-Harmon Subtle-Obvious subscales does
not indicate high defensiveness, although it suggests a trend in that direction. The validity scale configuration does not suggest any strong defensiveness and would suggest that Subject 108 is likely free of any significant distress.

Course of Individual Therapy

Subject 108 began the denial program in December 1994 and completed it at the end of May 1995. He attended the first six sessions regularly, canceling three appointments due to bad weather or illness. In March, following the sixth session, he withdrew without notifying the law enforcement agency of this change. I notified that agency and they required him to complete the three remaining sessions including the posttest materials, and to follow the treatment recommendations made at the end of the program.

First three sessions

The pre-planned outline for the individual therapy had to be modified to address Subject 108's type of denial and intellectual abilities. He was very concrete in his thinking, as reflected in his words and examples. He demonstrated limited insight into his behavior and emotions. However, during the first three sessions, Subject 108 made some incremental progress.
In an effort to explore what had happened and how he felt about it, I asked Subject 108 to re-enact two of the reported incidents of sexual abuse. In reviewing the events, he confirmed many of the details reported by the victim, but adamantly denied attempting to French kiss her. "That's sick," he said, "I don't even do that with my wife." He clarified that maybe they had earlier in their marriage, but not since he was young. He could not explain what motivated him to abuse the girl. "I beat myself around," he reported. "What made me do that? She's a nice girl."

We identified one of the treatment goals to be to find agreement between his and the victim's versions of the incidents. Specifically, this meant having closer agreement about how many times he kissed her and touched her breasts. A second goal was for him to identify and describe thoughts and feelings that contributed to and precipitated these incidents. He understood the conditions under which treatment would occur, and that a general report of progress and future recommendations would be made to the law enforcement agency.

During the first session, Subject 108 denied that he was ever sexually aroused during any of the incidents. He believed that since his hernia prevented him from having an erection, he could not be "aroused."

I substituted the word "excited" for aroused. He denied being excited, but
hesitantly said that he would sometimes think about her and wonder when he would see her next. He denied any sexual feelings for her, even when that was defined as wanting to be close or feel loved or playful. He said that "maybe I liked it, but maybe I didn't like it, because I know'd it was wrong."

In the second session, I explored how Subject 108's relationship with the victim had developed in an attempt to understand how he viewed the relationship and to identify grooming behavior. He described a casual friendship that emerged as she would come over to visit with both his wife and him. When he kissed her the first time, his wife was not there. He said that she did not participate in the kiss, but she did not leave right away. Since she continued to visit, he began to believe that "she didn't really care if I kissed her." He "guessed" he liked "kissing this woman." Later, he clarified that since she was 5 foot, 6 inches and he was 5 foot, 4 inches, he viewed her as an adult.

Subject 108 believed the abuse did have an impact on the girl, although at the time he thought she did not mind. At this point in counseling he thought that she was probably upset and hurt, and may never forget these incidents. Although the words he used to describe the impact sounded like words he had heard during previous group therapy, his voice cracked as he talked about it.
When asked, he acknowledged that he was sad, but he never cries and has not since 1972 when his father died. Subject 108 said that following the last incident, during which he grabbed the girl's breast, he told her, "I'm sorry, I shouldn't have done that, I hope you're not mad."

During the second session, Subject 108 acknowledged that his shame was motivating some of his denial and minimization. He said, "I want to talk about it, but it is hard. I feel hurt, because I hurt her." As he was in touch with some of his emotions about this former friendship, he talked about how this girl was "fun" to be around because she was "full of nick" and lots of energy. Yet, he said he did not feel sexual arousal or excitement toward her, but he was opening the possibility that the kissing and touching were part of the "fun."

I attempted to build a logical connection between thoughts and feelings leading to behavior. As I tried to draw the parallels between the current incident and the past battery charge, Subject 108 said he does view himself as having a problem with touching females. He felt that since the victim of his first offense left town and did not appear for the court hearing, the incident was simply her misunderstanding of his expression of sympathy. He denied any sexual feelings toward her as well.
In an attempt to find a baseline of agreement for talking about sexual feelings in the third session, I asked him to describe "sexual awareness" rather than a sexual feeling. He said that if he saw a "pretty woman in a short skirt" he would have sexual awareness of her. From this baseline he was eventually able to describe a sexual awareness of the 14-year-old girl. His awareness increased as he began to believe that she might want kissing and fondling, and probably "didn't mind." He thought kissing her would be exciting because it would be "different." What began to emerge was a profile of a person who did not think that anyone would be sexually interested in him, and his solution was to find women who would not care if he acted in a sexual way to them.

Subject 108 was adamant that he did not have sexual feelings for this girl, because "if I did, I'd have felt her breast more." He implied that he was beginning to have sexual feelings for her following the last incident when he grabbed her breast. He said that he had made up his mind that he was going to tell her that she could never come over anymore, but she never came back. (This incident occurred on a Thursday, and the law enforcement agents contacted him on that next Tuesday.)

We briefly discussed his sexual relations in his marriage. He described his wife as someone who was "not sexually interested in me" at first, but eventually became
sexual with him after they married. He acknowledged that they were not sexually active now because of the hernia. He said that he had "no sexual feelings toward anyone other than his wife." He did report sexual awareness of others, but not sexual feelings. I mentioned the possibility of including her in a portion of some future sessions. He was hesitant, but agreed.

Middle sessions

Subject 108's wife had been coming with him to the appointments, but was not included in the counseling sessions. I had received information from his previous therapist that his wife was upset about not knowing what was happening in Subject 108's treatment. She was not involved in any counseling herself. I decided to invite her into the beginning of the fourth session as an opportunity for her to ask questions, and to collect collateral information.

Subject 108's wife expressed tremendous frustration about what was happening. I learned that she knew that her husband had kissed the girl and touched her breast, but that was the extent of her information. She said she did not know what he was thinking or why he did it. She reported that they had not been sexual for 20 years. All sexual relations ceased following the birth of their 29-year-old daughter. She was angry that he had put off the hernia repair for so many years, preventing sexual
relations. She said, "You never touch me in bed."
Subject 108 responded by saying that was not true. She persisted, saying he was affectionate to others in public, but not to her at home. She blamed herself, thinking that there must be something wrong with her. She expressed hatred for the 14-year-old victim.

I encouraged them to consider some marital counseling with a different therapist; however, they declined due to cost. I took this opportunity to increase the pressure on Subject 108 to be more open in the counseling, so we could work toward resolving some of these problems.

I then met individually with Subject 108 and began to explore the possibility of other undetected incidents of sexual abuse. My initial assessment focused on a likely deviant sexual arousal pattern. Thus, I informed him that I would probably recommend a polygraph exam to confirm his reported sexual history. He appeared rather shocked, but maintained that he was not sexually active with anyone other than his wife.

Subject 108 did appear to be more willing to disclose information following the session with his wife and my mention of a possible polygraph. He said, "Evidently I do have a problem with touching other people, to be real honest." However, he described the problematic touching to be his friendly gestures of putting his arm around waitresses who were also touching him and teasing him. He
argued that this kind of touching was never sexual and his wife was always there.

The more significant disclosure of the problem of touching people emerged as he told about the times he had been alone with the victim. During the previous session with his wife, she had mentioned that he had been alone with the victim on several occasions, including one time when they were moving a mattress. In the subsequent session he volunteered that he had accidently bumped the victim’s breast. He told her he was “sorry,” and she responded, “okay.” He denied any sexual thoughts at that time, but he seemed uncomfortable when I pointed out to him that it had been memorable enough to remember. He denied any thoughts of “intentionally-accidently” bumping her breast to see what her response would be. This type of behavior is typical during the grooming stage of selecting a potential child for further sexual contact. He admitted that this incident occurred 2 weeks before he grabbed her breast.

Subject 108 proceeded to tell of a series of events in which the victim behaved in such a way as to lead him to think, “I wonder if she would mind if I touched her breast.” On one occasion the victim had some new underwear and partially lowered her pants saying, “Look at my underwear.” On another occasion, she was outside in a bikini sun bathing and began to fan herself, saying, “Man,
am I hot." He looked at me and said, "What kinda girl would be doing that in front of a guy?" He reported another occasion, months before he touched her, in which he overheard her talking to a girlfriend about what her boyfriend thought about her breasts. He then acknowledged that a day or two before he grabbed her breast, he had begun thinking about doing it.

In concluding this session, I affirmed him for his willingness to share this important information. I told him I viewed this as a step toward completing one of the goals we had developed for these sessions. I gave him the assignment to begin refreshing his memory on how many times he had kissed her.

The sixth session with Subject 108 included his wife. She was much more confrontational with him at the outset, until I intervened to address some of her beliefs that were likely affecting his ability to take responsibility. She expressed her continuing frustration about not knowing what had happened and what was going on. Subject 108 had reported that he talked with her in the car on the hour-long drive home after sessions. I joined her, expressing some frustration about how long it was taking to have him give full account of what happened. She, however, agreed with him that it was difficult to remember. I countered that if she had fondled the genital area of a young man, she would probably recall her thoughts and feelings after
she had done so. She agreed. She then vented her frustration about no sexual component to the relationship for 29 years, and his apparent lack of interest. She believed that he was not going outside the marriage, other than this recent incident. Subject 108 defended himself about recalling thoughts and feelings about the incident and reported some of what he had disclosed the previous session. His wife responded by beginning a tirade against the victim for "rubbing up against guys." I asked her who she believed was responsible to teach the girl appropriate behavior. "Didn't her husband's attention initially reward this behavior." She agreed, again, but then began to blame herself for not keeping her husband's sexual interest. Subject 108 shifted the discussion to his problem with the hernia.

Following this session, Subject 108 canceled due to illness. He failed to show for the regularly scheduled time the following week. He returned my call the following week, to inform me that he had begun counseling at another agency and that he had talked with the referring law enforcement agency about the change. He agreed to complete the posttest packet at this time. However, he returned it without completing it saying that he "won't fill these out know [sic]." I gave a follow-up call to the referring law enforcement agency and learned that he had talked with one officer, but not the one who
had initially referred him. No transfer had been authorized. They contacted him and required him to complete the three remaining sessions and posttest data, and to follow recommendations.

Final three sessions

Subject 10S returned for the seventh session in mid-May, 3 months after his last visit. He came to these sessions without his wife, since now the weather was nice and he reported that he felt safe driving alone. He readily acknowledged seven to eight incidents of kissing the girl. This was a 50% increase from when he entered counseling, but still far short of her reported 20 to 25 times. He would have to "try harder in counseling" to remember and admit to more incidents.

He had regressed on the issue of sexual arousal during the intervening months. He vacillated on whether or not he had been sexually aroused. First he did not experience any arousal, and then he did "maybe the day I did it." But later he said these were not really sexual feelings.

As Subject 108 outlined the seven incidents, he more clearly disclosed his beliefs that the victim wanted the sexual contact. He thought about the way she had accepted his kisses, and concluded that "she must not care--she keeps coming back." He believed that she might even like the sexual attention.
He reflected on the course of counseling so far, and described feeling like he had "made a lot of progress." He said that he does not bother people anymore and keeps his hands to himself. He described an incident in which he asked a waitress to not put her arm around him anymore.

In the eighth session, Subject 108 recalled the eighth incident with the girl. He more clearly dated the first kiss as occurring over a month before he fondled her breast. This first kiss happened after he had taken her to the store as a favor. He continued to vacillate on sexual intent. He said the kisses "didn’t do nothing for me, until a time or two before I touched her breast." He admitted that several times before he fondled her breast, the interactions were a "little sexual" for him, but again he emphasized that he did not think she would care. He put his arm around her when he kissed her, but she did not resist. He acknowledged, indirectly, that he had held the older woman in the other incident rather forcefully, but not the 14-year-old.

Subject 108 maintained that he had never tried to use his tongue while kissing the girl. He denied ever holding hands with her or resting his hand on her breast during the kisses, as she had reported.

He became rather angry during the final session, when I pressed the issue of sexual arousal. "I can’t be aroused because of my condition! I’ll take you to a
medical doctor to prove it to you." When I attempted to explain arousal as physiological sensations, other than erections, he responded, "I can't agree with you—you lose all feeling because of the hernia."

During the final session, I reviewed the police report I had received regarding the previous incident. He clarified that she was a waitress, whom he had known for some time. She sat at the table with them when her shift was finished. He initially denied touching her when she had served them, but gradually acknowledged that he had taken hold of her arm. He then acknowledged that on the way out the door, he had put his arm around her rather forcefully, and said that her report was correct, which included the kissing. He still maintained that she misunderstood his intentions with the kiss, and that he was not sexually aroused toward her.

At the conclusion of the session we discussed his return to the agency he had been receiving counseling from in the intervening period. In my initial phone conversation, the therapist he had been seeing was critical of my persistence in helping Subject 108 identify the antecedents to grabbing girls and women. This counselor's perspective was that Subject 108 is impulsive and does not know what precedes his touching. I felt that it was important that he participate in a group setting with other sex offenders, and so I helped facilitate
making contact with a therapist in that agency. The transfer was documented with the law enforcement agency.

**Posttest Level and Type of Denial**

Independent Rater #3 and I differed in our evaluation of Subject 108 at the posttest interview. Independent Rater #3 determined him to remain at *partial denial* (level 2) because the rater felt that the subject continued to deny sexual intent and was not admitting to the full number of incidents reported by the victim. I rated him as making a *full admission* (level 3) because he had made significant progress in admitting the number of incidents that had occurred and he had begun to admit to the increasing occurrence of the thoughts (e.g., she wouldn't mind if I touched her) which preceded some of the kisses that were a "little sexual." He clearly admitted that this was wrong, just as he had at the pretest. He gave mixed messages as to whether or not he thought what he had done was harmful to the victim.

During the exit interview, Subject 108 initially responded to the question, "Did you have sexual contact with the victim?" by saying, "No, I was just touching her breast." When I asked, "What does sexual contact mean to you?" he clarified that touching her breast "probably was sexual," but he minimized the kisses as not being sexual. Yet, later in the interview, he did think that kissing her was "molesting."
The independent evaluator's posttest score of partial denial will be used in the analysis of the study. Thus, Subject 108 remained unchanged by the treatment intervention.

**PCQ Posttest Results**

Subject 108's total posttest mean score was 1.9, which was still well below the average of 3.0. This total mean score was up 0.5 points from the pretest score of 1.4. This score suggested that, on the average of items, he continued to anticipate negative consequences (partially agree, 2.0) if he fully admitted to child sexual abuse. His scores increased about equally in all domains. See Table 29.

Table 29

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>FAMILY</th>
<th>SOCIAL</th>
<th>LEGAL</th>
<th>INTERNAL</th>
<th>FINANCE</th>
<th>TOTAL</th>
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<tbody>
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<td>108-PRE</td>
<td>1.4</td>
<td>1.3</td>
<td>1.3</td>
<td>1.8</td>
<td>1.0</td>
<td>1.4</td>
</tr>
<tr>
<td>108-PST</td>
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<td>1.8</td>
<td>2.2</td>
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<td>1.9</td>
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<td>0-5</td>
<td>1-5</td>
<td>1-5</td>
</tr>
<tr>
<td>PST-PRE</td>
<td>+0.6</td>
<td>+0.5</td>
<td>+0.5</td>
<td>+0.4</td>
<td>+0.8</td>
<td>+0.5</td>
</tr>
</tbody>
</table>

At the pretest, Subject 108 admitted that if the abuse had happened as much as the child had reported (20-25 times), and he admitted to it, he believed that his wife would probably leave him. On the posttest he gave an
uncertain (3.0) response to that statement. Overall, he continued to partially agree (2.0 average) that negative consequences would occur in the family domain if he admitted. As noted during the course of the counseling, there was significant conflict in the marriage about issues of sexuality in general and the abuse specifically. A clear picture of the sexual issues for Subject 108, both in the abuse and in his marriage, did not fully emerge during these sessions.

Subject 108 probably did not consider his behavior "sexual abuse" as he completed the questionnaire. He continued to report a belief that he would go to prison if he admitted to the sexual abuse. Yet, he had partially admitted to it to law enforcement agents. This overall low score probably reflected Subject 108's ongoing anticipation of negative consequences if he were to fully admit to the sexual behavior.

**MMPI-2 Posttest Results**

**Code type**

Subject 108's code type at posttest remained a "Within-Normal-Limits" profile, as was his pretest. Characteristics of this code type are reported above. See Table 30.
Table 30

MMPI-2 Posttest Scores for Subject 108

<table>
<thead>
<tr>
<th></th>
<th>L</th>
<th>F</th>
<th>K</th>
<th>Hs</th>
<th>D</th>
<th>Hy</th>
<th>Pd</th>
<th>Mf</th>
<th>Pa</th>
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<th>Sc</th>
<th>Ma</th>
<th>Si</th>
<th>F-K</th>
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<td>-12</td>
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<tr>
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<td>51</td>
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<td>-2</td>
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<tr>
<td>PST-PRE</td>
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<td>+2</td>
<td>+12</td>
<td>-5</td>
<td>0 -12</td>
<td>-9</td>
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<td>+4</td>
<td>+2</td>
<td>+10</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. T-scores with K-correction.

Defensiveness

Subject 108's F-minus-K score of -11 continued to place him in the defensive category at posttest, even though his level of defensiveness decreased slightly by 2 points. His Wiener-Harmon Subtle-Obvious total T-score difference of -2 did not indicate defensiveness. He scored 10 points less defensive on this scale at posttest. On the standard validity scales, Subject 108 did become significantly more defensive as reflected by the "L" scale. An increase of 13 points on this scale would suggest that he had wanted to present himself in a more favorable light than he felt was necessary at pretest. He also reported more symptoms of depression at posttest, as measured by scale 2.

Summary and Discussion: Subject 108

Subject 108 made incremental progress in admitting to abusive behavior during the course of individual therapy,
but the change was not substantial enough to warrant a change in his posttest rating. He remained at level 2 (partial denial) at the posttest interview, although there was disagreement between the two raters. His perception of negative consequences for admitting to child sexual abuse, as measured by the PCQ, changed very little (1.4 at pretest, 1.9 at posttest). His scores all remained below the mean score. Changes in the extent of his defensiveness as measured on the MMPI-2 also remained largely unchanged. He was in the high defensiveness category at pretest and posttest due to his scores on the F-minus-K scale. He appeared to become increasingly defensive, as measured by the "L" scale.

Subject 109

Background Information

Subject 109 was a 53-year-old, White, twice-married male. His first marriage began in 1961 and lasted 4 years. He has two daughters from that marriage who are 34 and 33 years old. He has three grandchildren, ages 15 through 11, from these two daughters. He married a second time in 1966 and has another daughter who is 28 years old. This marriage has lasted 28 years. He worked for 30 years in the shipping industry, where he had advanced to the position of captain. He took early retirement, so as not to lose his benefits when he was convicted of child sexual abuse. His current income was between $10,000 and
$20,000, although his income while employed full time had been considerably higher. He had completed his high-school diploma, and had received approximately 2 years of training in the shipping industry.

**Nature of the Offense**

Subject 109's granddaughter, who was 9 years old at the time of the offense, reported that her grandfather had reached into her pants and fondled her vaginal area while she was lying on a mattress on the basement floor. Her grandparents were baby-sitting her and her younger sister during a day when there was no school. She reported that her grandfather rubbed her vagina real hard and it hurt. While he did this he told her he loved her. He then pulled down his and her pants and put his penis between her legs and moved back and forth. She also reported that he took her hand and put it on his penis and instructed her to move her hand up and down. She described gooey stuff coming out of his penis, and then it going limp.

In the afternoon the granddaughter called her mother and was crying. That evening she told her mother of the incident. She provided considerable detail for a child of her age.

**Context of Referral**

Subject 109 had been convicted of child molesting in October 1993 in St. Joseph County, Indiana. He served 30
days in jail and was on 3 years of probation. He had a psychosexual assessment completed in December 1993, and then participated in 3 months of group therapy with admitting sex offenders. He was terminated from that program due to his failure to make any progress toward admitting to the offense. He was referred to the local community mental health center, where he participated in two individual therapy sessions. That therapist, following consultation with others, decided to terminate services, since Subject 109 denied the offense and any other problems.

He was referred to the denial program as a final attempt to modify his denial, so that he could participate in treatment for sex offenders which was a condition of probation. Subject 109's probation officer explained that he would need to complete the program, although he wanted to be finished with counseling services. He did consent to treatment and agreed to be financially responsible for the cost of treatment as was outlined by probation.

Pretest Level and Type of Denial

Independent Rater #2 and I determined Subject 109's denial to be complete denial (level 1). He stated, "I'm totally innocent." He believed that someone had molested his granddaughter since she was able to give such complete details of sexual acts. However, he flatly denied that it was him. He made vitriolic comments about his daughter
for prompting the child to say he was the perpetrator. He had written them out of his will, and swore that he would never see any of that family again. "No amount of counseling will change me. It didn't happen."

PCQ Pretest Results

Subject 109's total pretest mean score on the PCQ was 3.2, which was slightly above the mean score. On average, Subject 109's responses were close to the uncertain (3.2) response to the negative consequences for admitting. He actually selected the uncertain response only once, but had this as an average because he had high scores in some domains and low scores in others. See Table 31.

Table 31

PCQ Pretest Scores for Subject 109

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>FAMILY</th>
<th>SOCIAL</th>
<th>LEGAL</th>
<th>INTERNAL</th>
<th>FINANCE</th>
<th>TOTAL</th>
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</thead>
<tbody>
<tr>
<td>109-PRE</td>
<td>3.5</td>
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<td>1.8</td>
<td>3.5</td>
<td>3.2</td>
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<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
</tr>
</tbody>
</table>

In all the domains, except internal reactions, Subject 109's responses were above the mean which reflected a perception that he did not anticipate many negative consequences if he admitted. For example, in the legal domain, he had an average score of 4.0 which indicated that he was fairly certain that there would be
no further negative legal repercussions if he admitted. 
In the family domain, he selected **partially disagree** (4.0) to the item regarding his wife divorcing him if he admitted. However, he indicated that she may prevent him from seeing the children (**partially agree**, 2.0).

His lowest score was in the internal reaction domain (1.8). He endorsed items to reflect that he strongly agreed (1.0) that he would have a difficult time accepting himself and would view himself differently than he did now if he admitted to molesting his granddaughter. Yet, he partially disagreed (4.0) that he would feel like he would have to kill himself if he admitted.

**MMPI-2 Pretest Results**

**Code type**

Subject 109's MMPI-2 pretest code type was "K+.") Persons with this code type are "very defensive, guarded and resistant to considering that they might have psychological problems. They avoid close interpersonal relationships and tend to be fearful and suspicious of others" (Greene et al., 1990). In a clinical setting, persons with this profile may be difficult to evaluate because they are so defensive and guarded. See Table 32.

**Defensiveness**

The elevated scores on both the F-minus-K scale (-21) and the Wiener-Harmon Subtle-Obvious subscales (-53)
Table 32

MMPI-2 Pretest Scores for Subject 109

<table>
<thead>
<tr>
<th>L</th>
<th>F</th>
<th>K</th>
<th>Hs</th>
<th>D</th>
<th>Hy</th>
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<td>38</td>
<td>41</td>
<td>-21</td>
<td>-53</td>
</tr>
</tbody>
</table>

Note. T-scores with K-correction.

firmly place Subject 109 in the high defensiveness category. In addition to these two measures, the traditional validity scales indicate a defensive approach, with the elevated "K" scale score.

Course of Individual Therapy

First three sessions

The first three sessions with Subject 109 were spent gathering background information, attempting to establish rapport, and gaining an understanding of someone who was very bitter. Subject 109 entered treatment saying, "You call it denial, but I call it being falsely convicted." As I attempted to establish some common treatment goals, I met with a brick wall. His only goal was to get off probation in 7 months. I attempted to identify a common goal by saying that I did not know what happened with his granddaughter, but that I did know that sexually abusing a child was a difficult thing for people to admit. He contended that he did not need treatment because he did not do anything. He felt treatment was just an attempt to "get my money." After briefly reviewing his previous

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treatment experiences, we agreed upon the common treatment goal of reviewing the details in a respectful manner. In the previous treatment he had been yelled at in front of a group and called a liar, which infuriated him and felt like torture.

After we set the context for respectful treatment, Subject 109 appeared to relax and some tentative rapport was established as he began to disclose some of his history. He told of the 3 unplanned pregnancies and life as an absent father on ships for 6 months at a time. He had essentially abandoned his children from his first marriage because the divorce and ongoing contacts with his first wife were so bitter and he said, "I never was much of a kid freak, anyway." If children were quiet they could be around, but if they cried, he would leave. He saw the children once every 2 or 3 years for a couple of hours when he was in town. When his oldest daughter was 9 or 10 years old, his current wife agreed to take custody of them, because they had been sexually abused by their stepfather. He explained, "I was gullible then."

By the time the younger daughter from the first marriage was 14 or 15 years old, she became incorrigible for his wife and ran away to her mother's house where the perpetrator lived. His oldest daughter continued to reside with his wife, his third daughter, and himself when he was not on the ships. He said he tried to help
his oldest daughter: He bought her a car and paid for some of her college tuition. This daughter got involved with drugs, dropped out of school, and became pregnant. She moved in with her boyfriend, and the relationship with her father again became strained. Although they lived in the same city, there were years of very little contact. This oldest daughter had a second child. Subject 109 would visit with them at family gatherings approximately twice a year. On very rare occasions his wife would baby-sit the children.

Throughout the first three sessions, Subject 109 and I reviewed the details of what happened in the basement, including drawing a diagram and plotting who was where and when. He willingly described in detail the interactions with his granddaughters down in the basement the day of the abuse. He, his wife, and his granddaughter had been down in the basement watching TV, playing hide and seek, and wrestling on a mattress they put on the floor for overnight guests. His wife went upstairs to cook lunch, while he played with the older granddaughter. The younger child was sleeping at this point. They played a game where she would hide and then try to run past him. He would grab her and throw her down on the mattress. On one occasion he threw her down too hard and she went upstairs crying. He understood her to say to his wife, something like, "Grandpa touched me." He initially did not think
too much about it, until the allegation of him making her masturbate him emerged. Then the allegation of masturbation grew to the allegation reported above.

Subject 109 reported that he and his wife laughed when they read the victim's statement, where she reported that her grandfather said he loved her before he put his hands down her pants and began molesting her. His wife had said, "That definitely is not you." He said that he believes he has never in his entire life told anyone that he loved them. He knew his father never had, and he was quite sure he never had either.

Subject 109 was willing to discuss the impact of sexual abuse on children, but only after arguing that I should focus on the impact of false convictions on adults and the impact of lying on children's development. After venting his anger he was able to say that if a child was sexually abused, and the offender did not admit, that it would affect her "mentally," which meant that she would be "afraid of men." He did not know how he would feel about himself if he had molested his granddaughter and did not admit it. He was able to empathize with the child out of his own childhood experience when a principal of the school bashed his head into the locker, but then denied it when later confronted. He said that experience made him angry and bitter, and the result was that no one trusted him. Other than this small concession, Subject 109
expressed very little empathy for the child.

In the third session, as I searched further for matches between the victim's statement and his account, Subject 109 disclosed that he had been sleeping on the mattress with the girls in the morning. After they had played the active games of hide and seek, they rested because one of his granddaughters had asthma. Following a snack of pop and cookies, the girls wanted him to lie down between them on the mattress. They all fell asleep. He woke up first, and went upstairs. When he came back down the oldest girl wanted to play the game again. He lifted the younger girl onto the couch so that she could continue to sleep while they played. That was when she got hurt, and went upstairs to tell. But he denied that there was even any accidental touching that the child might have perceived as sexual, and, he contended, there was nothing close to undressing, masturbation, or simulated sex.

I had a difficult time finding any slips of information, avoidance of certain areas, or flaws in Subject 109's statements, although he was gradually disclosing more details. I did not see an increase in tension as we discussed the details of the incident, as I frequently would with others. In fact, he was quite willing to disclose details that would suggest sexual intent (e.g., sleeping on the mattress with the children). The one aspect of Subject 109's account of the incident
that was unusual was his apparent lack of concern about hurting the child when playing. When his granddaughter went upstairs, he did not follow to try to console her. However, this behavior was consistent with his self-description of being unwilling to tolerate a crying child and being undemonstrative of affection.

Subject 109 had rationalized his behavior in several ways, which I confronted. He argued that since his wife was, just "seven seconds away--up the stairs," there was no way the abuse could have happened. I countered that I have worked with offenders who have copulated with children while fully clothed and in the presence of other adults. He maintained his innocence.

Subject 109 harbored beliefs that supported his perception of his own innocence and impeded treatment. He believed that counseling did not help child sexual abusers and was "an absolute waste of time." While in his previous treatment, one or two of the group members re-offended, which served as evidence to him of the ineffectiveness of counseling. He believed sex offenders should get a mandatory 20-year sentence of "hard time." He interpreted his light sentence as evidence that the judge did not think that he was really guilty, even though the jury did.

The beginning of each session with Subject 109 was usually tense and awkward. He sat in his chair, silent
and angry. He explained that he was beginning to forget about his criminal conviction, but each week coming to his counseling session was a painful reminder of this "false conviction." By the end of the first three sessions, I reflected back to him that there were two very different sides to him that were often present within the course of one session. He had a cold and bitter side that wished pain and trouble on his daughter, granddaughter, and anyone connected with his conviction. The other side was warm and friendly, and he would show glimpses of it when he talked about his family and life before the child sexual abuse conviction. I found that I could not direct the beginning of sessions immediately into the outlined materials because he would become intimidating and threatening.

Middle sessions

The middle three sessions followed the outlined format more closely than the first three sessions, since some tenuous rapport had been established. Subject 109 presented an interesting mixture of responses to hypothetical questioning. Many of his responses were consistent with his pretest scores on the PCQ. He believed that since his wife was a nurse, she would want him to get help "if he did it," but that they would "stay together." He believed his true friends would stick with him if he admitted and that the financial and legal
consequences would be the same as they were now. The striking difference was that he said if he had done it, "I probably would have shot myself." He denied any current suicidal thinking, stating that he "didn't do it." Subject 109 seemed to have few external motivations to deny the charges against him. And his internal reaction demonstrated an ability to engage in "as-if" thinking. But this strong internal reaction seemed to be distinctly different from how he presented himself emotionally. I found myself thinking, either he did not do this, or he has totally repressed it.

While using the hypothetical approach on the issue of victim impact, Subject 109 attributed considerable power and resilience to children. He thought that if he had been pressured or tricked into unwanted sexual contact, he would have resisted, run away, and taken a beating rather than endure something like the victim reported. From his previous group experience, he was able to describe how offenders groom children into sexual contact, but he still placed the responsibility on the child to prevent this from happening. He gradually disclosed that he had no happy memories of his own childhood, which began to account for his resistance to disclose tender or vulnerable feelings.

I decided not to apply the implications of his hypothetical thinking to possible scenarios with his
granddaughter because his temper could be so volatile. Instead, I asked how he would react if his granddaughter said the neighbor had molested her? He said he would question the neighbor but that having been falsely accused and convicted he would probably be less likely to believe the kid. He emphasized, "Kids do lie." I gave him the assignment to think more about that scenario between sessions.

We began the next session with this hypothetical scenario. True to form, since I started right in with this issue at the beginning of the next session, he exploded. "I'd whip the kid's ass and say, 'Don't tell lies.'" Gradually, he calmed down, and we moved on to talking about potential secondary gains for him and offenders in general for not admitting. "There are no secondary gains, I didn't do it," was his response. I normalized the tendency to deny as fundamental self-protection, giving him the example of getting pulled over by police for speeding. Virtually no one will say to the officer, "I speed all the time," or "I usually drive faster than that." I pressed further, saying he has the constitutional right to "not tell." He responded, "I'm not a liar." He believed if someone molested a child he should "admit for the kid's sake--no matter what!"

Subject 109 proceeded to explain that as the captain of a ship, he had some jurisdiction over legal issues
because of admiralty law on the seas. "I was a strong believer in our justice system until this happened." He said that he and his wife talked soon after the allegations and decided to "tell the absolute truth" because he believed that "justice will prevail." He said, "My wife and I could have lied and I wouldn't be here now. She could have testified that 'he wasn't alone with them,' which would have strengthened my case."

Subject 109 described the trial in which his granddaughter got on the witness stand and began sobbing so hard that the courtroom was adjourned for the day. The next day she testified while holding a teddy bear. "I thought I was doomed. If I was on the jury, it would have impressed me."

His description of his former belief in the justice system and the account of an emotional testimony made proceeding with the outlined agenda for the individual therapy difficult. I found myself considering that he might have been falsely convicted and the child's tearful testimony may have been genuine anguish, but about the trauma caused by someone else. His denial was very persuasive.

Eventually, we did discuss positive connotations to denial, for which he had a pretty solid response each time. If the denial was to prevent conflict in the marriage, he countered that his wife had married him for
better or worse, and would have worked through it. Besides, he argued, his life was already ruined by the conviction, and her life had been affected too. If the denial was an attempt to avoid treatment and the associated costs, he argued he only had 6 months of probation left, and the cost was no big deal.

I modified the treatment outline in this session in order to ask if there had been some accidental touching that the child might have experienced as sexual. Subject 109 did admit to some "normal" accidental touching when he laid down, but he emphasized that he did not touch their private parts. When asked for more details, he said that he did not remember getting down on the mattress with them. This did suggest some potential avoidance, but he remained adamant that he did nothing sexual to either child.

When I acknowledged to Subject 109 that he was in an awful dilemma, i.e., being convicted of child sexual abuse yet maintaining his innocence in treatment, he said, "Thank you for saying that." He had clearly felt throughout the entire proceedings and previous treatment that no one had heard him or allowed him to explain his perspective.

Final three sessions

Subject 109 was more intimidating during portions of the final sessions than he had been at any time...
previously. I talked about the increased recidivism rates for non-admitting offenders at the beginning of the seventh session and he launched an attack on me. "I hope that you are falsely convicted! I'll laugh. I hope I am alive to see it." He was very intense. I admitted that I did not know whether or not he had molested his granddaughter, but outlined the rationale and importance of completing this program. He understood the importance of treating denial, comparing it to denial in an alcoholic who denies having any problem. I told him I was sorry that he had to complete this program if in fact he was innocent, but I clarified that I was not the "trier of fact" and that a jury of peers had found him guilty.

I asked him about his anger. He answered that he has never loved anybody. Initially, he denied hating anybody, but upon a moment's pause, he said he hated his daughter. He believed that if he had paid his daughter money, she would have had the proceedings dropped.

As we approached the end of the seventh session, I offered Subject 109 the options outlined for those who continued to deny. I mentioned the possibility of a polygraph, to which he responded that he did not care what I recommended. In the eighth session he clarified that he would not take another polygraph since the one he had taken before the trial was inconclusive. At that point he had wanted to take another, but at this point in time he
would refuse it.

Prior to the eighth session, I had decided that the ninth session would simply be the exit interview, a review of the closing summary and posttest. Since that would be only a portion of the hour, he would not be charged. I felt that his agitation was escalating and I had enough doubts myself about what had actually happened that I did not feel I could push him hard at the end. Because of my doubt about his guilt, I decided not to press for a second polygraph. Since Subject 109 had only a few months left on probation, even if the polygraph indicated deception, there would be limited work that could be done in treatment. Also, Subject 109 reported no contact with children outside the family, and it seemed unlikely that he would ever have any contact with his grandchildren again. Thus, his potential for reoffending was limited.

During the eighth session Subject 109 again reported that he felt the counseling was a "total waste of time and money," since he was not guilty and did not need therapy. In general, he thought that sex offenders should get long prison sentences, and thus, treatment for deniers would not be an issue. If that had happened to him, he would have been one that had "fallen through the cracks," but he no longer believed in this justice system. He hoped the victim would recant and then he would sue all of us.
As the session progressed however, he was able to reflect on the issue, a little less passionately. He felt that he could easily go to his death knowing that he was "not guilty." He said he still believed that someone had molested his granddaughter and he did not know why she said it was him.

Posttest Level and Type of Denial

Independent Rater #3 and I ranked Subject 109 at complete denial (level 1) at posttest. There was no change from his pretest rating. During the exit interview, he stated that the molest "definitely did not happen." He said, "Someone else might have molested her and for some reason she blamed me." He speculated that his daughter might have been wanting him to bribe her to get her to not prosecute the case. Since, according to him, her husband was a drug addict, she always needed money. Although during the course of the counseling he had acknowledged some potentially compromising situations, he categorically denied any sexual touching of any kind.

PCQ Posttest Results

Subject 109's posttest PCQ total mean score was 3.8, which was above the mean of 3.0. This posttest mean score was a 0.6-point increase from the pretest. His relatively high posttest score was consistent with his presentation during the course of counseling. He reported believing
that child sexual abusers should admit for the sake of the child and that he had little to lose if he had admitted, if he had done it. He simply maintained that he was falsely convicted and innocent of the charges against him. See Table 33.

Table 33

PCQ Posttest Scores for Subject 109

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>FAMILY</th>
<th>SOCIAL</th>
<th>LEGAL</th>
<th>INTERNAL</th>
<th>FINANCE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>109-PRE</td>
<td>3.5</td>
<td>3.2</td>
<td>4.0</td>
<td>1.8</td>
<td>3.5</td>
<td>3.2</td>
</tr>
<tr>
<td>109-PST</td>
<td>4.5</td>
<td>3.3</td>
<td>5.0</td>
<td>1.8</td>
<td>3.8</td>
<td>3.8</td>
</tr>
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<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
</tr>
<tr>
<td>PST-PRE</td>
<td>+1.0</td>
<td>+0.1</td>
<td>+1.0</td>
<td>0</td>
<td>+0.3</td>
<td>+0.6</td>
</tr>
</tbody>
</table>

Subject 109’s posttest domain scores increased most in the family (+1.0) and legal (+1.0) domains. His responses regarding his wife divorcing him or preventing him from seeing the children if he admitted to abusing them remained unchanged. The changes in this domain occurred because at posttest he partially disagreed (4.0) that his family would be disgraced and he strongly disagreed (5.0) that admitting would harm the victim.

Consistent with his legal situation, he selected the strongly disagree (5.0) response to all of the items pertaining to negative legal consequences for admitting. Subject 109’s scores in the internal reaction domain are
the only ones that remained unchanged and below the mean. He indicated that he would have a difficult time accepting himself if he had sexually abused a child and admitted to it (strongly agree, 1.0), although he did not feel he would kill himself (4.0). These results are consistent with his dislike of child sexual abusers and his perspective that he was not one.

**MMPI-2 Posttest Results**

Code type

Subject 109 produced a "4-6/6-4" code type on the posttest which was a change from his "K+" code type on the pretest. His "K" scale score was elevated higher on his posttest, but he was willing to endorse items at posttest that reflected his psychological and interpersonal patterns. Persons with this profile are "angry, argumentative, and resentful of any demands being placed on them. They are excessively demanding of attention, affection and sympathy" (Greene et al., 1990). People with this profile are "generally obnoxious, hostile and angry," but are usually able to control their outbursts. Under stress they may "exhibit outbursts of temper and threats of punishment" (Greene et al., 1990). They may have a grandiose view of themselves combined with a history of poor interpersonal relationships. They are difficult to interact with because of their anger. See Table 34.
Table 34

MMPI-2 Posttest Scores for Subject 109

<table>
<thead>
<tr>
<th></th>
<th>L</th>
<th>F</th>
<th>K</th>
<th>Hs</th>
<th>D</th>
<th>Hy</th>
<th>Pd</th>
<th>Mf</th>
<th>Pa</th>
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<th>Sc</th>
<th>Ma</th>
<th>Si</th>
<th>F-K</th>
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<tbody>
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<td>PRE</td>
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<td>45</td>
<td>68</td>
<td>54</td>
<td>52</td>
<td>54</td>
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<tr>
<td>PST</td>
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<td>58</td>
<td>41</td>
<td>48</td>
<td>-21</td>
<td>-88</td>
</tr>
<tr>
<td>PST-PRE</td>
<td>0</td>
<td>+6</td>
<td>+4</td>
<td>-3</td>
<td>+2</td>
<td>-4</td>
<td>+5</td>
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<td>+3</td>
<td>+3</td>
<td>+7</td>
<td>0</td>
<td>-35</td>
</tr>
</tbody>
</table>

Note. T-scores with K-correction.

Defensiveness

At the posttest, Subject 109 remained defensive as measured by both the F-minus-K index and the Wiener-Harmon Subtle-Obvious total T-score difference. His F-minus-K score remained unchanged at -21, but his obvious-subtle score increased in defensiveness to -88. His K score also increased, suggestive of defensiveness. In spite of this defensiveness, he still produced a profile with elevations on two clinical scales, which were discussed above.

Summary and Discussion: Subject 109

Subject 109 did not respond to the individual therapy and remained at complete denial (level 1) at posttest. He made gradual disclosures of further details during the course of the therapy, but he never hinted at the possibility of any wrongdoing or guilt. His denial was so powerful that he cast considerable doubt on the veracity of his conviction. He maintained that his participation...
in counseling was a complete waste of time and was
designed entirely for the therapist's financial benefit.

On the PCQ, Subject 109's total mean score increased
0.6 points from a pretest score already above the mean.
Since he was a convicted offender, as might be expected,
he reported few negative consequences to admitting. His
belief that his wife would want him to admit and would
stay with him was noteworthy. He said that his internal
reaction would be quite negative if he admitted to child
sexual abuse, but he did not view this as applying to
himself. He was very defensive on the MMPI-2 at both
pretest and posttest.

Several plausible explanations exist for Subject
109's clinical presentation, treatment course, and
outcome. First, he was very defensive and not very
capable of thinking in psychological terms. It is
possible that he did not want to admit to sexually abusing
his granddaughter and he had partially repressed any
memory of it. An alternative explanation was that he did
not abuse the child, and thus his MMPI-2 results reflect a
person who is not experiencing much distress (low F scale)
and had adequate coping skills (high K scale). His scores
on the PCQ, in this interpretation, reflected his
willingness to admit, if in fact he had done it.
Subject 110

Background Information

Subject 110 was a 32-year-old, divorced, White man. He began living with his ex-wife when he was 20 and she was 17. They married a year later when she was pregnant with the first of their two children. They separated 7 years later and she retained custody of the children. He lived in a home with several other divorced men, and began dating a woman. He became engaged to this woman, but during a period of conflict, he ended the engagement and had a sexual relationship with a 13-year-old girl. At the time of his participation in the denial program, 2 years after the offense, he was engaged again to his former fiancee. He was living with his mother as a condition of work release. His driver's license had been suspended following numerous traffic violations.

Subject 110 was employed full time as an auto mechanic and made less than $10,000 year. He had finished the eighth grade and later completed his GED. He had worked as a laborer all his life, but had aspirations to someday own his own business. He feels that his wife divorced him primarily because he did not make enough money.

Nature of the Offense

Subject 110 was living in a house with several other divorced or single men. They frequently held parties, and
friends who frequently visited and "hung out" in their home. Subject 110 began building a relationship with his victim after one of his housemates stopped dating her. He described her as being very aggressive in pursuing the relationship with him. She would sit on his lap at parties and flirt with him while they played card games. Her behavior and his responses caused enough conflict between Subject 110 and his girlfriend that their relationship ended. He immediately began to date this girl, whom he thought was "about twenty years old."

Subject 110 perceived the 13-year-old girl to be older because she "smoked a pack of cigarettes a day, cussed a lot and talked rough." Since she had been dating his 25-year-old housemate, he did not see any problems dating her, even though he was 32 years old. He acknowledged that he was doing a lot of drinking at that time. The girl would come over when his girlfriend was not around and would "put moves on me." When pressed for more details, he said that he could not remember them. He implied that his drinking impaired his judgment, but denied it when asked directly. Finally, he acknowledged having sexual intercourse with her on four occasions.

The victim's statement was not available for review. Subject 110 reported that the girl did not want to testify against him, but under duress from her stepfather she did make a videotaped statement. The policy in this county

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did not allow the offender's therapist to view the tape. I did request a copy of the pre-sentence investigation twice, but never received it.

Context of Referral

Subject 110 accepted a plea bargain to a felony charge of child molesting. He was sentenced to 4 years of incarceration, which, with credit for good time, would have meant serving 2 years. He was incarcerated in the county jail for 45 days and spent 6 months in the state prison. A modification of the sentence was negotiated, and he was released to a home detention program for 1 year with no probation to follow. His participation in the denial program occurred while he was in the home detention program.

Subject 110 had been involved in group therapy with admitting offenders for 3 months. His minimizations and rationalizations were becoming disruptive to the group. He was referred for the denial program by the supervisor of the group therapy.

Pretest Level and Type of Denial

Subject 110's previous group therapist and I rated him to have partial denial (level 1). During the initial interview, Subject 110 contended that he did not sexually abuse a child because she wanted to have sex. "I was approached by a girl, we did have sex and she was
I did not have sex with someone who did not wish to." He argued, "Age is just a number, an 80-year-old woman could have sex with a 25-year-old man," which would not be sexual abuse. He did believe that sex was wrong with a child, but he did not believe that sex with this 13-year-old girl was wrong. She had developed breasts and wore make-up and in general acted much older than her age, he reported. In this qualified sense, he denied that sex with this young adolescent was child molestation.

Subject 110 further defended himself from admitting any wrongdoing by arguing that when he did learn the victim's actual age, he stopped having sex with her and wanted her to stay away. At that time, he began working out of town as a way to avoid seeing her. He said he did not want to hurt her feelings, and thought that avoidance would solve the problem, although it did not. When he told her he wanted the relationship to end, she "took off home" apparently upset. Her parents reportedly asked her about possible sexual relationships, but she denied it for 5 or 6 months. Eventually she disclosed the abuse to them. They reported it to the police who contacted Subject 110.

Subject 110 admitted to the police during their initial interview with him that he did have sex with this girl. He was furious with the system and with himself, as
the legal process unfolded and he was incarcerated, while his housemate who had dated the girl previously denied having had sexual relations with her and was never charged.

**PCQ Pretest Results**

Subject 110's pretest PCQ total mean score was 3.0, which is the mean score for the questionnaire. His scores for each domain were also close to the mean, which suggested that there were no areas where his perception of negative consequences were disproportionately high or low. See Table 35.

**Table 35**  
**PCQ Pretest Scores for Subject 110**

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>FAMILY</th>
<th>SOCIAL</th>
<th>LEGAL</th>
<th>INTERNAL</th>
<th>FINANCE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>110-PRE</td>
<td>3.5</td>
<td>2.7</td>
<td>3.0</td>
<td>2.6</td>
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<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
</tr>
</tbody>
</table>

Subject 110 selected five uncertain responses, with all remaining responses being either strongly agree (1.0) or strongly disagree (5.0). His responses indicated that he felt his current partner (who was his former girlfriend) would not end the relationship with him and his family would not disown him if he admitted to the abuse. He did indicate that his wife or partner would
limit his contact with children if he admitted (strongly agree, 1.0). He had reported this to be the case already with the children from his first marriage. (His daughter was only 2 years younger than the victim.)

His perceptions of social consequences and his own internal reactions were both slightly below their respective means. He was uncertain (3.0) if he would feel like killing himself if he admitted to child sexual abuse, but he would have a difficult time accepting himself (5.0). He would not view himself as a criminal, although he believed society would.

**MMPI-2 Pretest Results**

**Code type**

Subject 110 produced a "1-4/4-1" code type. Persons with this profile are described as having general non-specific physical ailments and complaints. "These individuals exhibit strong needs for self-gratification with strong concern for others; however anti-social behavior is not seen very often" (Greene et al., 1990). They are viewed by others as demanding, but do not see themselves that way. They are likely to feel mistreated if their demands are not met. Their interpersonal relationships are "usually characterized by emotional turmoil and chronic complaining" (Greene et al., 1990). See Table 36.
Table 36

MMPI-2 Pretest Scores for Subject 110

<table>
<thead>
<tr>
<th>L</th>
<th>F</th>
<th>K</th>
<th>Hs</th>
<th>D</th>
<th>Hy</th>
<th>Pd</th>
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<td>51</td>
<td>53</td>
<td>49</td>
<td>-13</td>
<td>-4</td>
</tr>
</tbody>
</table>

Note. T-scores with K-correction.

Defensiveness

The F-minus-K score of -13 placed Subject 110 in the high defensiveness category. His Wiener-Harmon Subtle-Obvious total T-score difference was -4, which does not place him in the defensiveness category, but does reflect a subtle tendency to deny psychological problems. The traditional validity scale profile suggests a mixture of defensiveness and acknowledgment of emotional difficulties. His "L" scale is very elevated, which suggests a rather naive and unsophisticated attempt to create a favorable impression of himself. This elevation is also associated with persons who use excessive denial and repression to handle problems. His "K" scale elevation also suggests defensiveness and a tendency to minimize problems, while his elevated "F" scale suggests the possibility of emotional problems.

Course of Individual Therapy

The content of the outline for the individual therapy sessions had to be modified for Subject 110 to reflect the idiosyncracies of his type of denial and minimizations.
The format remained much the same, although a more thorough substance abuse history and sexual history were incorporated into counseling.

First three sessions

I initially attempted to establish some rapport with Subject 110 by engaging him in discussions of repairing cars and establishing his own business. When I shifted the topic to establishing some common treatment goals, he immediately became irritated. "My goal is to get through this year--bam--that's it." During this discussion, several themes emerged that would continue to be present throughout the course of counseling. First, Subject 110 viewed the court-ordered counseling as a money-making venture for the counseling agency. While he felt that the services offered could be helpful to some, they were not necessary for him because he did not go about stalking children and has no intention of ever engaging in sex with a minor again. Second, he did not think counseling in general was of any benefit to him. He had been involved in court-ordered evaluations, classes, and AA meetings because of his three Driving While Intoxicated convictions, in addition to other traffic violations. He had lost his license for 10 years as a habitual traffic violator. Third, he argued, "I didn't card her, that's my only problem." This theme of the victim appearing and behaving as if she was much older would dominate much of
Finally, Subject 110 identified one goal that did leave open the possibility of providing some treatment. He said that he could use some help in understanding “how I let myself get fooled.” In this context, he implied that he was drinking heavily and that his judgment was impaired. However, when asked directly, he denied this inference.

As we discussed the role of counseling as help that was distinct from criminal investigation, Subject 110 countered that he viewed it as “part of the punishment.” He presented himself as being a victim of “messed up laws” that had “totally humiliated” him. When I stressed the importance of honesty in the counseling process, he became very self-critical. “I can’t believe how stupid I was to talk to the police. I was raised to be honest and tell the truth. My honesty is what got me in this trouble.” This theme of viewing himself as the victim of an aggressive female and a “system that favors women” was central to Subject 110’s denial and minimization.

Subject 110 was bitter toward his victim and had virtually no empathy for the impact of his behavior on her. “I hope that the person who got me here is having to put up with as much hell as me.” He argued that she had already been sexual with at least three other men before him, so his sex with her did no damage. Besides, he
contended, she had said that she wanted to have his baby and was actively trying to get pregnant. They used no birth control other than early withdrawal prior to ejaculation. He felt that she should have had to go to prison as well.

I introduced the impact and sequelae of childhood sexual abuse on adult functioning. He reported that he did not know anyone who had been abused as a child, but he did concede that abuse could "mess somebody up." In hypothetical scenarios, Subject 110 articulated that young girls who are abused and subsequently become sexual with other adults are engaging in "dangerous" behavior because they are "too young and might get pregnant." If the child becomes pregnant, he volunteered, they would "lose out on school," may not have "anywhere to stay," and be viewed as a "loose kid" by her peers. When I drew the obvious connection to his behavior, he countered that her body was built like an adult and he did not think he had crossed any inappropriate boundaries with her. He was unable, at that time, to make the association between what he knew in the abstract and his specific behavior. He appeared to be working very hard to avoid accepting the label of child molester.

When I asked him, "Why would someone deny being aware of the minor status of a sexual partner?" he replied that some kids were "damn good with make-up." During the more
general discussion of the motivation for denial, Subject 110 could articulate that people "would not think too good of him" if he admitted to knowingly having sex with a 13-year-old. But, he said that the people who know this girl are "mad at her because she pulled this thing off."

I pointed out that he had a daughter near the same age of his victim. He believed that if someone had been sexual with his daughter, he would tell them, "You're going to prison." But, he countered, his daughter would never act like his victim, and was not built like her. In this context, I asked what had prevented him and the other people who knew this girl from "wanting" to know her age? After a pause, he said that he did ask after a couple days. He again emphasized that he did not have sex with her after he knew her age, but he could not explain what prompted him to ask her age when he did.

Subject 110 disclosed a very poor sexual self-concept. After his divorce, he felt that virtually no one would want to be sexually active with him, and those who did he would refuse because he "still had his wife on his mind." I introduced the idea that his poor sexual self-concept made him vulnerable to become indiscriminate in his choice of sexual partners. He readily responded to this idea, which fit his explanation for the abuse, i.e., "she seduced me." From this point on, the treatment challenge was to get Subject 110 to accept responsibility
for his self-concept, and ultimately his sexually abusive behavior.

My conversations with Subject 110 became more relaxed and revealing after he was given the option to maintain his integrity by admitting factors that made him vulnerable to sexually abusing a child. Discrepancies from his initial presentation in therapy began to emerge. He clarified that he had broken up with his girlfriend about 4 months prior to the sexual abuse, and he was wanting attention. He had broken up with his girlfriend because her mother did not like his heavy drinking and there was considerable conflict which involved the police escorting him off the property on one occasion. The first time he met the 13-year-old girl, she was at a party with his housemate. The second time he met her, she was at another party and paid a lot of attention to him. He described her sitting on his lap, kissing and hugging him, saying that she had a "thing for long blonde hair and blue-eyed men." He became irritated as he talked and said "this is over and done with" and did not want to talk about it further. I returned to the theme of what had made him vulnerable, and what had prevented him from noticing the cues that she was young and from asking her how old she was. He admitted he liked the "attention," and gradually he returned to discussing more of the details of what had happened.
Subject 110 acknowledged that he was "embarrassed" to recall some of the drinking games and conversations they had, "now that I know her age." He obviously found disclosing the details of his interaction with her distressing. "I'm not sure I'll make it past this year sober with this stuff messing with my mind."

Not having the victim's version of the incidents, I could not confront Subject 110 with any discrepancies. I was able to increasingly point out differences between what he had said at the beginning of treatment and what he was disclosing now. By the third session he acknowledged that he had sex with the girl three times over a 6-week period. He learned of her age while lying in bed with her during one of the nights she had run away from home. After he had discovered that she was only 13 years old, he tried to avoid her, but he did not try to prevent her from continuing to come to the house. He did not immediately end contact with her, because "I'm not that cold of a person." He said he would not "just dump someone."

Middle sessions

During the beginning of the fourth session, Subject 110 talked quite openly about his sexual history which gave me considerable insight into his perceptions of women. He described the household he lived in as having very open and indiscriminate sexual behaviors. During a party, an 18-year-old girl came downstairs to his room
totally undressed. She had sex with others "a lot, a lot, a lot." It was rumored she had been exposed to AIDS, so he did not have sex with her even though she had a "perfect model body" and was a "trophy like my ex-wife." He contrasted her to the 13-year-old girl who was not well groomed, but complimented him, which made it easy for him to be open with her.

Subject 110 then responded very well to the "pretend/ordeal" strategies designed to assess his perception of the consequences for admitting responsibility for the abuse. When I asked what he thought would happen if he admitted to his family that he knowingly had sex with this girl, he said, "They´d be pretty angry" and "probably would not speak to me." He made a subtle slip when he said, "They´d all be upset with me if they knew . . . or if I knew her age." But, he contended, that was "not the situation," and that he had not and did not intend to admit to having had sex with a minor girl. It´s not "my type," he said. He was "not looking for young girls."

Using the pretend/ordeal strategy, I surveyed his views in four other domains. He believed his friends "probably would think I was sick and would not want to have me around." His own internal reactions were, "I´d be ashamed." "I´d feel a little bit low about myself." "I´d probably not want to exist." He would not elaborate
further on this because, "I’m not crazy." He did not feel that things would be any different in the legal and financial areas for him if he admitted to having knowingly had sex with a minor. Based on his comments, I assumed he had successfully convinced his friends and family that he was the victim of an aggressive and deceitful 13-year-old.

In the fifth and sixth sessions I continued to explore the theme of what he believed would happen if he were to admit knowing the girl was underage. His current fiancee, who had been his girlfriend 4 months prior to the abuse, would be very upset if she knew he had knowingly had sex with a minor. She had met the girl, and Subject 110 said she was jealous. If she knew he had sex with a 13-year-old, he thought their relationship would change considerably because she had three children including a 10-year-old daughter. He was reluctant to disclose how much she actually knew about the offense, even whether she knew he was convicted of child molesting. She may have thought he was in prison for his traffic violations.

To Subject 110’s knowledge, his children and ex-wife did not know anything about his offense and conviction. He believed if they did find out, they would "turn hatred for me." He refused to tell them. His boss did not know what his offense was and it was not asked on his job application. At first he thought he would be fired if his boss learned what the conviction was, but later commented
that his boss was "so money-hungry he would probably keep me."

I continued to press Subject 110 on the fact that he apparently did not want to know his victim's age. In the sixth session, he reviewed factors that contributed to not wanting to know her age. He listed some. First, he liked the attention and way she treated him. Second, he said, "the alcohol made me blind." This was the first time that he had acknowledged that alcohol had played a role in the offense. Third, he "was not thinking about whether she was legal or not." As we discussed this further, he described a worldview of no concern about anyone or anything other than his own desires during that time period. He then disclosed that he did have sex with the girl after he found out how old she was.

Subject 110 became quite agitated when I thanked him for having the courage to admit what he had done. "This is pissing me off." "I should just shoot myself." He said that he wanted out of this therapy program because it was just upsetting him and would not make any difference because he was not going to do this kind of thing again anyway. I countered that he was not able to clearly identify how he came to abuse the child to begin with, so further counseling could be beneficial to help him not do it again. He responded by blaming his drinking and the type of friends he used to keep.
I followed up on his suicidal reference. He denied having any plan, but did acknowledge many symptoms of depression. He reported a decrease in energy level, loss of interest in activities, sleep disruption, and a down mood most days. He declined a recommendation for an evaluation for possible medication from a family practitioner or a psychiatrist. He appeared unsettled by my recommendation and explained his guiding philosophy, "DTA: don't trust anybody." Due to this pervasive suspiciousness, he refused any further help with his depression. He did contract with me for suicide prevention.

Final three sessions

Subject 110 was more reflective during the seventh session. After he was arrested, he said he had time to sit and think. He decided that he could avoid committing the offense again "by not associating with the people I did." He reported severing those relationships even before going to prison. He was obviously angered that he had to serve a prison sentence, while a housemate who also had sex with the girl was not charged. He again talked about the role that drinking had played in the offense. He said that the girl's demeanor and her physical size (5'8", 180 pounds) led him to not believe her when she told him how old she was. He described a moment of shock when she told him she went to junior high school, which
was proof to him of her age. He surreptitiously observed her go into the school building before he actually believed that she was only 13.

In spite of his disclosure of increased culpability in the commission of child sexual abuse, Subject 110 harbored other rationalizations which he used to minimize his responsibility. He had made a little progress, in that he now stated the abuse was "our fault, because she gave me a hug and kiss and I returned it." He continued to believe that since he was not the first adult to have had sexual relations with her, his sexual activity with her had very little negative impact.

As we approached the end of the counseling, Subject 110 continued to say that the sessions were "a waste of my time." When I described the basic goal of offender counseling to be preventing re-offending, he said, "I already know what prevents it." He described how he does not try to look attractive, keeps working, avoids bars, and may get married in order to avoid re-offending. I attempted to explore his understanding of what motivated him during the offense and he gave very concrete answers describing the incidents. "I went to my bed and she came down and jumped in it like she owned it." He did not disclose what motivated him, nor did he explain any personal antecedents to the abusive behavior. He was fixed on the sexual relations as mutual, although
unfortunately for him, she was "not legal."

I continued to press Subject 110 on the responsibility issue through the end of the ninth session. He said that an apology letter from him "ain't never gonna happen." He would not accept that he was the adult and therefore more responsible for selecting appropriate sexual partners and maintaining appropriate sexual boundaries, even with precocious young girls who make sexual advances. He said that he was afraid to set firm boundaries with her after he knew her age because he did not want to anger her. He knew he could be in trouble, so he continued to have sex with her. "She initiated everything after I knew her age." "I said 'no,' but she said, 'You know I wouldn't do nothing to hurt you.'" He reports that he told her, "This is wrong," but continued having sex because of "not wanting to hurt her feelings."

The sessions ended with him summarizing the situation as follows: "I don't feel I deserve to be in this counseling because once I learned her age, I tried to get her the heck out of my life. If I'd known her age, it never would have been." I countered that in addition to continuing sexual offender treatment for a variety of issues, that he would benefit from some specific skills in assertiveness training so that he could develop more rewarding adult relationships. He was referred back to the group counseling.
Posttest Level and Type of Denial

Independent Rater #3 and I ranked Subject 110 as having made a **full admission** (level 3) at the posttest interview. This subject was perhaps the most difficult to rate because of the extent to which he continued to shift responsibility onto the victim. During the exit interview I asked if he had sex with her after he knew that she was underage. He said, "Yes, and so did she." The independent rater felt that he had significantly changed in regard to admitting guilt from where he was prior to these sessions. I thought that he had made a significant disclosure by admitting culpability and rated him as I did for this progress. Further treatment efforts to modify his entrenched cognitive distortions were obviously indicated.

PCQ Posttest Results

Subject 110's total PCQ posttest total mean score was 1.9, which was an average of 1.1 points lower than his pretest score and well below the mean. This decrease of a score is difficult to interpret. The only other subject to have a decrease on the PCQ posttest was Subject 106 and he had been arrested between testings. Interestingly, all of Subject 110's domain scores dropped, except the internal reactions score, which increased. See Table 37.

The largest decrease from pretest scores was in the family domain. Subject 110 changed his response from
Table 37
PCQ Posttest Scores for Subject 110

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>FAMILY</th>
<th>SOCIAL</th>
<th>LEGAL</th>
<th>INTERNAL</th>
<th>FINANCE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>110-PRE</td>
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<td>3.0</td>
<td>2.6</td>
<td>3.0</td>
<td>3.0</td>
</tr>
<tr>
<td>110-PST</td>
<td>1.4</td>
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<td>3.4</td>
<td>1.5</td>
<td>1.9</td>
</tr>
<tr>
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<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
<td>1-5</td>
</tr>
<tr>
<td>PST-PRE</td>
<td>-2.1</td>
<td>-1.0</td>
<td>-0.5</td>
<td>+0.8</td>
<td>-1.5</td>
<td>-1.1</td>
</tr>
</tbody>
</table>

strongly disagree (5.0) at pretest to strongly agree (1.0) at posttest to the item regarding his wife or partner divorcing or leaving him if he admitted. He selected the strongly agree (1.0) response to all of the items in the family domain, except for the item pertaining to admitting being harmful to victim. His response indicated that he had increased empathy for the impact of denial on the victim.

Subject 110 endorsed items on the PCQ at posttest to indicate that he no longer felt he would have to kill himself if he admitted sexually abusing a child. He also reported that he would no longer view himself as "sick." These specific items account for his increased score in the internal reaction domain.

MMPI-2 Posttest Results

Code type

Subject 110 produced a code type "Within-Normal-Limits" (WNL) at the posttest, which would suggest that he
was experiencing less emotional distress than he was at the pretest when he had a "1-4/4-1" code type. Persons with the WNL profile are usually happy, healthy, and contented, with satisfying relationships (Greene et al., 1990). In clinical settings, persons with this profile may have "characterologic or psychotic disorders to which they have become adjusted" (Greene et al., 1990). However, Subject 110's pretest profile pattern ("1-4") was the same at posttest, although no clinical scales were elevated. See Table 38.

Table 38

<table>
<thead>
<tr>
<th></th>
<th>L</th>
<th>F</th>
<th>K</th>
<th>Hs</th>
<th>D</th>
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<th>Pd</th>
<th>Mf</th>
<th>Pa</th>
<th>Pt</th>
<th>Sc</th>
<th>Ma</th>
<th>Si</th>
<th>F-K</th>
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<td>62</td>
<td>66</td>
<td>54</td>
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<td>49</td>
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</tr>
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<td>-19</td>
</tr>
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<td>-5</td>
<td>0</td>
<td>-4</td>
<td>-7</td>
<td>-6</td>
<td>+4</td>
<td>+4</td>
<td>-15</td>
<td></td>
</tr>
</tbody>
</table>

Note. T-scores with K-correction.

Defensiveness

Subject 110 was no longer in the high defensiveness category at posttest. His F-minus-K scale score was -9, and his Wiener-Harmon Subtle-Obvious total T-score difference was -19. His Wiener-Harmon scale was approaching the defensive category, but is probably best interpreted as a pattern of slightly under-reporting of
psychological symptoms.

The traditional validity scales reflected a slight decrease in defensiveness from his pretest scores. His "L" and "F" scale scores remained unchanged, but his "K" scale score decreased, suggesting that he had fewer coping skills to handle his problems and was willing to self-disclose more of himself.

Summary and Discussion: Subject 110

Subject 110 moved from partial denial to full admission following the intervention of individual therapy. He made the significant disclosure of knowingly engaging in sexual activity with a 13-year-old girl in the sixth session. This increased culpability for the abuse, which he had previously denied, stating that he was ignorant of his victim's age, was accompanied by significant depression and some suicidal ideation. He appeared to regain emotional equilibrium fairly quickly, but moved into a rigid belief that the victim maintained some responsibility since she initiated the sexual activity.

Ironically, Subject 110's PCQ score dropped significantly at the posttest which would suggest an increase in perceived negative consequences for admitting to the abuse. Most of the change occurred in the area of reaction of family and loved ones. I speculated that when he admitted having sex with the girl after he knew her
age, he realized his family and fiancee might begin to hold him more responsible than they had to date. He had apparently been successful in convincing them by his persistent denial that he was the victim of the system. As I would have predicted, Subject 110's internal reaction domain score did increase following his admission.

His MMPI-2 score at pretest indicated that he was defensive. At posttest, he was no longer in the high defensiveness category. His code type was "1-4/4-1" at pretest, and although his posttest profile with "Within-Normal-Limits," his profile pattern remained unchanged.
CHAPTER 5

ANALYSIS

The data from the 10 case studies presented in chapter 4 are collectively analyzed by treatment outcome and treatment condition. The chapter is organized into four sections corresponding to the research questions. First, the results of the brief group treatment are compared and contrasted with the findings of O’Donohue and Letourneau’s (1993) study. Second, the results of the effectiveness of the brief group treatment are compared with the effectiveness of the brief individual treatment. Third, the analysis of the PCQ scores in relation to the treatment outcome is presented. Fourth, the MMPI-2 scales are compared with treatment outcomes.

Brief Group Treatment Outcome

In this study, four out of the five subjects (80%) receiving brief group treatment made full admissions of guilt (level 3) by the end of treatment. Three subjects (60%) changed from partial denial (level 2) to full admission of guilt while one subject (20%) moved from complete denial (level 1) to full admission of guilt. One subject (20%) was in complete denial (level 1) at the
beginning and end of treatment.

These results are similar to the findings from O'Donohue and Letourneau's (1993) study, where 65% of the subjects changed from "denier" to "admitter" status. By contrast, O'Donohue and Letourneau's study began with 88% of the subjects in complete denial, and treatment resulted in 38% (5) of the subjects having partial denial and 47% (8) of the subjects having full admission of guilt. Four subjects (24%) remained in complete denial.

**Brief Individual Treatment Compared With Brief Group Treatment**

Two of the five subjects (40%) receiving brief individual counseling changed from partial denial (level 2) to full admission of guilt (level 3). Two of the subjects (40%) in complete denial under the individual treatment condition remained at complete denial, while one subject (20%) remained in partial denial. When calculated on the basis of whether or not any change occurred, two subjects receiving individual treatment made some change, while four individuals in the group treatment made some change. (See Table 39.)

**PCQ Scores and Treatment Outcome**

The total PCQ score decreased for two subjects and increased for seven subjects. The qualitative aspects of these changes are discussed in chapter 6. Table 40 presents the mean scores and changes between pretest and

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Table 39

Treatment Outcome by Treatment Condition

<table>
<thead>
<tr>
<th></th>
<th>Group Treatment</th>
<th>Individual Treatment</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>No Change</td>
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<td>3</td>
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<tr>
<td>Change</td>
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<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
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</table>

Posttest scores for each subject and each domain.

Subjects were grouped according to those who did or did not make changes. The group means and standard deviations for each group were calculated to explore patterns among the degree of change on each of the PCQ variables by group. These data are presented in Table 41.

When tabulated as group mean difference scores, several patterns can be observed. In four of the five domain scores, subjects who did not admit (no change) had greater increases on their posttest scores than did those who did admit to the abuse. The exception to this pattern was in the internal reaction domain. In this domain the degree of change was slightly greater for those who admitted. See chapter 6 for a discussion of these results.
### Table 40

**Mean Scores for the PCQ Results**

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>FAMILY</th>
<th>SOCIAL</th>
<th>LEGAL</th>
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<th>FINANCE</th>
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<tr>
<td>101-PRE</td>
<td>2.8</td>
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<td>3.0</td>
<td>2.6</td>
<td>2</td>
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<tr>
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<td>3.6</td>
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<td>3</td>
</tr>
<tr>
<td>POST-PRE</td>
<td>+0.8</td>
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<td>+0.6</td>
<td>+0.3</td>
<td>+0.3</td>
<td>+1</td>
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<td>102-PRE</td>
<td>2.0*</td>
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<td>4.2</td>
<td>3</td>
</tr>
<tr>
<td>POST-PRE</td>
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<td>+2.0</td>
<td>+3.0</td>
<td>+2.0</td>
<td>+2</td>
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<td>+2.0</td>
<td>+2.0</td>
<td>0</td>
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<td>3</td>
</tr>
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<td>+0.5</td>
<td>-0.2</td>
<td>-1.8</td>
<td>-0.5</td>
<td>+1</td>
</tr>
<tr>
<td>107-PRE</td>
<td>1.9*</td>
<td>2.2</td>
<td>2.8</td>
<td>1.0</td>
<td>2.0</td>
<td>1.9</td>
<td>1</td>
</tr>
<tr>
<td>107-POST</td>
<td>2.3*</td>
<td>2.7</td>
<td>3.3</td>
<td>1.0</td>
<td>2.8</td>
<td>2.3</td>
<td>1</td>
</tr>
<tr>
<td>POST-PRE</td>
<td>+0.4</td>
<td>+0.5</td>
<td>+0.5</td>
<td>0</td>
<td>+0.8</td>
<td>+0.4</td>
<td>0</td>
</tr>
<tr>
<td>108-PRE</td>
<td>1.4*</td>
<td>1.3</td>
<td>1.3</td>
<td>1.8</td>
<td>1.0</td>
<td>1.4</td>
<td>2</td>
</tr>
<tr>
<td>108-POST</td>
<td>2.0*</td>
<td>1.8</td>
<td>1.8</td>
<td>2.2</td>
<td>1.8</td>
<td>1.9</td>
<td>2</td>
</tr>
<tr>
<td>POST-PRE</td>
<td>+0.6</td>
<td>+0.5</td>
<td>+0.5</td>
<td>+0.4</td>
<td>+0.8</td>
<td>+0.5</td>
<td>0</td>
</tr>
<tr>
<td>109-PRE</td>
<td>3.5*</td>
<td>3.2</td>
<td>4.0</td>
<td>1.8</td>
<td>3.5</td>
<td>3.2</td>
<td>1</td>
</tr>
<tr>
<td>109-POST</td>
<td>4.5</td>
<td>3.3</td>
<td>5.0</td>
<td>1.8*</td>
<td>3.8</td>
<td>3.8</td>
<td>1</td>
</tr>
<tr>
<td>POST-PRE</td>
<td>+1.0</td>
<td>+0.1</td>
<td>+1.0</td>
<td>0</td>
<td>+0.3</td>
<td>+0.6</td>
<td>0</td>
</tr>
<tr>
<td>110-PRE</td>
<td>3.5*</td>
<td>2.7</td>
<td>3.0</td>
<td>2.6</td>
<td>3.0</td>
<td>3.0</td>
<td>2</td>
</tr>
<tr>
<td>110-POST</td>
<td>1.4</td>
<td>1.7</td>
<td>2.5</td>
<td>3.4</td>
<td>1.5</td>
<td>1.9</td>
<td>3</td>
</tr>
<tr>
<td>POST-PRE</td>
<td>-2.1</td>
<td>-1.0</td>
<td>-0.5</td>
<td>+0.8</td>
<td>-1.5</td>
<td>-1.1</td>
<td>+1</td>
</tr>
</tbody>
</table>

*RANGE 1-5 1-5 1-5 1-5 1-5 1-5 1-5 1-3

*Mean scores for domain used for unanswered items.

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Table 41

PCQ Posttest Minus Pretest Mean Differences by Treatment Outcome

<table>
<thead>
<tr>
<th>Treatment Outcome</th>
<th>N*</th>
<th>Post-Pretest Mean Difference</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change</td>
<td>5</td>
<td>0.022</td>
<td>1.485</td>
</tr>
<tr>
<td>Reaction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Change</td>
<td>4</td>
<td>0.953</td>
<td>0.583</td>
</tr>
<tr>
<td>Social</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change</td>
<td>5</td>
<td>0.467</td>
<td>1.534</td>
</tr>
<tr>
<td>Consequences</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Change</td>
<td>4</td>
<td>0.958</td>
<td>1.150</td>
</tr>
<tr>
<td>Internal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change</td>
<td>5</td>
<td>0.680</td>
<td>0.832</td>
</tr>
<tr>
<td>Reaction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Change</td>
<td>4</td>
<td>0.588</td>
<td>0.963</td>
</tr>
<tr>
<td>Legal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change</td>
<td>5</td>
<td>0.117</td>
<td>1.073</td>
</tr>
<tr>
<td>Consequences</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Change</td>
<td>4</td>
<td>0.938</td>
<td>0.591</td>
</tr>
<tr>
<td>Financial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change</td>
<td>5</td>
<td>-0.150</td>
<td>1.464</td>
</tr>
<tr>
<td>Consequences</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Change</td>
<td>4</td>
<td>0.938</td>
<td>0.747</td>
</tr>
</tbody>
</table>

*Since Subject 104 did not complete the posttest, his results could not be used.

**MMPI-2 and Treatment Outcome**

Table 42 presents the pretest and posttest T-scores for the scales and indices of each subject, along with an indication of their treatment outcome. Some general observations regarding patterns and trends follow.

The L scale scores increased for four subjects, decreased for three subjects, and remained unchanged for two subjects. Interestingly, the L scale was elevated only on three subjects among this very defensive population, and no scores were unusually low. Two of the
Table 42

**MMPI-2 Pretest and Posttest Results**

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>L* Scale</th>
<th>F* Scale</th>
<th>K* Scale</th>
<th>F-K** Index</th>
<th>O-S*** T-score</th>
<th>Denial Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>101-PRE</td>
<td>48</td>
<td>48</td>
<td>56</td>
<td>-14</td>
<td>+ 3</td>
<td>2</td>
</tr>
<tr>
<td>101-POST</td>
<td>56</td>
<td>42</td>
<td>58</td>
<td>-17</td>
<td>+ 14</td>
<td>3</td>
</tr>
<tr>
<td>102-PRE</td>
<td>65</td>
<td>55</td>
<td>58</td>
<td>-13</td>
<td>+ 11</td>
<td>1</td>
</tr>
<tr>
<td>102-POST</td>
<td>61</td>
<td>55</td>
<td>58</td>
<td>-13</td>
<td>- 4</td>
<td>3</td>
</tr>
<tr>
<td>103-PRE</td>
<td>48</td>
<td>64</td>
<td>41</td>
<td>- 2</td>
<td>+ 2</td>
<td>2</td>
</tr>
<tr>
<td>103-POST</td>
<td>61</td>
<td>64</td>
<td>51</td>
<td>- 7</td>
<td>+ 2</td>
<td>3</td>
</tr>
<tr>
<td>104-PRE</td>
<td>56</td>
<td>51</td>
<td>54</td>
<td>-12</td>
<td>+ 39</td>
<td>2</td>
</tr>
<tr>
<td>104-POST</td>
<td>..</td>
<td>..</td>
<td>..</td>
<td>..</td>
<td>..</td>
<td>3</td>
</tr>
<tr>
<td>105-PRE</td>
<td>56</td>
<td>67</td>
<td>45</td>
<td>- 3</td>
<td>+ 60</td>
<td>1</td>
</tr>
<tr>
<td>105-POST</td>
<td>65</td>
<td>48</td>
<td>43</td>
<td>- 8</td>
<td>+ 20</td>
<td>1</td>
</tr>
<tr>
<td>106-PRE</td>
<td>61</td>
<td>55</td>
<td>64</td>
<td>-16</td>
<td>+ 74</td>
<td>2</td>
</tr>
<tr>
<td>106-POST</td>
<td>56</td>
<td>67</td>
<td>56</td>
<td>- 8</td>
<td>+124</td>
<td>3</td>
</tr>
<tr>
<td>107-PRE</td>
<td>56</td>
<td>70</td>
<td>45</td>
<td>- 2</td>
<td>+ 97</td>
<td>1</td>
</tr>
<tr>
<td>107-POST</td>
<td>52</td>
<td>72</td>
<td>45</td>
<td>0</td>
<td>+100</td>
<td>1</td>
</tr>
<tr>
<td>108-PRE</td>
<td>48</td>
<td>42</td>
<td>49</td>
<td>-13</td>
<td>- 12</td>
<td>2</td>
</tr>
<tr>
<td>108-POST</td>
<td>61</td>
<td>51</td>
<td>51</td>
<td>-11</td>
<td>- 2</td>
<td>2</td>
</tr>
<tr>
<td>109-PRE</td>
<td>56</td>
<td>45</td>
<td>68</td>
<td>-21</td>
<td>- 53</td>
<td>1</td>
</tr>
<tr>
<td>109-POST</td>
<td>56</td>
<td>51</td>
<td>72</td>
<td>-21</td>
<td>- 88</td>
<td>1</td>
</tr>
<tr>
<td>110-PRE</td>
<td>74</td>
<td>61</td>
<td>62</td>
<td>-13</td>
<td>- 4</td>
<td>2</td>
</tr>
<tr>
<td>110-POST</td>
<td>74</td>
<td>61</td>
<td>54</td>
<td>- 9</td>
<td>- 19</td>
<td>3</td>
</tr>
</tbody>
</table>

* T scores from the MMPI-2.
** F scale raw scores minus raw score from K scale.
*** Wiener-Harmon Subtle-Obvious total T-score difference (obvious minus subtle).

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elevations were at the cutoff score (T > 64). Subject 110 is the only subject who consistently produced a significantly elevated L scale.

The F scale scores were not markedly elevated for any of the subjects, with only three subjects having scores slightly above T > 65. In terms of defensiveness, only two subjects produced low F scale scores (T < 45 or raw score, 3). Subject 101 had a low F scale at posttest, and Subject 108 produced a low F scale score at pretest.

Subject 109 was the only subject with a marked elevation of the K scale (T > 65). He had the most defensive profile of any subject on the K scale, F-minus-K index, and the Wiener-Harmon Subtle-Obvious total T-score difference and he did not admit during treatment. Four subjects had moderate elevations on the K scale (T 56 - 64), and all four of them admitted to the offense following treatment.

Seven of the 10 subjects were determined to be defensive on the F-minus-K index at either pretest or posttest. Three of those subjects had F-minus-K scores less than -11 at both testings. Two of those subjects admitted, while the one subject with the most defensive score (-21) did not admit. Three subjects did not have defensive scores on the F-minus-K index at either testing. Two of them did not admit in response to treatment.
On the Wiener-Harmon Subtle-Obvious scales, only Subject 109 at posttest reached the criteria for defensiveness with a total T-score difference greater than negative 65. He did not admit in response to treatment. Two subjects may have been exaggerating symptoms with total T-scores greater than +100. One of these subjects admitted.

As with the PCQ results, the subjects were grouped by treatment outcome, and the mean group difference for each of the variables on the MMPI-2 was calculated. Table 43 presents those results.

Table 43

<table>
<thead>
<tr>
<th>MMPI-2 Posttest Minus Pretest Mean Differences by Treatment Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Outcome</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>L Scale</td>
</tr>
<tr>
<td>Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>F Scale</td>
</tr>
<tr>
<td>Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>K Scale</td>
</tr>
<tr>
<td>Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>F-K Index</td>
</tr>
<tr>
<td>Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>Subtle-Obv. Index</td>
</tr>
<tr>
<td>Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
</tbody>
</table>

*Since Subject 104 did not complete the posttest, his results could not be used.
Overall, the fluctuation of group means was fairly small. Only the Wiener-Harmon Subtle-Obvious scale had a wide difference. The cutoff scores for this scale are very high. However, the trend was that those who admitted to the offense ("change") tended to admit more psychological distress on obvious items, while those who did not admit ("no change") denied obvious items of psychological distress.

Although the MMPI-2 code types were not formally analyzed in relation to hypotheses, they were presented as a component of the clinical profile of each subject. Table 44 presents the code types, and the new Welsh codes along with the denial ratings and treatment outcomes. One expected pattern can be observed. All of the subjects who had changes in their denial rating had scale 4 as either the highest or second highest scale in their profile at posttest. Subject 104, who did not complete the posttest, but did admit to the offense during treatment, had scale 4 as his highest clinical scale on the pretest. With the exception of Subject 109, three subjects who did not admit to the offense did not have scale 4 as a first or second highest clinical scale score.

Interestingly, the most frequently occurring profile was "Within-Normal-Limits" (WNL). Five of the 10 subjects produced "WNL" profiles, with 3 of them having this code type at both testings. Three of the 5
Table 44

MMPI-2 Code Types and Treatment Outcomes

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>CODE TYPE (Best Fit)</th>
<th>CODE TYPE (New Welsh)</th>
<th>DENIAL RATING</th>
<th>CHANGE IN CODE TYPE PATTERN</th>
<th>CHANGE IN DENIAL RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>101-PRE</td>
<td>WNL 76-42</td>
<td>4-76</td>
<td>2</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>101-POST</td>
<td>WNL</td>
<td>1-243-0</td>
<td>3</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>102-PRE</td>
<td>K+ 1-4/4-1</td>
<td>1+432</td>
<td>1</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>103-PRE</td>
<td>2-0/0-2 *</td>
<td>0.2+13</td>
<td>2</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>103-POST</td>
<td>2-4/4-2</td>
<td>2.470.7</td>
<td>3</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>104-PRE</td>
<td>WNL 416792</td>
<td>2</td>
<td>..</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>104-POST</td>
<td>..</td>
<td>..</td>
<td>..</td>
<td>..</td>
<td>YES</td>
</tr>
<tr>
<td>105-PRE</td>
<td>WNL 19-82</td>
<td>1</td>
<td>..</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>105-POST</td>
<td>WNL 204</td>
<td>1</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>106-PRE</td>
<td>8-9/8-8(4)</td>
<td>8.94.87</td>
<td>2</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>106-POST</td>
<td>2-4/4-2(8)</td>
<td>4.82.6371</td>
<td>3</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>107-PRE</td>
<td>2-3/3-2(7)</td>
<td>2.0.7</td>
<td>1</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>107-POST</td>
<td>2-6/6-2</td>
<td>0.2+6.1</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>108-PRE</td>
<td>WNL 0315</td>
<td>2</td>
<td>..</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>108-POST</td>
<td>WNL 210</td>
<td>2</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>109-PRE</td>
<td>K+ 64-813</td>
<td>1</td>
<td>..</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>109-POST</td>
<td>4-6/6-4</td>
<td>6.4+8213</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>110-PRE</td>
<td>1-4/4-1</td>
<td>1+4-268</td>
<td>2</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>110-POST</td>
<td>WNL 14 03</td>
<td>3</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>

* Indicates that the highest scale code type was selected rather than the "best fit" (3-0/0-3) because the clinical presentation of the patient fit this code type better.
admitted, while only 1 of the 3 with consistent WNL profiles admitted.

Summary

Given the very small sample size, some interesting patterns among the individual and group analyses emerged. These results are discussed in chapter 6.
CHAPTER 6

DISCUSSION OF RESULTS AND RECOMMENDATIONS

This chapter is divided into two main sections: discussion of results pertinent to each of the five research questions and general recommendations. In both sections, findings from this study are discussed in relation to the relevant literature.

Discussion of Results

The discussion of the results is based on findings from the 10 case studies. Five subjects received the group therapy condition and five subjects received the individual treatment condition. Discussions of the comparisons need to be considered tentative since the sample size is small and the treatment conditions were not randomly assigned.

Effectiveness of Brief Group Treatment Without Threat of Incarceration

The initial research question which prompted this study was, "How effective was the brief group therapy model developed by O’Donohue and Letourneau (1993) when there was no threat of incarceration for failure to admit?" Both studies were in an out-patient setting and
followed very similar treatment protocols. The current study was conducted with subjects in legal contexts which excluded the threat of probable incarceration for continued denial. In fact, in the current study some of the subjects increased the risk of incarceration if they admitted. Four out of five of the subjects in the group therapy treatment condition changed from either complete denial (level 1) or partial denial (level 2) at pretest to full admission (level 3) at posttest. This represents a base change rate of 80%, which is slightly higher than the 65% rate of change in O’Donohue and Letourneau’s (1993) study. Thus, with these five subjects, the treatment model was as effective without the threat of probable incarceration.

The different legal status of subjects in these two studies may weaken the comparisons that can be drawn. Since most of the subjects in this current study were not convicted, the level of possible coercion for involvement in treatment was lower than in the original study. As noted in chapter 3, approximately 30 possible subjects were identified in order to select this group of 10. Many of the subjects who did not participate “slipped through the cracks” of the social service system. They would not have been able to do so as easily if they were on probation. Thus, the subjects in this study might have been more “self-selected” than in O’Donohue and
Letourneau's (1993) study, even though these subjects faced some consequences if they did not participate in treatment. This difference of sample will be inherent with offenders not criminally prosecuted, but involved in treatment by child protective services.

The level or type of denial differed between the subjects in O'Donohue and Letourneau's (1993) study and the current study. In the original study, 15 of the 17 subjects (88%) were in complete denial, while in this study only 2 of the 5 (40%) were in complete denial. The different average level of denial between studies may threaten inferences regarding the effectiveness of this model without the threat of incarceration.

In spite of these differences between studies, the subjects selected were similar in that they were not acceptable candidates for traditional community-based sex offender group treatment because of the level and type of denial. At posttest, the subjects who made admissions in this study were appropriate for traditional sex offender programs, and all of them were referred to such groups.

The current study modified the original study by adding two sessions which focused on each member's account of the offense, followed by a presentation of the victim's account. This activity was entitled "matching the facts" and was very similar to the process described by Barbaree (1991) and Marshall (1994). The first full admission of
guilt in the group occurred during this process. Subject 104 admitted that he was intentionally sexual with his daughter. Subjects 101 and 103 also made significant changes during this procedure. Subject 102 admitted during the session after the "matching the facts" session. His situation is discussed further in the qualitative section below. This procedure certainly added potency to the group treatment model, but it was the overall treatment model which created a context that facilitated admissions during these two sessions near the end of the time-limited group.

O'Donohue and Letourneau (1993) argued that the threat of probable incarceration "probably was not a sufficient cause [for subjects admitting] in that their probation officers had been telling them about this for several months prior to treatment" (p. 303). The interaction between the probable incarceration and the treatment may have threatened the validity of their findings. The effectiveness of this current replication study, without the threat of incarceration, lends support to their previous conclusions that the treatment model itself does facilitate admissions. Since the results of the original study have been replicated, there is increased evidence that this enhanced treatment model is effective in modifying denial among child sexual abusers.
The results of this study are consistent with findings among other studies on denial. Schlank and Shaw (1996) had a 50% success rate with a 10-subject sample of community-based sex offender treatment of denial. Barbaree (1991) found that of 22 subjects who began treatment in denial, 68% accepted that they had committed a sexual offense with some minimization, and 18% fully admitted their offense at posttest. Marshall's (1994) study began treatment with 81 offenders: 31% in denial, 32% with minimization, and 37% in full admission. Following the program, 2% were in denial, 11% minimized the offense, and 86% fully admitted to their offense. The 80% modification rate in this study is toward the high range of results found in the literature, but it is not the highest. These five studies combined add increasing evidence to the potential amenability to treatment among offenders who begin with denial.

Effectiveness of Group Treatment Compared to Individual Treatment

The rates of admission were dramatically higher for the group treatment condition (80%) than the individual treatment condition (40%), which suggests the superior effectiveness of the group therapy model for this clinical problem and population. Methodological problems and the small sample size limit the strength of these conclusions. However, this is the first study known to this author to
make the direct comparison of treatment conditions. In the clinical setting many offenders not accepted into treatment programs are referred to other therapists for individual treatment to fulfill the requirements of the courts. These provisional findings do not support that practice.

My experience was that conducting the group therapy was much easier, more efficient, and less costly than individual treatment. Confronting each subject's denial over and over is very taxing. The subject frequently discounts the therapist's input because he or she is viewed as part of the system "out to get them" and, furthermore, does not fully appreciate the existential reality of facing the allegations. Subject 109 provided a good example of the client's perception that the therapist has little credibility because he or she does not know what the client experiences. The group format allows other members to confront subjects from "within" the experience of facing allegations which the offender experiences as more credible. Several benefits of the group treatment format are discussed in detail in the section regarding qualitative analysis. The merits of efficiency and cost-savings are self-evident.

Treatment Outcome and the PCQ

The third research question posed at the outset of the study was, "How did perceptions of negative
consequences, as measured by the PCQ, correlate with treatment outcome and admission of guilt?" No clear patterns of correlation emerged from the analysis of the PCQ results and treatment outcome. Logic would hold that there should be a correlation between an offender's perceptions of what good or bad things will happen to him if he admits, and his willingness to do so. However, the process of admitting, or maintaining denial, is a complex psychological and sociological event. Measuring the relevant factors among a group vested in deception further complicates the process of finding clear correlations. These obstacles are discussed below as problems with the instrument and the construct. The merits of the instrument are also presented.

The current study was the pilot for the PCQ, and as such, problems with the instrument may account for the lack of significant results. The items on the instrument may not be sampling the appropriate domains. Clearly, a much larger population is needed to develop the instrument. For example, the domains with the strongest correlations were the financial and legal domains. These two theoretically different domains may in fact tap the same phenomenon which promotes denial within a sex offender who is evaluating the decision of whether or not to admit. The financial and legal domains are interrelated since going to prison certainly means losing
Another important problem with the instrument is the difficulty in communicating clearly what the item is intending and how the subject is interpreting the item when selecting a response. The statements are very complex. They typically include four components: (1) if I sexually abused a child; (2) if I admitted to it; (3) if people believed my admission; (4) then I believe something (specific to the domain being measured) would happen. Occasionally subjects misinterpreted one or more aspects of an item, which may have skewed the results.

For example, on the posttest Subject 102 answered the item regarding his wife leaving him if he sexually abused his daughter with a strongly agree (1.0) response. He responded to the item as if he had had sexual intercourse with the child, rather than the incident of fondling his daughter's breasts and genitals about which he had already told his wife. They were not discussing divorce. His response raises as many questions as it answers. Did he have sex with his daughter as she had initially reported, but now they were in collusion to tell only part of the abuse in an attempt to keep the family intact, because they both knew that the mother would divorce him if the full extent of the abuse were known? Or did he misread the item, and if so why?
Likewise, Subject 108 gave many confusing responses to items in the family domain on the posttest. But it was not clear how much he had told his wife.

These problems with the instrument highlight the problems with the construct. Denial is a multi-faceted construct which is not linear with a steady progression from one end of the continuum to the other. The responses of several subjects who began treatment in partial denial (level 2) highlight an important phenomenon that skewed the anticipated results on the PCQ.

Subjects 101, 110, and, to a lesser extent, Subject 103, all began treatment with socially acceptable and plausible excuses for their sexual offense: "I was set up by an undercover cop who was very good at what she does"; "I didn't know her age, and she certainly looked and acted older"; "I was 'sick.'" All three subjects had maintained the partial denial "excuse" for close to a year or more. They likely had convinced friends and family of their version of the offense. In all three cases, they made progress in their treatment and were rated as full admission (level 3) at posttest. All three had lower social domain scores on the posttest than the pretest.

This finding suggests that when subjects with this type of denial move toward a full admission they anticipate an increase in negative social consequences. Subject 110 was the most dramatic example of the process.
Three of his other domain scores decreased as well. I would suspect that as he gradually admitted that he did know his victim's age, and gave up his defense of ignorance, he realized that his current partner would become very critical of him even if she did not like the victim. This explanation may also account for his tenaciously held belief that the victim was equally at fault. If the girl was not responsible, then he was, and that could cause serious problems with his fiancee, friends, and family. Subject 110's posttest scores were much lower than his pretest scores. Thus, treatment outcome will not necessarily correlate well with subjects who enter treatment with the type of denial that has been long-standing and includes aspects that are socially accepted minimizations.

Another factor which had an impact on the correlation between treatment outcome and PCQ scores was that a decrease in anticipated negative consequences may not result in an admission. A corresponding increase in the negative consequences for continued denial may be necessary. For example, Subject 105 and Subject 102 had similar increases in their PCQ scores, but Subject 102 admitted and Subject 105 did not. During the course of treatment, Subject 102 learned that his daughter might remain in a foster home for a long time if he refused to admit, which was something he did not want. Subject 105's
daughter was in relative placement near him, and her return to his custody may have created significant family problems with his new wife and children. These types of external factors may well influence the admission or denial process and were not measured on the PCQ.

Another phenomenon which likely affects the correlation of the PCQ results and treatment outcome is the finding that 80% of the subjects had an increase in the PCQ score, which means a decrease in the perception of negative consequences. The treatment of denial is partially designed to decrease a subject's perception of negative consequences by demonstrating that a treatment group or therapist will be supportive of them if they admit (social domain) and they can feel better about themselves if they do admit (internal reactions). Correspondingly, there was an overall pattern of posttest score increases. This treatment effect interferes with the PCQ's ability to discriminate between those who admit and those who continue to deny.

The instrument does have several merits. When examining several individual cases, the PCQ did correlate with outcome as was expected. The subjects with the two highest PCQ pretest scores were the first subjects to make admissions to their offenses. Subjects 104 and 106 had the highest overall scores at pretest, and each of them was the first in their respective treatment condition to
make an admission. These findings suggest some merit in further development of the PCQ as a predictor of treatment outcome, as well as a measure of treatment progress.

As a group, the subjects who admitted to the offense had a slightly greater increase on the internal reaction domain scores than those who did not admit (0.680/0.588). This very slight difference would suggest that those who admitted to the offense had more self-acceptance than those who did not admit. The PCQ does help provide systematic measurement of perceptions of negative consequences which can be used to monitor and evaluate the effect of treatment on denial.

This preliminary inquiry into perceptions of consequences for admitting to sexually abusing a child has provided some qualitative data about the course of different types of denial in response to treatment interventions focused specifically on denial. The merit of this preliminary instrument, like Kennedy and Grubin's (1992) rating scale and Pollock and Hashmall's (1991) excuse syntax diagram regarding types and categories of denial, is that it begins the empirical measurement of variables in this emergent area of sex offender treatment.

**Treatment Outcome and Defensiveness on the MMPI-2**

None of the variables associated with defensiveness in the MMPI-2 had a strong correlation with treatment.
outcome. Denial of an offense, as well as the gradual admission, is a complex psychological process. The fact that someone admits to sexually abusing a child does not necessarily mean he or she will be less psychologically defensive. Thus, attempts to find consistent patterns of defensiveness among groups of alleged child sexual abusers seem to be an improbable endeavor given the complexity of factors which contribute to defensiveness.

Subject 102 is an example of an offender remaining defensive after making an admission of sexually abusing a child. His MMPI-2 profile was virtually identical at pretest and posttest. Based on his profile, admitting to the abuse did not cause him to experience a personal crisis. Subject 103's pretest and posttest profiles were also quite similar. By contrast, Subject 106's posttest profile would suggest that after he admitted, he was much less defensive, willing to disclose psychological problems, and experiencing a personal crisis. Although all three of these subjects no longer were residing with their wives after admitting, their legal situations and view of the future of their relationships varied widely. Subject 106 was facing legal charges and probable divorce --this was a crisis. By contrast, Subjects 102 and 103 were not facing legal charges and would likely be reunited with their wives and families. These different external factors may well account for the different levels of
Defensiveness measured on the MMPI-2.

Defensiveness is a difficult construct to measure, since many healthy well-functioning people would have MMPI-2 profiles that indicate defensiveness. Thus, the cutoff scores to determine excessive defensiveness are quite high. These high cutoffs make it difficult to determine abnormal defensiveness and do not help explain what is causing the defensiveness. For example, Subject 109 produced the most defensive profile of the subjects. His posttest profile is likely not valid, although a quick review of the validity profile would not necessarily indicate the high defensiveness. The F-minus-K index (-21) raised questions about how candid he was, but it was the Wiener-Harmon Obvious-minus-Subtle score (-88) that indicated he was extremely defensive in minimizing psychological distress. Yet, Subjects 105 and 107, like Subject 109, remained at complete denial (level 1) throughout the treatment process and they did not produce defensive profiles.

Defensiveness may also be a personality trait rather that a state-dependent experience. Further research on the stability of the scales used in this study may be beneficial before additional studies could use these measures on the modification of denial among child sexual abusers.
New Variables in the Treatment of Denial

The fifth and final research question asked, “What new variables are identified by the qualitative analysis that might facilitate or inhibit admission of the abuse?” Much of the discussion presented above regarding the PCQ comes from qualitative analysis. The findings on the PCQ regarding the social consequences for admitting to the offense among subjects in partial denial (level 2) warrant some further discussion.

Kennedy and Grubin (1992) in their exploratory study speculated that different types of denial may require different treatment interventions. The findings in this study that subjects with long-standing partial denial have a decrease on their PCQ social domain score may be one small aspect of targeting the different treatment needs of offenders with different types of denial. Based on the current findings, clients who enter treatment in partial denial will report an increase in negative social consequences when they fully admit to the offense.

Thus, in an attempt to support full admissions, therapists treating this type of denial may want to assist the client in managing the anticipated negative social situations with explanations or responses that remain socially acceptable but do not deny, minimize, or rationalize the offense. Therapists may also promote participation in social experiences for the client that
support the full admission, such as confiding in one or two close friends.

Another observation coming from the qualitative or clinical analysis of the treatment of denial was that the full admissions of guilt (level 3 ratings) clustered around the same time period in the group treatment condition, while logically no such grouping occurred in the individual treatment condition. As noted above, Subject 104 admitted guilt during the "matching the facts" process in session 7. During the same group session, Subject 102 did not admit his guilt while matching the facts. However, in the next session (8th), he did admit, and said that he had "wanted to tell" during the prior session but needed more time to think about it. His phrasing suggested that he felt some compunction to admit. While a person in individual therapy may say something like "I have been wanting to tell you ..." before an admission, Subject 102's phrase suggests that something was happening at that moment in the group the week before that he was resisting.

Based on my prior experience with a similar group, I observed what I call the "roll-over" or "domino" effect. When one member admits, others will follow. In more formal group theory, this phenomenon could be described as establishing a group norm, which both pushes and pulls members toward the norm of openness and honesty. Subject
102 had observed Subjects 101, 103, and 104 face painful or uncomfortable facts about their cases which they avoided presenting to the group. As they changed, and made admissions, Subject 102 was pushed toward doing the same. As these same subjects reported some emotional relief and feelings of moral improvement for making the admission, Subject 102 was pulled toward some of these benefits.

The group process described here was not a formal variable examined in this study. As such these comments remain tentative observations. Formal study, such as assessments and ratings after each group session, could lead to further confirmation of this process. At this point, however, a tentative finding is that group treatment of denial may be more effective than individual therapy because factors in the group process facilitate change in ways that are not present in individual therapy.

Another unexpected, but not surprising, finding was that the social domain scores on the PCQ increased more for the subjects in the group treatment condition than those in individual treatment. On average, subjects in the group treatment condition increased their social domain scores 1.3 points, while their counterparts in individual therapy increased that score by 0.14 points. Obviously, this is very unstable data given the small sample size. However, this may indicate a trend toward
decreasing the perceived negative social consequences by placing offenders in the group treatment condition. This intervention may be particularly useful with offenders having long-standing partial denial as discussed above.

Recommendations

Several recommendations follow regarding future study and treatment of denial among child sexual abusers. This section is divided into three areas: assessment of denial, treatment of denial, and legal contexts for the treatment of denial.

Assessment of Denial

One of the difficulties of interpreting the results of this study is that there are many different classifications of denial. The results of one study may not mean the same as another. A large portion of the literature review was a presentation of the different taxonomies of denial. As the issue of treating denial moves to the forefront of treatment providers and public concern (Cotter, 1996; Maletsky, 1996; Seghorn, 1996; Veensta & Byers, 1996), a standard research protocol for assessing and classifying denial is important so that study results can be based on the same criteria.

The research on denial has been international: Kennedy and Grubin (1992), England; Barbaree (1991), Marshall (1994), and Pollock and Hashmall (1991), Canada.
This diversity underscores the importance of developing some standard assessment and rating of denial for research purposes.

The PCQ was developed to systematically assess five domains which theoretically contribute to denial. Studies with larger samples are needed to develop some normative data for the instrument. However, before further work is conducted with the PCQ, two broad changes need to be made, and possibly an addition. First, given the complexity of the items, the instrument should be conceptualized as a structured interview with ratings, but not as a questionnaire that the subject completes on his own. By completing the instrument as a portion of an interview between the subject and the examiner, questions regarding misunderstandings of the items can be addressed. The disadvantage of using the instrument as a structured interview is that sometimes people will endorse items on a questionnaire more candidly and will offer more socially acquiescent responses during interaction with an interviewer. There is also more administrative time involved in verbally presenting the items. However, the benefit of less confusion on the items outweighs these disadvantages.

Second, a parallel version of the questionnaire is needed for subjects in different legal conditions. The PCQ was developed for subjects who had not been charged...
and who were going to be offered immunity. The items in the legal section were frequently confusing for adjudicated subjects on probation. Items from other domains may need to be changed for subjects in this legal context as well.

The PCQ does not measure perception of consequences for remaining in denial. The consequences for remaining in denial are not the inverse of the negative consequences for admitting. Adding items to address the perception of consequences for protracted denial would require a major revision of the questionnaire. Several items would need to be added in each of the domains, and potentially new domains would need to be added as well. The benefit of such an addition is that a ratio could be calculated that may help to distinguish between those offenders who choose to admit and those who remain in denial. Generally, scores on the PCQ, as it is now, will consistently increase following treatment, independent of admission or continued denial. Thus, measuring consequences for remaining in denial may enable the instrument to discriminate between those subjects who admit and those who continue to deny their offense. The utility of the instrument will be greater if it can identify variables or scores that correlate with treatment outcome.
Treatment of Denial

A larger study with more subjects is needed to develop more stable data regarding the effectiveness of this modified brief group treatment model in community-based programs when the threat of probable incarceration is absent. More subjects in similar legal conditions, such as not criminally charged, deferred prosecution, and probation supervisees, will help to identify different treatment issues that may emerge. With a larger study, certain methodological improvements will help determine the efficacy of the brief group treatment model. Random assignment to treatment conditions such as a placebo group, waiting-list control, and individual therapy would improve on these current findings.

The addition of the two sessions targeting "matching the facts" as outlined by Barbaree (1994) is an important component of the brief group treatment. Further studies should include these sessions because they appeared to be the interventions that prompted admissions. Considerable time and effort can be involved in gaining access to and reviewing the victim's account of the incident. However, the specificity of detail is essential in confronting denial and minimization.

Further research on the interpersonal dynamics within the group process which promote and facilitate admissions would be very beneficial to improving the treatment of
denial. A time-series design with measurements after each session may be a beginning for such research. Findings from this type of research may help in the selection and composition of brief group therapy. Perhaps, it is important to have a portion of the members of each group in partial denial to help facilitate the group dynamics which later influence group members who began in complete denial.

Legal Contexts of Treatment

Historically, many treatment providers refused to treat sex offenders who initially presented with denial of the offense (Murphy, 1996). Such clients were viewed as being not amenable to treatment. The results of this and other recent studies (Barbaree, 1991; Marshall, 1994; O'Doohue & Letourneau, 1993; Schlank & Shaw, 1996) would suggest that sex offenders who enter treatment in denial can be treated if the initial target of intervention is the denial and not sex offending behaviors or issues.

The results of this current study would suggest that treating denial can be effective with subjects in a variety of legal contexts. Programs that work only with convicted sex offenders may be providing a disservice to their communities. The legal gap between the “probable cause” standard necessary for child protection organization to intervene in families suspected of sexual abusing children and the “beyond reasonable doubt”
necessary for criminal convictions will always exist. Sex offenders need not forego their constitutional right to not incriminate themselves in order to receive treatment. Treatment of denial can be effective without criminal conviction. If the focus of treating sex offenders is to minimize the damage to victims and reduce recidivism, some treatment may need to occur with offenders who are not criminally charged and initially present with denial of the offense.

The 1991 ruling of State v. Imlay (813P.2d 979) in Montana has likely closed the door on threatening offenders with re-incarceration by recommending revocation of probation for protracted denial in treatment. Veensta and Byers (1996) clarify that the court in that case "reasoned that a defendant's Fifth Amendment rights would be violated if his sentence were augmented for simply exercising those rights" (p. 2). Ignoring the ramifications of this finding and recommending revocation of probation may result in treatment providers being sued. Such a civil suit is pending appeal in North Dakota (Veensta & Byers, 1996).

This court ruling does not mean that treatment of denial must end, but quite the opposite. Treatment of denial must become more effective independent of legal consequences for the offender. At the same time, treatment providers must allow clients, who have been
treated and continue to deny the offense, to exercise that legal right. The findings of this small study may be a step toward selecting the most effective treatment and refining it when the target problem is denial.
APPENDIX A
CORRESPONDENCE AND
CONSENT FORMS
Greetings:

I am conducting a research project working with adult alleged child sexual abusers who deny wrong doing. The clinical presentation of child sexual abusers generally includes some form of denial. Recent research has developed some group programs aimed at assisting abusers in admitting to the sexual abuse. I am inquiring about potential subjects for the study.

I am seeking participants for the program who meet the following criteria:

1. Child Protective Services has "substantiated" or "indicated" the allegations of the subject sexually abusing a child, or the allegations are otherwise quite clearly genuine and bona fide.
2. Subject must deny the sexually abusive behavior.
3. Subject must be at least 18 years old.
4. Subject may be referred into the study under one of two general conditions:
   A. Volunteer to participate.
   B. Required to participate by court-ordered "informal adjustment" or "parental participation petition."
5. Subject has not had criminal charges filed against him.
6. Subject agrees to voluntary participation in the study.

You probably will not know if a client meets criteria #5. If you have a client who meets all other criteria, you may contact me, and I will pursue the necessary information to determine if the subject is eligible to participate in the study.

Participants will be given a pre-test and post-test interview, one psychological test and one questionnaire. They will participate in either a brief group treatment (9 sessions) or individual therapy (9 sessions) focusing on the denial. Assignment to the treatment condition will be done on a random basis. Therapy will occur at Holy Cross Counseling Group.

The cost is $45 for each group and $85 for individual sessions. If the subject is unable to pay and is not covered under any contractual agreement, the services will be provided free of charge.

Following the completion of the brief treatment program, the client would be referred back to you to continue in treatment.

If you have clients you would potentially refer to the program, please contact John Ulrich at the Family Learning Center (295-2515 or 674-9238). The project is in conjunction with my doctoral dissertation at Andrews University.

Sincerely,

John Ulrich, Ph.D. (Cand.)
INFORMED CONSENT FOR PARTICIPATION IN DENIAL PROGRAM

I, _______________________________, agree to participate in the Denial Program of Family Learning Center. My referral into this program may have come from the Elkhart County Office of Family and Children, the Juvenile Division of the Circuit Court, Probate Court and/or other agencies. I understand that my participation may have been ordered or encouraged by the referral source(s). My participation will be viewed as to my benefit from the perspective of the referral source(s).

The purpose of this program is to assist people in fully admitting to problems concerning child sexual abuse. The general purpose of the program is to help individuals participate more fully in a treatment program designed to assist persons to not sexually offend against children. I understand that by signing this document, I am in no way making an admission of guilt in sexually abusing a child.

I agree to participate and cooperate in all phases of the treatment in the following manner:

1. I will complete all requested questionnaires and tests in an accurate manner.
2. I will attend two required individual interviews.
3. I will attend 9 group sessions or 9 individual therapy sessions.
4. I will attend and be prompt to all sessions. Failure to do so will result in notification of the referral source.
5. FOR GROUP THERAPY PARTICIPANTS:
   a. I will uphold the guidelines for group participation which include:
      - confidentiality of other member’s information
      - openness and honesty
      - no violence or threats of intimidation
      - no use of drugs or alcohol
   b. I will complete all homework assignments, including:
      - reading Your Perfect Right and Human Sexuality: Essentials
6. I will agree to John Ulrich reporting on my progress and attendance in the program to the referral source, if necessary, during the course of therapy, and at the completion of my participation in the “denial program.”
I understand that a potential risk of treatment is that I may experience emotional discomfort. Specifically, I may feel anger and fear in discussing my past behavior.

I understand that the potential benefit to me by participating in the program may be compliance with a court order, reduced negative effects of abuse on a child, gaining access to treatment to assist me in not abusing a child in the future and increased self-respect.

I understand that any information I disclose in treatment may be reported to the referral source. The extent of the information reported to the referral source will be at John Ulrich’s discretion. I understand that John Ulrich is obligated to report any previously undisclosed child abuse.

I understand that I am responsible for the fees for the program as determined by the Office of Family and Children, the Juvenile Division of the Circuit Court, and/or John Ulrich.

I have read the contents of this consent form and have had the opportunity to have all my questions answered to my satisfaction. My signature on this document is to confirm my informed agreement to participate in the program.

________________________   __________________
Client                        Date

________________________   __________________
Witness                       Date

Copy to client
Copy to file
INFORMED CONSENT FOR PARTICIPATION IN DENIAL PROGRAM

I ______________________________ agree to participate in the Denial Program of Holy Cross Counseling Group. My referral into this program may have come from the Elkhart County Office of Family and Children, the Juvenile Division of the Circuit Court, Probate Court and/or other agencies. I understand that my participation may have been ordered or encouraged by the referral source(s). My participation will be viewed as to my benefit from the perspective of the referral source(s).

The purpose of this program is to assist people in fully admitting to problems concerning child sexual abuse. The general purpose of the program is to help individuals participate more fully in a treatment program designed to assist persons to not sexually offend against children. I understand that by signing this document, I am in no way making an admission of guilt in sexually abusing a child.

I agree to participate and cooperate in all phases of the treatment in the following manner:

1. I will complete all requested questionnaires and tests in an accurate manner.
2. I will attend two required individual interviews.
3. I will attend 9 group sessions or 9 individual therapy sessions.
4. I will attend and be prompt to all sessions. Failure to do so will result in notification of the referral source.
5. FOR GROUP THERAPY PARTICIPANTS:
   a. I will uphold the guidelines for group participation which includes:
      - confidentiality of other member's information.
      - openness and honesty.
      - no violence or threats of intimidation.
      - no use of drugs or alcohol.
   b. I will complete all homework assignments, including:
      - Reading Your Perfect Right and Human Sexuality: Essentials
6. I will agree to John Ulrich reporting on my progress and attendance in the program to the referral source, if necessary, during the course of therapy, and at the completion of my participation in the "denial program".
I understand that a potential risk of treatment is that I may experience emotional discomfort. Specifically, I may feel anger and fear in discussing my past behavior.

I understand that the potential benefit to me by participating in the program may be compliance with a court order, reduced negative effects of abuse on a child, gain access to treatment to assist me in not abusing a child in the future and increased self-respect.

I understand that any information I disclose in treatment may be reported to the referral source. The extent of the information reported to the referral source will be at John Ulrich's discretion. I understand that John Ulrich is obligated to report any previously undisclosed child abuse.

I understand that I am responsible for the fees for the program as determined by the Office of Family and Children, the Juvenile Division of the Circuit Court, and/or John Ulrich.

I have read the contents of this consent form and have had the opportunity to have all my questions answered to my satisfaction. My signature on this document is to confirm my informed agreement to participate in the program.

__________________________  ____________
Client                        Date

__________________________  ____________
Witness                      Date

Copy to client
Copy to file
ANDREWS UNIVERSITY  
School of Education  
Educational and Counseling Psychology  

STATEMENT OF INFORMED CONSENT  
FOR PARTICIPATION IN STUDY  

I agree to participate in the study of brief group therapy in the modification of denial in child sexual abusers. I understand that this study is a component of the Denial Program at the Family Learning Center or Holy Cross Counseling. I understand that my participation in the study also requires my signature on the "Informed Consent for Therapy" (separate document).  

The purpose of this study is to enhance the knowledge of effective treatment and management of adults when the allegations of sexually abusing a child have been substantiated. The program is designed to assist me in fully admitting to my problems concerning child sexual abuse. The general purpose of the program is to help me so that I can participate more fully in a treatment program designed to help persons not sexually offend against children. I understand that by signing this document, I am in no way making an admission of guilt in sexually abusing a child.  

My signature confirms that I have been told:  

1. The procedures of the study which are outlined in the "Informed Consent for Therapy" form.  
2. My involvement in the study will be at least 4 months, and not to exceed 8 months.  
3. That the study will take place at the Family Learning Center or Holy Cross Counseling.  
4. That I may experience strong emotions, such as anger and fear in discussions of my past behavior and the general topic of the sexual abuse of children. I may feel intense self-hatred and suicidal if I admit to previously denied sexual abuse of a child.  
5. That the potential benefits of this research may:  
   - lessen the impact of abuse on a child,  
   - enable me to receive treatment designed to lower the risk to sexually abusing a child again,  
   - and help to design legal interventions to assist child abusers in getting the help they need.  
6. That I may refuse to participate in the study and I will not receive any penalties or loss of treatment benefits.
7. That my identity in this study will not be disclosed in any published document.
8. That I will not be charged any additional fees, nor will I be compensated or reimbursed for my participation in the study.
9. That if I wish to contact an impartial third party not associated with this study, I may contact Rick Kosinski of Andrews University Berrien Springs, MI 49104 (616) 471-3466.

I have read the contents of this consent form and have listened to the explanations given by John Ulrich. My questions concerning this study have been answered to my satisfaction. I hereby give voluntary consent to participate in this study. If I have additional questions of concerns, I may contact John Ulrich (investigator) of the Family Learning Center 301 W. Franklin Elkhart IN 46516 (219) 295-2515 (and 702 W. Colfax South Bend, IN 46601 (219) 674-6700), or Holy Cross Counseling Group, 610 N. Michigan, Suite 310, South Bend, IN 46601 (219) 232-9534, (and 600 S. Main Elkhart IN 46516, (219) 522-8992.

________________________  __________________________
Signature of Subject     Date

________________________  __________________________
Witness                 Date

Copy to Subject
Copy to Client file

Page 2 of 2
APPENDIX B

INSTRUMENTS
DATA SHEET

(Please complete the following items)

AGE____

MARITAL STATUS: 
(Choose one) 
____ Single (never married) 
____ Live-in relationship (Co-habitant) 
____ Married/engaged 
____ Divorced 
____ Separated 

RESIDENCE STATUS: 
____ The alleged victim was removed from his/her primary home. 
____ I have moved out of my home. 

EMPLOYMENT STATUS: 
____ Full-time employment 
____ Part-time employment 
____ Unemployed 
____ Disability compensation 
____ Other (please specify) 

ANNUAL INCOME LEVEL: 
(Check one) 
____ $ 0 - $ 10,000 
____ $ 10,001 - $ 20,000 
____ $ 20,001 - $ 30,000 
____ $ 30,001 - $ 60,000 
____ $ 60,001 and above. 

EDUCATION: 
Highest grade completed ________ 
If not 12th grade, GED: Yes No 

NUMBER OF CHILDREN ALLEGED TO BE VICTIMS: _____ 

RELATIONSHIP TO ALLEGED CHILD/VICTIM: 
(Check one for each alleged child)

____ Daughter (biological) Age(s) ________ 
____ Son (biological) Age(s) ________ 
____ Step-daughter Age(s) ________ 
____ Step-son Age(s) ________ 
____ Girlfriend's daughter Age(s) ________ 
____ Girlfriend's son Age(s) ________ 
____ Niece Age(s) ________ 
____ Nephew Age(s) ________ 
____ Friend of family Age(s) ________ 
____ Neighbor Age(s) ________ 
____ Stranger Age(s) ________ 
____ Other Age(s) ________ 

(Circle correct answer) 
I have been contacted by the police or sheriff: Yes / No 
I have consulted an attorney: Yes / No 
(Complete next one if you have consulted an attorney) 
My attorney advised me to not admit to the allegations Yes / No
DENIAL RATING FORM

Regarding the alleged incident (victim) for which the client was referred, indicate whether he (1) denies the event, or (2) partially denies the event or wrongfulness or (3) admits wrongfulness. Ask the question: "Did you have sexual contact with the alleged victim?"

Check ONLY one of the following:

(1)____ Complete Denial (denial of behavior or facts)

EG: "I did not molest the child"
"I never touched the child"
"This is all a big lie by the child or child's parents"
"Nothing happened"
"Someone (the system) is out to get me"

(2)____ Partial Denial (denial of awareness, denial of sexual intent, denial that sex with child is wrong and victim blaming)

EG: "I might have molested the child, I don't know I was drunk or stoned or passed out, or half-asleep"
"I was touching the child, but there was nothing sexual about it"
"It was consensual" "He/she initiated it".
"I was just - tickling, accidentally brushed against, or showing affection"

(3)____ Full Admission of Guilt (acknowledges wrongfulness) may or may not admit hurtfulness to victim. May include excuses which appeal to mitigating circumstances, yet knows it was wrong.

EG: "I molested the child" "What I did was wrong"
"I was getting off while fondling the child, but it didn't hurt him or her"
"I wasn't getting sex from my wife, I needed my daughter"
"I was drunk, stoned, etc... I remember, it was wrong"
"Don't know what's wrong with me."
"Family or Financial Stress"
"Wrong, but I can't deal with adult women"
"I was molested as child, that's why I did it"

NOTE verbatim comments used in scoring below. Use other side also.

Raters name___________
Cognition Scale

Read each of the statements below carefully, and then circle the number that indicates your agreement with it.

1 Strongly agree
2 Agree
3 Neutral
4 Disagree
5 Strongly disagree

If a young child stares at my genitals it means the child likes what she (he) sees and is enjoying watching my genitals.

A man (or woman) is justified in having sex with his (her) children or step-children, if his wife (husband) doesn't like sex.

A child 13 or younger can make her (his) own decision as to whether she (he) wants to have sex with an adult or not.

A child who doesn't physically resist an adult's sexual advances, really wants to have sex with the adult.

If a 13 year old (or younger) child flirts with an adult, it means he (she) wants to have sex with the adult.

Sex between a 13 year old (or younger) child and an adult, causes the child no emotional problems.

Having sex with a child is a good way for an adult to teach the child about sex.
If I tell my young child (stepchild or close relative) what to do sexually and they do it, that means they will always do it because they really want to.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>1 2 3 4 5 (25) ( )</td>
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</table>

When a young child has sex with an adult, it helps the child learn how to relate to adults in the future.

| 1 2 3 4 5 (27) ( ) |

Most children 13 (or younger) would enjoy having sex with an adult and it wouldn't harm the child in the future.

| 1 2 3 4 5 (29) ( ) |

Children don't tell others about having sex with a parent (or other adult) because they really like it and want to continue.

| 1 2 3 4 5 (31) ( ) |

Sometime in the future, our society will realize that sex between a child and an adult is all right.

| 1 2 3 4 5 (33) ( ) |

An adult can tell if having sex with a young child will emotionally damage the child in the future.

| 1 2 3 4 5 (35) ( ) |

An adult, just feeling a child's body all over without touching her (his) genitals, is not really being sexual with the child.

| 1 2 3 4 5 (37) ( ) |

I show my love and affection to a child by having sex with her (him).

| 1 2 3 4 5 (39) ( ) |

It's better to have sex with your child (or someone else's child) than to have an affair.

| 1 2 3 4 5 (41) ( ) |

An adult fondling a young child or having the child fondle the adult will not cause the child any harm.

| 1 2 3 4 5 (43) ( ) |
A child will never have sex with an adult unless the child really wants to.

My daughter (son) or other young child knows that I will still love her (him) even if she (he) refuses to be sexual with me.

When a young child asks an adult about sex, it means that she (he) wants to see the adult's sex organs or have sex with the adult.

If an adult has sex with a young child, it prevents the child from having sexual hang-ups in the future.

When a young child walks in front of me with no or only a few clothes on, she (he) is trying to arouse me.

My relationship with my daughter (son) or other child is strengthened by the fact that we have sex together.

If a child has sex with an adult, the child will look back at the experience as an adult and see it as a positive experience.

The only way I could do harm to a child when having sex with her (him) would be to use physical force to get her (him) to have sex with me.

When children watch an adult masturbate, it helps the child learn about sex.

An adult can know just how much sex between him (her) and a child will hurt the child later on.
If a person is attracted to sex with children, he (she) should solve that problem themselves and not talk to professionals.

There's no effective treatment for child molestation.
Belief Scale

Please read each of the following sentences. If you believe that the sentence is true then circle "T" and if you think that the sentence is false circle "F". Circle either "T" or "F" for every sentence.

1) If I have sex with a child, the child could be physically harmed by this.
2) If I abuse a child the child might have a higher than average risk of experiencing depression when he or she grows up.
3) If I have sex with a child then this might confuse the child and interfere with the child's relationships with other adults.
4) If I have sex with a child, the child might never feel clean, no matter how much they bath.
5) If I sexually abused a child this might cause the child to have low self-esteem.
6) If I touch a child sexually, then the child might feel very angry and hostile toward me.
7) If I do something sexual with a child and if other children found out about this, then this child might be made fun of by other children, and rejected by them.
8) Children who have been sexually abused when they were children have a higher divorce rate than others who have not been sexually abused.
9) The suicide rate is higher among people who have been sexually abused as children.
10) Most prostitutes have had sexual contact with adults when they were children.
11) Children who have done something sexual with an adult often feel ashamed and guilty.
12) Children who have been sexually abused often have problems having a normal, healthy sex life when they grow up.
13) Children who have done something sexual with an adult often feel that it's their own fault—that they are bad little girls or boys.
14) Children who have been sexually abused usually have bad memories about it all their lives and cannot forget their abuse no matter how hard they try.
15) Children usually feel scared when an adult does something sexual to them.
16) If I abuse a child, the child's school grades would likely get worse.
17) If I have sex with a child, it is likely that the child would feel betrayed by me.
18) If I had sex with a child, the child might feel like they have been damaged and hurt.

19) If I do something sexual with a child, the child might feel powerless.

20) Sexually abusing children often causes them to have mental problems which require treatment by a mental health professional.
SEXUAL INFORMATION
READING REVIEW

Circle one

T  F  Many mother and fathers feel turned on sexually by their own children after they outgrow babyhood, especially when the children reach the age of puberty.

T  F  To successfully complete adolescence, teenagers must develop a strong and stable sense of who and what they are sexually.

T  F  Much of the communication about sexuality among family members takes place without words and even unconsciously.

T  F  It is okay for families to use words like prick, pussy, fuck or boob around children, if that is the way the family generally talks.

T  F  The process of a child developing a sense of their sexuality is most dependent on the kind and quality of family relationships.

T  F  How you feel about yourself sexually will affect your child's attitude about him or herself sexually.
INDIVIDUAL THERAPY SESSION OUTLINE

Client #___________ Date____________ Session #1

THEME: Establish rapport (joining with client). Identify common goals, clarify treatment process (not criminal investigation) and legal context, humility about knowledge of event, introduce importance of treating child sexual abuse (sequelae of abuse).

Evidence of rapport (non/verbal)

Common goals

Treatment vs. Criminal investigation and legal context
"You have been referred for treatment" This organization private. Goal is to help people admit so that treatment for the problem can begin. For your family and YOU.
___Limits of confidentiality reviewed.
___Clarify jurisdiction of juvenile court vs. criminal courts.

Humility about absolute knowledge of event
"I don’t know what happened" only you and child. "My ability to help you is dependent upon your openness and honesty with me".
Reactions noted:

Beginning discussion of impact of abuse on children
Clients beliefs about impact. "Fa. goes into dau. bedroom at night fondles her breast. He’s not sure if awake or not, but she never says anything. How do you think this would affect the child?"
INDIVIDUAL THERAPY SESSION OUTLINE

Client #___________ Date___________ Session #2

THEME: Continue exploration of beliefs about impact of abuse, Query beliefs that may be offense related, discussion possible motivation for denial.

Impact of abuse beliefs

Offense relevant beliefs queried

General discussion of context and motivation for denying/admitting. Why would an alleged offender deny sexually abusing a child? Why would he ever admit?

3 models of denial: (1) like amnesia-too painful, (2) lying as way of life, (3) because it works (self protection). Reactions noted, "If what your victim is saying is true, which model would describe your denial?"
INDIVIDUAL THERAPY SESSION OUTLINE

Client #___________________ Date___________ Session #3

THEME: Review allegations per offender's report, exploring "matches with victim's statement", likely offense scenario's, beliefs and information of impact on victim.

Review of allegation per offenders' report "What did happen?"

Search for "matches" (mild confrontation) E.G."have you ever gone into your dau.'s bedroom at night?"

Provide information about likely offense scenario's and types (E.G. anomalous sexual arousal vs. emotional/social set-back's and turning to child for comfort). "Which would say you would be most likely fit your situation?"

Introduce the impact of denying on victim Cite Wyatt & Newcomb, mediator for adult functioning is level of support to child.
INDIVIDUAL THERAPY SESSION OUTLINE

Client #__________ Date________ Session #4

THEME: In-session pretend/ordeal ("As if" it were true), Introduce part’s of victim’s statement without disclosing much info. (more confrontational tone, Groth’s "offense - specific" style), very end of session introduce dilemma of therapist.

"I want to imagine that the allegations are true and you are in denial as you are now. What impact on victim?" "What would you imagine would happen if you admitted?" check five domains.

Reactions of loved ones

Social

Internal Reactions

Legal

Financial/employment

I am going to ask you some questions based upon what the victim as reported will vary in each case, More confrontation in tone and style. (E.G. did you ever go into dau.’s bedroom?) Confront evasions, and common or idiosyncratic excuses (Kid’s these days lie on parents to get privileges).

Introduce therapist’s dilemma with metaphor "if your child said molested by neighbor, neighbor denied, when would you let child go back?" Similar here, only state/therapist now parent. You write your report. You tell me what you would want your neighbor to tell you. (we’ll discuss next week).
INDIVIDUAL THERAPY SESSION OUTLINE

Client #_________________ Date___________ Session #5

THEMES: Reflect on previous session and feelings throughout week (re-establishing rapport and focus again on common goals), explore beliefs about reactions of others if he admits, assign positive connotations to denial, join in client's dilemma.

Reaction of previous session "what have you thought about this week in response to last week's session?"

If becoming disenchanted - focus on common goals, work at joining process

Beliefs about other's reactions if he admits
Spouse/partner
family
other children
boss
co-workers
others

assign positive connotations to denial push extremes

Join in his awful dilemma return responsibility to client
INDIVIDUAL THERAPY SESSION OUTLINE

Client #__________ Date__________ Session #6

THEMES: Return to confronting offense specific facts (session #4), shift to positive consequences for admission (something that feels like help).

Several sessions ago we talked about some facts described by the victim. I had questions about... (details avoided or offense related attitudes). Direct tone, emphasis on clarification rather than challenging or trying to change). Point out irrational beliefs.

Providing something that feels like help May vary to subject. "Sometimes offenders I have worked with knew what they were doing was wrong, they told themselves they'd never do it again, but then did. Than feeling of loss of control can feel awful and desperate. Tell me about a time you might have felt like that."
INDIVIDUAL THERAPY SESSION OUTLINE

Client #___________ Date_____________ Session #7

Themes: Heighten dilemma: Negative consequences for admitting vs. neg consequences for continued denial, provide information on recidivism,

I can't really recommend reunification with continued denial information about recidivism - Marshall & Barbaree 3 groups. And not fair to victim.

Role reversal # 1: If neighbor molested your child - he denies & child is clear and firm - when would you let your child play there unsupervised? what would you need the neighbor to tell you?

Role reversal # 2. Parallel to therapist's job, what would you do?

Getting close to end of treatment process. What are you going to have me write?

OPTIONS: 1. Still in denial (a) modify case plan goal?

(b) continued denial counseling?

(c) refer to other tx provider

(d) polygraph ($250) and plethysmography ($500 -Chicago) to confirm really innocent and home safe for child.

2. coming out of denial - referring to tx (level II)
INDIVIDUAL THERAPY SESSION OUTLINE

Client #__________ Date__________ Session #8

THEMES: Review client’s thoughts on dilemma, re-emphasize neg. impact of denial on child and delay in his treatment, open discussion of course of treatment, prepare of final session and reviewing report.

How are you feeling about the dilemma we are in together?

Important to remember that the denial has damaging and demoralizing impact on child’s development.

How do you feel the treatment has gone?

Next session will be our last for this series of counseling at least. I will have the report that I am sending to OFC for your to review.
INDIVIDUAL THERAPY SESSION OUTLINE

Client #_______________ Date_________ Session #9

Theme: Provide opportunity to tell anything you'd like me to know. Any important things you have withheld? Review report and recommendations.

This is our last session for now, anything you'd like to tell me?

Have you withheld any significant information that might change my recommendations?

Reactions to report and recommendations
INSTRUCTIONS AND BACKGROUND INFORMATION
FOR "BELIEFS AND CONSEQUENCES FOR CHILD SEXUAL ABUSERS" RATER'S FORM

Attached is the draft of a questionnaire to be used as a pre-test and posttest to measure child sexual abusers' beliefs about the consequences for sexually abusing a child. The questionnaire is composed of two subsections; general beliefs and individual-specific beliefs about what could happen to them if they admitted. This second subsection is referred to as "hypothetical questioning" which is a method to assess beliefs and attitudes about the consequences for admission.

The five domains are sampled in each subsection. They are as follows:
- Reactions of family and loved ones,
- Internal reactions (Self-perceptions),
- Social consequences,
- Legal consequences,
- Employment/financial consequences.

The statements have been constructed to reflect either favorable or unfavorable consequences for admitting to the sexual abuse of a child. Subjects will rate if they agree or disagree with these statements. Several items have been written to be reverse scored.

As a rater, I am asking you to indicate only if you believe the questions to be valid items within the range of possible items in each of the five domains. See instructions at the top of the attached form.

COMMENTS:
BELIEFS AND CONSEQUENCES FOR CHILD SEXUAL ABUSERS
(Expert Raters Form)

Please answer the questions as you believe them to be valid items contributing to the theoretical constructs (5 domains) labeled in bold capital letters.

Very Valid Item = 1
Somewhat Valid Item = 2
Uncertain validity = 3
Somewhat Invalid item = 4
Very Invalid Item = 5

IGNORE THE (R) FOR REVERSE SCORING!

SECTION I General Beliefs (Introduction for subjects - raters please ignore).
Please answer these questions about what you think might happen to people, in general, who sexually abuse children.

REACTIONS OF FAMILY AND LOVED ONES

Wives and Girlfriends of men who sexually abuse a child will divorce or leave those men............. 1 2 3 4 5
Mothers of children who allege sexual abuse will generally believe the child......................... 1 2 3 4 5
Parents of an adult man who sexually abused a child will have nothing to do with him.............. 1 2 3 4 5
Brothers and sisters of a man who sexually abused a child will be supportive or understanding....(R) 1 2 3 4 5

INTERNAL REACTIONS

Men who sexually abuse a child deserve help....(R) 1 2 3 4 5
Men who sexually abuse a child do not deserve to live......................................................... 1 2 3 4 5
Men who sexually abuse a child may have simply "made a mistake"........................................(R) 1 2 3 4 5
Men who sexually abuse a child are always perverted............................................................. 1 2 3 4 5
Men who sexually abuse a child are pretty much like anybody else...........................................(R) 1 2 3 4 5
Men who sexually abuse a child can be helped with counseling................................................(R) 1 2 3 4 5
Men who get sexually aroused toward children are immoral...................................................... 1 2 3 4 5
### SOCIAL

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<tbody>
<tr>
<td>Men who sexually abuse a child will go to prison</td>
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<td>Men who sexually abuse a child will be abused in prison</td>
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<td>Men who sexually abuse a child are the lowest people in society</td>
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<td>A man who admits to sexually abusing a child even one time will be a social outcast</td>
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<td>Men who sexually abuse children will have no friends if anyone finds out</td>
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<td>Ministers cannot forgive a man who sexually abuses children</td>
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<td>Religious people will accept a man who sexually abuses children</td>
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### LEGAL

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<td>Defense attorneys will not represent an admitting child sexual abuser very well</td>
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<td>An attorney will do a better job if he believes his client did not sexually abuse a child</td>
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<td>Attorneys who defend admitting child sexual abusers are not respected by other attorneys</td>
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<td>Prosecutors only have admitting child sexual abusers arrested</td>
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<td>Police will arrest a child sexual abuser if he admits to abusing a child</td>
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### EMPLOYMENT

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<tr>
<td>Employers will not hire men who sexually abuse children</td>
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<tr>
<td>Co-workers will be cruel to men who sexually abuse children</td>
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<td>A businessman who admitted to sexually abusing a child could still make it in business in this town</td>
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Page 2 of 5
SECTION II  Beliefs about Possible Consequences to Me

Please answer the following questions "As If" the allegations were true. (Answer the questions "As If" what the child has alleged is true). Some statements may be about people who do not know of the allegations, or who you do not know what they think; please answer "as you think they would react".

If I had sexually abused a child and admitted to it I believe:

FAMILY AND LOVED ONES
My wife\girlfriend would want me to get help...(R) 1 2 3 4 5
My wife\girlfriend would want me to tell her the truth.................................(R) 1 2 3 4 5
My wife\girlfriend would divorce or leave me...... 1 2 3 4 5
My wife\girlfriend would try to get me into prison 1 2 3 4 5
My wife\girlfriend would do all she could to prevent me from ever seeing my children again..... 1 2 3 4 5
My parents would want me to admit to what I had done..................(R)........... Mother... 1 2 3 4 5
My parents would want me to get help.(R).Mother.. 1 2 3 4 5
My parents would want me to tell the truth.................................(R) 1 2 3 4 5
My parents would want me to get help.(R).Mother.. 1 2 3 4 5
My parents would do all she could to prevent me from ever seeing my children again..... 1 2 3 4 5
My parents would disown me............ Mother.. 1 2 3 4 5
My parents would never want me to be around any children...................... Mother.... 1 2 3 4 5
My parents-in-law (Child’s mother’s parents) would want me to tell the truth.(R) Child’s Grandmother. 1 2 3 4 5
My parents-in-law (the child’s mother’s parents) would want me to get help.(R) Child’s Grandmother. 1 2 3 4 5
My parents-in-law would want their daughter to divorce me.............. Child’s Grandmother. 1 2 3 4 5

Page 3 of 5
If I had sexually abused a child and I admitted to it, I believe:

My parents-in-law would try to get me into prison.
Child's Grandmother. 1 2 3 4 5
Child's Grandfather. 1 2 3 4 5

My parents-in-law would never want me to be around children........ Child's Grandmother. 1 2 3 4 5
Child's Grandfather. 1 2 3 4 5

My brothers would want me to tell the truth...(R).
Brother 1.............. 1 2 3 4 5
Brother 2.............. 1 2 3 4 5
Brother 3.............. 1 2 3 4 5

My sisters would want me to tell the truth...(R).
Sister 1.............. 1 2 3 4 5
Sister 2.............. 1 2 3 4 5
Sister 3.............. 1 2 3 4 5

My children would have no respect for me..........
Child 1.............. 1 2 3 4 5
Child 2.............. 1 2 3 4 5
Child 3.............. 1 2 3 4 5
Child 4.............. 1 2 3 4 5

It would be good for the child/victim if I would admit ...(R). 1 2 3 4 5

My family's name would be disgraced.............. 1 2 3 4 5
My children would be made fun of by kids........... 1 2 3 4 5

INTERNAL REACTION:
I would have a very difficult time accepting myself........... 1 2 3 4 5
I would hope that I could get good help...(R) 1 2 3 4 5
I would think that I had done something wrong.... 1 2 3 4 5
I would think that I was "sick".................... 1 2 3 4 5
I would feel like killing myself................... 1 2 3 4 5
I would view myself as a criminal.................. 1 2 3 4 5

SOCIAL
Society would view me as "very low"................. 1 2 3 4 5
Society would view me as a "dangerous criminal"... 1 2 3 4 5
I might get hurt by somebody.................... 1 2 3 4 5
If I had sexually abused a child and admitted to it, I believe:

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<td>It would soon be in the newspapers.</td>
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<td>My closest friends would try to understand what happened.</td>
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<td>My closest friends would have nothing to do with me.</td>
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<td>My closest friends would try to beat me up.</td>
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<td>Acquaintances would have nothing to do with me.</td>
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<td>I would have to move out of my neighborhood.</td>
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<td>Embarrassing things might happen to me in public.</td>
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<td>I would be kicked out of my church.</td>
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<td>I would lose membership in some of my clubs and organizations.</td>
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**LEGAL**

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<td>I would go to prison.</td>
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<td>The police would arrest me soon.</td>
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<td>My attorney would be upset with me.</td>
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**EMPLOYMENT**

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<td>I would soon loose my job.</td>
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<td>I would have financial ruin.</td>
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<td>I would lose everything I have worked for.</td>
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<td>My family would suffer financially.</td>
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PERCEPTION OF CONSEQUENCES QUESTIONNAIRE
FOR ALLEGED CHILD SEXUAL ABUSERS

Below are statements about accused child sexual abusers. Since allegations have been made against you, please respond to the statements as you believe them to be true in your current situation. Please circle the number which reflects whether you strongly agree, partially agree, are uncertain, partially disagree or strongly disagree with the statement as applied to you now. Please select the "uncertain" response as little as possible.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Partially Agree</th>
<th>Uncertain/ Don’t know</th>
<th>Partially Disagree</th>
<th>Strongly Disagree</th>
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1. If my wife (or partner) believed I had sexually abused the child, she would probably divorce or leave me.

2. A person who admits to sexually abusing a child even one time will be a social outcast.

3. If I sexually abused a child and admitted to it, I believe that my friends would avoid me.

4. I believe I may go to prison if I admitted to these current allegations against me.

5. If I had sexually abused the alleged child and admitted to it, my family would be disgraced.

6. The alleged victim would be hurt more if I admit to the abuse than if I deny it.

7. My parents (or step-parents) might disown me if I admitted to sexually abusing a child.

8. My spouse's parents (or step-parents) might disown me if I admitted to sexually abusing a child.

9. If I admitted to sexually abusing a child and my wife or partner believed it to be true, she would do all she could to prevent me from seeing the children again.

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10. If I had sexually abused a child I would have a very difficult time accepting myself.

11. If I ever admitted to sexually abusing a child, I would feel like killing myself.

12. If had sexual contact with a child, I would view myself as a criminal.

13. If I had sexually abused the alleged child, I would feel much different about myself than I do now.

14. If I had sexually abused a child, society would view me as "very low".

15. If I had sexually abused a child, society would view me as a "dangerous criminal".

16. If I admitted to sexually abusing the alleged victim, it would soon be in the newspapers.

17. If I admitted to sexually abusing the child, I would have to move out of my neighborhood.

18. If I admitted to sexually abusing a child, I would think that I was "sick".

19. If I now admitted to my counselors that I did sexually abuse the alleged victim, I believe the police would soon arrest me.

20. If I admitted to sexually abusing a child, I would probably go to prison.

21. If I had sexually abused a child, an attorney representing me would not want me to admit to it.

22. If I had abused the alleged victim and admitted to it, I would soon lose my job.

23. If I had abused the alleged victim and admitted to it, I would lose everything I have worked for.

24. If I had abused the alleged victim and admitted to it, my co-workers would reject me.

25. If I was an admitted child sexual abuser, I could never find a good job in this town again.

26. I have been afraid to answer some of these questions.
REFERENCE LIST


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