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EXPLORING THE FUNCTION THAT DENIAL SERVES FOR SEXUAL OFFENDERS: CONSIDERING THE ROLE OF SHAME AND GUILT

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Abstract

This thesis explores the function of denial for sexual offenders, examining the role of shame and guilt. Chapter One provides an overview of the literature on the assessment and treatment of sexual offenders, drawing links to findings relating to shame/guilt and denial. Chapter Two reports the first systematic review to specifically examine existing research on shame/guilt and denial in sexual offenders. It highlights the lack of strong research exploring this relationship, although provides tentative evidence that shame is positively correlated with denial, while guilt is negatively correlated with denial in sexual offenders. In Chapter Three the correlation between shame/guilt and denial in sexual offenders is directly assessed. The findings are mixed, with some limited support for the positive relationship between shame and denial, and the negative relationship between guilt and denial in this population being generated. Possible reasons for the seemingly conflicting results are discussed, along with applications of the findings to theory, research and practice. Chapter Four is a critique of one of the psychometrics used in Chapter Three, including the background to its development, evidence for (and against) its reliability and validity and potential applications in research and applied settings. The thesis concludes in Chapter Five with a discussion of the findings of all chapters in relation to the aims set at the outset. While limitations are acknowledged, the unique contribution that the thesis makes to our understanding of the function of denial in sexual offenders, specifically in relation to shame and guilt, is highlighted.

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Chapter 1: Introduction

Sexual Offending

A sexually violent offence involves actual, attempted or threatened sexual behaviour towards a person who is non-consenting and/or does not have the capacity to consent (Boer, Hart, Kropp & Webster, 1997). Sexual offences can be committed by both male and female perpetrators against male and female victims across the age spectrum. They can include behaviours involving direct contact or indirect contact between the perpetrator and victim. Lockmuller, Beech and Fisher (2008) described five categories of sexual offences: child abuse, rape, sexual murder, internet offences and exhibitionism. They provided suggestions for the underlying motives for such offences, demonstrating the range of functions that sexual offending can serve.

The need to better understand sexual offending is highlighted by the prevalence of such types of offences. The 2009-10 British Crime Survey indicated that in the 16-59 year old age group, approximately two percent of females, and less than one percent of males had experienced a sexual assault in the past year. The police recorded just fewer than 55,000 sexual offences during the same year, which represented a six percent increase compared to the preceding year. This was in part attributed to attempts to improve the recording of sexual offences (rather than reflecting an increase in the actual incidence of sexual offending). Nevertheless, this was followed by a further one percent increase in the 2010-11 year (Home Office, undated). These figures illustrate the importance of the accurate identification of individuals who are at risk for committing sexual offences in order to direct intervention and reduce risk of future offending.

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Assessment

Much of the research on sexual offenders has focused on the development of valid and reliable risk assessments as well as treatment programmes/interventions aimed at reducing the risk of future re-offending by individuals convicted of sexual offences. Research on risk assessment has sought to identify the factors associated with sexual offending, yielding both static (i.e., historical, unchangeable) and dynamic (i.e., changeable) factors. Large scale meta-analyses (e.g., Hanson & Bussiere, 1998; Hanson & Morton-Bourgon, 2005) have confirmed a number of static risk factors associated with increased risk for sexual recidivism, including, for example, being a relatively young age, a lack of a stable relationship history, an unstructured lifestyle, substance misuse history and evidence of having violated rules. A number of assessments have been developed to establish the presence of such factors in sexual offenders and provide an associated prediction of their likelihood of further offending. The Risk Matrix 2000 (RM2000; Thornton, et al., 2003), for example, is used widely across prison and probation settings in England and Wales to provide an initial indication of risk. Based on historical information, it provides the percentage of sexual offenders with similar characteristics who reoffend within a specified period. Barnett, Wakeling and Howard (2010) reported that the RM2000 'S' (focussing specifically on risk of sexual recidivism) scale was found to have moderate predictive validity at the two-year follow-up stage.

While static risk assessments, such as the RM2000 (Thornton et al., 2003) can be used to prioritise resources, they do not provide the information that dynamic risk factors can about the areas that should be targeted in treatment in order to reduce risk of recidivism. One way to measure dynamic risk factors is through the use of psychometric

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tests. For example, The Sexual Offender Treatment Evaluation Project (STEP; Beech, 1998) used psychometrics to identify sexual offenders who had offended against children as either 'high deviancy' or 'low deviancy' depending on their scores. Sexual offenders were categorised as high/low deviancy according to their psychometrically assessed levels of pro-offending attitudes, denial and social inadequacy. Those described as high deviancy were reported to demonstrate increased cognitive distortions, higher levels of sexual preoccupation and offence-related sexual arousal, as well as a number of other characteristics. These factors are all potentially changeable, thus making suitable treatment targets.

Prior to treatment, sexual offenders in prisons and probation settings in England and Wales are subject to part or all of a three stage risk assessment process known as Structured Assessment of Risk and Need (SARN; Thornton, 2002), which incorporates consideration of both static (via the RM2000; Thornton et al., 2003) and dynamic risk factors. The relevance of 15 dynamic risk factors across four domains (sexual interests, attitudes, relationships and self-management) are considered by assessors. Thornton (2002) found that the dynamic risk factors which make up this framework are applicable to sexual offenders who had committed offences against both children and adults. This information is then used to inform treatment planning and management.

Treatment

Research indicates that treatment of sexual offenders is more effective if it adheres to all three of the risk, need and responsivity principles (RNR; Hanson, Bourgon, Helmus & Hodgson, 2009). These principles stipulate that higher risk offenders should receive more treatment than those assessed as lower risk (i.e., Risk

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Principle), that treatment should target the changeable individual (i.e., dynamic risk or criminogenic need) factors linked to risk of recidivism (i.e., Need Principle), and interventions should be designed and adapted to overcome (or at least reduce) barriers to engagement (i.e., Responsivity Principle).

In England and Wales, HM Prison Service provides a suite of accredited Sex Offender Treatment Programmes (SOTPs), accommodating sexual offenders with a range of risk levels and needs, as well as some consideration of responsivity for those with limited cognitive functioning. Research into the effectiveness of such interventions has been promising: focusing on the Core SOTP (aimed at medium and high risk sexual offenders), Friendship, Mann and Beech (2003) found that sexual offenders who completed the intervention re-offended (both sexually and violently) at a lower rate than a matched control group at a two-year follow-up stage. The effect was most marked in those sexual offenders of medium risk, indicating that higher risk sexual offenders require more treatment than that provided by the Core SOTP alone. The Extended SOTP, which has since been developed to meet the greater treatment need of higher risk offenders, is in its relative infancy and is therefore yet to be subject to a large-scale evaluation. Nevertheless, positive results have also been found for those attending the Adapted SOTP (an intervention aimed at those sexual offenders with an IQ of 80 or below). Focusing on differences between outcomes of psychometric measures completed pre and post-treatment, a study by Williams, Wakeling and Webster (2007) found significant improvement on all of the major areas targeted by the Adapted SOTP. This was evident in significant change on measures of attitudes towards women and children, denial, minimisations, justifications, victim empathy and self-esteem. Such findings lend support to the effectiveness of treatment programmes for low functioning

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sexual offenders as well as the value of psychometric assessments in identifying change. As well as being used on such a national research level, the results of individuals' psychometrics can be considered alongside other sources of information to provide an indication of change following treatment. This further illustrates the potential application of psychometrics with sexual offenders for both clinical and research purposes. While the Probation Service also provides a suite of accredited interventions for sexual offenders in the community, these are not identical to those offered in prisons in England and Wales, and their effectiveness is therefore measured separately. Focusing on reconviction as an outcome measure, Hollis (2007) found that those sexual offenders who completed a community intervention had a lower rate of recidivism compared to that predicted by static risk assessments. Exploring the effectiveness of a community intervention specifically for sexual offenders who have committed internet offences, Middleton, Mandeville-Norden and Hayes (2009) found a movement in the desired direction of change on psychometric measures administered pre and post-treatment. Those designing or providing interventions (and associated assessments) have given considerable attention to ensuring that they meet the risk and needs of sexual offenders. However, it is only relatively recently that responsivity factors have been given a similar level of consideration.

Responsivity

In HM Prison Service, Operational Services and Interventions Group (OSIG) have sought to increase the responsivity of SOTPs through the development of a 'responsivity framework' (NOMS, 2010), which is now conducted for all men embarking on the prison-based suite of interventions. The 11 responsivity factors

covered in the assessment are sub-divided into three categories: general personality characteristics, current psychological state and behavioural factors.

One factor considered within the current psychological state category includes (amongst others) shame. Researchers have made an important distinction between shame and guilt, emphasising that while shame relates to seeing oneself as intrinsically bad and therefore incapable of change, guilt is a motivational emotion that drives the person experiencing it to make amends for their wrong-doing (e.g., Tangney & Dearing, 2002). Research by Marshall, Marshall, Serran and O'Brien (2009) suggested that those people who experience more shame are less likely to be open about the impact of their offending, which has implications for their presentation in a treatment situation. More specifically, it may be the case that these are the individuals who are more likely to deny their offences.

Denial

Researchers have highlighted that rather than being a dichotomous variable (i.e., denial vs. acceptance of responsibility), denial exists on a spectrum, incorporating outright/categorical denial ('It wasn't me'), a degree of acknowledgement for perpetrating sexually harmful behaviour while minimising/justifying certain aspects, as well as complete admission of responsibility for having committed all elements of a sexual offence (Barbaree, 1991). It is reported that denial of offending is prevalent amongst sexual offenders. Barbaree (1991) identified 98% of a sample of sexual offenders as demonstrating a degree of denial, indicating that it is the 'norm' rather than the exception in this population. Focusing on categorical denial, Kennedy and Grubin

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(1992) reported that a third of their sample of sexual offenders denied their offending outright.

Denial was viewed as an important treatment target in early manifestations of sex offender treatment programmes, with the provision of an 'open and honest' account of the sexual offence by a participant being treated as a marker of success (e.g., Marshall, Thornton, Marshall, Fernandez & Mann, 2001). However, more recent research indicating that denial does not actually predict re-offending (e.g., Hanson & Morton-Bourgon, 2005) has questioned this emphasis.

While there have been opportunities for 'denying' sexual offenders to participate in probation-based accredited treatment programmes, generally those who categorically deny their offence have been unable to access accredited SOTPs in prison, where a degree of responsibility for committing a sexual offence is required. More recently, consideration has been given to providing such men the opportunity to attend the new SOTPs, currently in receipt of provisional accreditation and due to be piloted in both prison and community settings. Such developments take into account the research that denial of sexual offending can serve a protective function (e.g., from shame; Harkins, Beech & Goodwill, 2010) for some sexual offenders and therefore does not necessarily need to be challenged for them to benefit from treatment. This suggests that denial should be taken into consideration alongside the range of responsivity factors that can be associated with barriers to engagement. However, little is known about the psychological correlates of denial, and while researchers have suggested relationships between denial and, for example, shame, there is little direct empirical evidence to support such links.

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The Current Thesis

This thesis aims to explore the function of denial for sexual offenders, examining the role of shame and guilt.. It seeks to achieve this through the completion of a systematic review of the available literature, exploring evidence for shame being associated with increased denial and guilt being associated with decreased denial in sexual offenders; Chapter Two will report the outcome of this review, considering what research tells us about the area of interest as well as evaluating the quality of the identified studies. It will discuss the implications of the findings of existing research, including how it informs the empirical research project that follows. Chapter Three reports the findings for this study, which aimed to establish more definitively whether there is an association between shame/guilt and denial in sexual offenders. It discusses how the results add to the knowledge base about shame/guilt and denial in sexual offenders. Chapter Four then aimed to provide a critique of one of the psychometric measures used to assess denial in the empirical research project, exploring evidence regarding its validity and reliability and its strengths as well as limitations as an assessment measure. Chapter Five draws the findings of the thesis together, summarising the key results in the context of the aims and objectives set. While limitations of the findings will be acknowledged, potential applications in terms of theoretical development, further research and the assessment and treatment of sexual offenders will be explored.

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Chapter 2: Systematic Literature Review

Abstract

This review sought to establish whether the existing literature confirms that shame is associated with increased denial, and that guilt is associated with decreased denial in sexual offenders. It is the first review to address these questions. Search terms were set and applied to pertinent databases in order to identify potentially relevant studies, which were then subject to further scrutiny in order to confirm inclusion/exclusion. Experts in the field were contacted via email to establish whether any related studies existed that may have been missed from the database search. This resulted in a review of ten papers, none of which had explicitly set out to test the proposed relationships between shame/guilt and denial. These ten studies were quality assessed according to a Gold, Silver, and Bronze rating system. Nine of the studies subject to the review were rated 'Silver' and one rated 'Bronze'. This reflected a lack of good quality research specifically exploring this area of interest. Nevertheless, the studies reviewed which generated findings relevant to the objectives suggest that shame is associated with increased denial and guilt is associated with decreased denial in this population. There is therefore some indication that the proposed relationships at least warrant further examination by more focussed and better quality research. Only once these are more robustly tested, can applications to the assessment, treatment and management of sexual offenders be considered.

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Background

In England and Wales, the National Offender Management Service (NOMS) currently offers a range of accredited Sex Offender Treatment Programmes (SOTPs) across Her Majesty's (HM) Prison Service establishments and The National Probation Service community settings. Accredited interventions are based on research and 'manualised' to ensure they are delivered effectively and consistently. SOTPs are tailored to varying levels of actuarial risk and dynamic need and take a general cognitive behavioural approach, which evidence indicates is the most effective type of intervention for this client group (Losel & Schmucker, 2005). Research suggests that treatment is more effective if it conforms to all three of the Risk, Need and Responsivity (RNR) principles (Hanson, Bourgon, Helmus & Hodgson, 2009), which specify that higher risk offenders should receive a greater 'dosage' of treatment than those assessed as lower risk, that treatment should target the individual factors linked to risk of recidivism, and approaches should be sufficiently flexible to minimise barriers to engagement.

The newly developed 'responsivity framework' (NOMS, 2010) explores three categories of responsivity factors: general personality characteristics, current psychological state and behavioural factors. The factors within the current psychological state category include shame and self-efficacy, personal distress and motivation. Research has made an important distinction between shame and guilt, suggesting that while shame is associated with viewing the self as intrinsically bad and therefore incapable of change, guilt has a positive influence, stimulating a proactive approach (e.g., Tangney & Dearing, 2002). Later research by Marshall, Marshall, Serran and O'Brien (2009) suggested that shame can hinder openness in offenders and the

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'responsivity framework' reflects this possibility and encourages treatment facilitators to be aware of this in interventions with sexual offenders. Marshall et al.'s (2009) research implied that shame might be correlated with denial in sexual offenders. In order to establish whether this relationship exists, it is important to explore the existing literature in this field. Given the suggested motivational influence of guilt, it would also be of value to explore evidence of its relationship to denial in the related research.

In order to establish the need for the current review, a search for existing systematic reviews and meta-analyses in the specific subject area was carried out. This utilised explorations of the Cochrane Library, Campbell Library and DARE (Database of Abstracts of Reviews of Effects). This scoping exercise revealed that there are no existing systematic reviews or meta-analyses exploring the relationship between shame/guilt and denial in sexual offenders.

While there are no reviews exploring this specific question, the literature contains a number of reviews (although not in systematic review or meta-analysis form) of sexual offenders' experience of shame and the concept of denial in sexual offenders. However, it is of note, that such reviews address these areas separately and none has explored evidence for the relationship between shame/guilt and denial in this population. In order to establish justification for the need for the current review, the findings of the existing reviews on these separate subject areas will be explored.

Denial

Lund (2000) conducted a critique of an existing meta-analysis, exploring evidence for the relationship between denial and recidivism in sexual offenders. It focussed on the research included in a meta-analysis by Hanson and Bussiere (1998),

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which failed to establish a significant relationship between denial and recidivism. Lund's paper highlighted numerous limitations in the quality of associated research, which made it difficult to draw any definitive conclusions about the relationship under question. In particular, Lund urged caution in accepting the findings of the Hanson and Bussiere (1998) meta-analysis, focusing on the weaknesses of the research reviewed, which impacted on the generalisability of their findings. Lund identified, for example, that there is no single universally accepted definition of denial and that there are notable differences in the criteria adopted for defining and measuring denial by the seven studies examined in the meta-analysis. Attention was drawn to a number of other limitations, such as variability in the treatment accessed by participants, low base rates in this population and the potential for Type II error (i.e., failing to reject the null hypothesis when it is false). The possibility that denial may play a more or less influential role for sexual offenders of different risk levels and with different risk factors, was also discussed. Lund (2000) acknowledged the ethical issues which often prevent the 'gold standard' of research (i.e., Randomised Control Trials) in this area being carried out. The application of a Randomised Control Trial would by its nature mean precluding a sample of sexual offenders from treatment and potentially being released into the community with their risk unaddressed. Lund advised that further research is needed focusing on the part that denial plays in treatment engagement and its relationship to risk. Given its focus on recidivism, this paper did not consider the function that denial serves for sexual offenders.

Yates (2009) later reviewed the literature on denial in sexual offenders, exploring its relationship to recidivism and treatment progress. In terms of recidivism, Yates focused on research by Nunes et al. (2007) who found that the relationship

between denial and recidivism is a complex one, which depends on level of risk and relationship to the victim. They suggested that for some offenders, specifically those at lower risk who are related to their victim, denial is a risk factor for future offending. This implies that denial may serve a different function for sexual offenders at differing risk levels. In terms of treatment progress, Yates questioned the approach of many treatment providers who exclude categorical deniers from treatment, focus treatment goals on moving sexual offenders 'out' of denial and view ongoing denial as indicative of a lack of progress. In exploring the nature and function of denial, Yates' review discussed the influence of schema/implicit theories (i.e., entrenched belief systems which influence the view of self, others and the world), exploring how such thinking patterns might link to risk as well as treatment engagement. Of interest to the current review is Yates' (2009) consideration of the potential 'healthy' function(s) that denial can serve, for example, in terms of ensuring ongoing acceptance by others, protecting self-esteem, etc. She suggested that treatment should aim to identify the function that denial serves for each individual and to take a collaborative rather than aggressively confrontational approach to exploring denial. This recommendation has started to be addressed through the use of tools such as the 'responsivity framework' (NOMS, 2010), discussed earlier. Yates (2009) further advised that associated thinking is addressed at the deeper schema level, rather than at the surface level manifested in situation-specific cognitive distortions. She stressed the need for treatment opportunities for categorical deniers to be maximised, suggesting programmes not requiring the disclosure of offending as a means of achieving this. This is an interesting proposal, given that the SOTPs currently run in prisons in England and Wales do require the disclosure of

offending and those who categorically deny their sexual offending are not able to participate.

A more recent article by Levenson (2011) explored the existing literature on denial among sexual offenders, again focusing on its link to recidivism and treatment progress. However, uniquely this paper referred to ethical codes of conduct for those professionals involved in the supervision and treatment of such offenders, exploring how these can be adhered to when managing sexual offenders in denial. Again, this review highlighted the various definitions of denial and refers to the problems this creates in meta-analyses. It further suggested that the complex nature of denial is not sufficiently accounted for in what tend to be dichotomous measures of the construct.

Levenson (2011) referred to the literature that supports the complex relationship between denial and risk. In particular, she referred to the previously discussed research by Nunes and colleagues (2007), as well as a more recent study by Harkins, Beech and Goodwill (2010). Harkins et al. suggested that certain high risk sexual offenders who acknowledge their offending may be at an increased risk of further offending because they do not experience the shame or guilt that might serve to inhibit recidivism. However, they did not identify any existing research that confirms the relationship between shame and denial.

Of significance to the current review is Levenson (2011)'s suggestion that denial and shame can both serve to prevent offenders from seeking services to facilitate behaviour change. Levenson also proposed that denial is a defence mechanism fuelled by (amongst other things) shame and guilt. However, no references were cited to support this claim. While Levenson (2011) referred to Yates (2009) as having stated

that shame underlies denial, Yates did not actually discuss shame specifically. However, shame and guilt have specifically been addressed elsewhere so this literature will now be reviewed.

Shame and Guilt

Proeve and Howells (2002) explored the evidence for the experience of shame and guilt by sexual offenders who had abused children. They were careful to distinguish between these two emotions, suggesting that shame is a debilitating emotion that can increase those factors known to increase risk of reoffending. Guilt, in contrast, was defined as a motivational emotion that can facilitate change and thereby reduce risk of further sexual offending. They proposed that by the nature of their psychosexual characteristics, child sexual offenders are more likely to experience shame than guilt. Proeve and Howells (2002) therefore suggested that treatment should focus on means of decreasing shame and increasing guilt experienced by such offenders in order to be effective.

Shame and guilt have been referred to as 'moral emotions', which have a powerful influence on both motivation and subsequent behaviour (De Hooge, 2008). Such emotions are said to reflect the conflict between acting in our own versus others' interests. In their exploration of the general literature into shame and guilt, Proeve and Howells (2002) referred to shame being related to externalisation of blame (Tangney, Wagner, Fletcher, & Gramzow, 1992). De Hooge (2008) supported the related literature that generally presents shame as a debilitating emotion and identified that shame can lead to submission and withdrawal from social interactions.

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Guilt, in contrast has been found to be associated with confession and reparation (Mascolo & Fischer, 1995). De Hooge (2008) concurred with the positive impact that guilt can have, for example, by encouraging empathy, perspective taking, making amends and developing determination not to repeat the transgression/mistake that has occurred. It is important to note that De Hooge's review of the research took a general psychological approach and did not discuss shame and guilt in relation to the general offending population, let alone sexual offenders. Nevertheless, related findings imply that shame would be associated with increased denial, while guilt would be associated with decreased denial.

In their 2008 review of social perception deficits, cognitive distortions and empathy deficits in sexual offenders, Blake and Gannon (2008) suggested that the cognitive distortions employed by such offenders post offence may serve to reduce feelings of shame and guilt and facilitate repetition of the offending behaviour. This is consistent with Maruna and Mann's (2006) suggestion that certain distortions serve as 'post hoc' excuses for offending (rather than causing the behaviour initially). However, as Blake and Gannon (2008) acknowledged, differences in the way cognitive distortions are defined in the related literature make it difficult to draw firm conclusions regarding such relationships. It is also of note that Blake and Gannon (2008) did not distinguish between shame and guilt and seemed to view these emotions as serving similar functions, which is at odds with most of the other research (e.g., Tangney & Dearing, 2002) which focused more specifically on these emotions.

Despite variations in the approach to measuring the moral emotions in the literature, it is important to note that there is a body of research that supports the distinction between shame and guilt identified by researchers such as Tangney and

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Dearing (2002). Wright and Gudjonsson (2007), for example, using factor analysis, demonstrated the difference between these emotions suggested by the related theory. They found that while there is overlap between shame and guilt, they represent distinct emotional responses to offending behaviour. However, it is unclear whether their findings, based on a secure unit sample, primarily consisting of violent offenders, would generalise to the wider offending population, and specifically to sexual offenders from other settings.

Shame/Guilt & Denial

As discussed above, there is a considerable amount of literature exploring denial in sexual offenders. There is considerably less research on sexual offenders' experience of shame and guilt, and less still exploring all of these concepts and their potential relationships to each other. It is worth, therefore, considering the evidence in the general psychological literature of the relationship between these factors. Gosling, Denizeau and Oberle (2006) explored the function of denial as a means of reducing dissonance. They found that where a state of dissonance was induced in student participants (by encouraging the transgression of important values), they had an increased tendency to deny responsibility for their decision-making as a means of avoiding the experience of self-directed negative affect (which they describe as shame, guilt and disgust with oneself). This implies that denial serves to protect individuals from experiencing negative emotions such as shame. It is unclear, on the basis of this study, whether this relationship would be found in sexual offenders. While Marshall, Anderson and Fernandez (1999) found that sexual offenders *not* in denial experienced shame, it is unclear how their levels of this emotion compared to those sexual offenders who did deny their offending.

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The Current Review

This background material has established that while there are existing reviews on each of the areas of shame/guilt in sexual offenders and denial in sexual offenders, very few of these take a systematic review or meta-analysis approach. None of the existing reviews, in any form, explore the relationship between shame/guilt and denial in sexual offenders. The aim of this systematic review was to determine the relationship between shame/guilt and denial in sexual offenders. The objectives are:

1) To determine if shame is associated with increased denial in sexual offenders
2) To determine if guilt is associated with decreased denial in sexual offenders

Method

Sources of literature: The literature searches were carried out on 22nd April 2012. The following databases were used:

1) EBSCO Psychology and Behavioural Sciences Collection (no time span specified)
2) Psycinfo 1987 to April Week 3 2012
3) OvidMedline 1996 to April Week 2 2012
4) Embase 1974 to 2012 Week 16

Search strategy: The following search terms were used:

(denial or minimi* or justif* or cognitive distortion* or blame attribution* or external attribution*) AND (sex* offend* or rapist* or child molester* or paedophil* or pedophil*) AND (shame or guilt or self-conscious affect or self-conscious emotion* or moral emotion*)

[redacted]

These search terms allowed for the identification of all permutations of terms used to refer to sexual offenders, denial, shame and guilt in the associated literature, including differences in spelling used in American English. Where possible, the criteria were set to identify those articles with the sexual offenders' terms in the abstract and the denial and shame/guilt terms in all fields.

Given the very specific focus of the review, a number of experts in the field were contacted via email to establish their awareness of any research (published or unpublished) in the area of interest. These included Nicholas Blagden, Shadd Maruna, Kevin Howells, Kevin Nunes, Gisli Gudjonsson and Jill Levenson. While most of these experts responded helpfully to the email, only Gisli Gudjonsson and Nicholas Blagden provided or identified research articles that met the inclusion criteria for this review.

Study selection. ***a. Inclusion criteria and PICO.*** The inclusion criteria were set taking into account PICO criteria as follows: Population = convicted sexual offenders; Intervention = not applicable (the aims and objectives were not concerned with intervention, therefore all intervention types as well as studies not relating to interventions would be included); Comparator = not applicable (studies that did and did not recruit comparator groups would be included); Outcome = exploration and/or measure of shame/guilt and denial. Further inclusion criteria required papers to be published, to be in the English language and to be reporting a primary study.

Exclusion criteria were set so that papers not in the English language, not reporting a primary study (e.g., reviews, book chapters, books, essays, etc.), that focused exclusively on non-sexual offenders, victims, offenders' families, and/or were not published (including dissertations) were not considered in the review.

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Studies identified from the initial searches were judged as being 'irrelevant' for the purposes of the current review when they clearly did not meet the PICO criteria based on reading the title and abstract. Studies not making the 'provisionally included' stage fell into the following categories:

Focussed on risk of suicide amongst participants

Focussed on the family members of sexual offenders

Focussed on the legal processes associated with offending (e.g., police interviewing)

Focussed on the victims of sexual offending

Focussed on others' perceptions of/attitudes towards sexual offenders/victims

Focussed on sexual health

Focussed on polygraphy and/or penile plethysmography

Focussed on multiple perpetrator sexual offending

Focussed on the medical treatment of sexual offenders

Focussed on neurobiological theory

The papers excluded on the basis of the above descriptions focused on these areas of interest and not on the PICO criteria. Research that had such a focus but also met the PICO criteria were provisionally included for further consideration.

The full versions of the 25 provisionally included studies were then located by the author and read to assess their adherence to the review's PICO criteria. A summary of this decision making process (with reasons for exclusion/inclusion) is provided in

Figure 1 and in more detail in Appendix 1. This in depth reading stage resulted in the finding that 10 papers met the criteria of the current review.

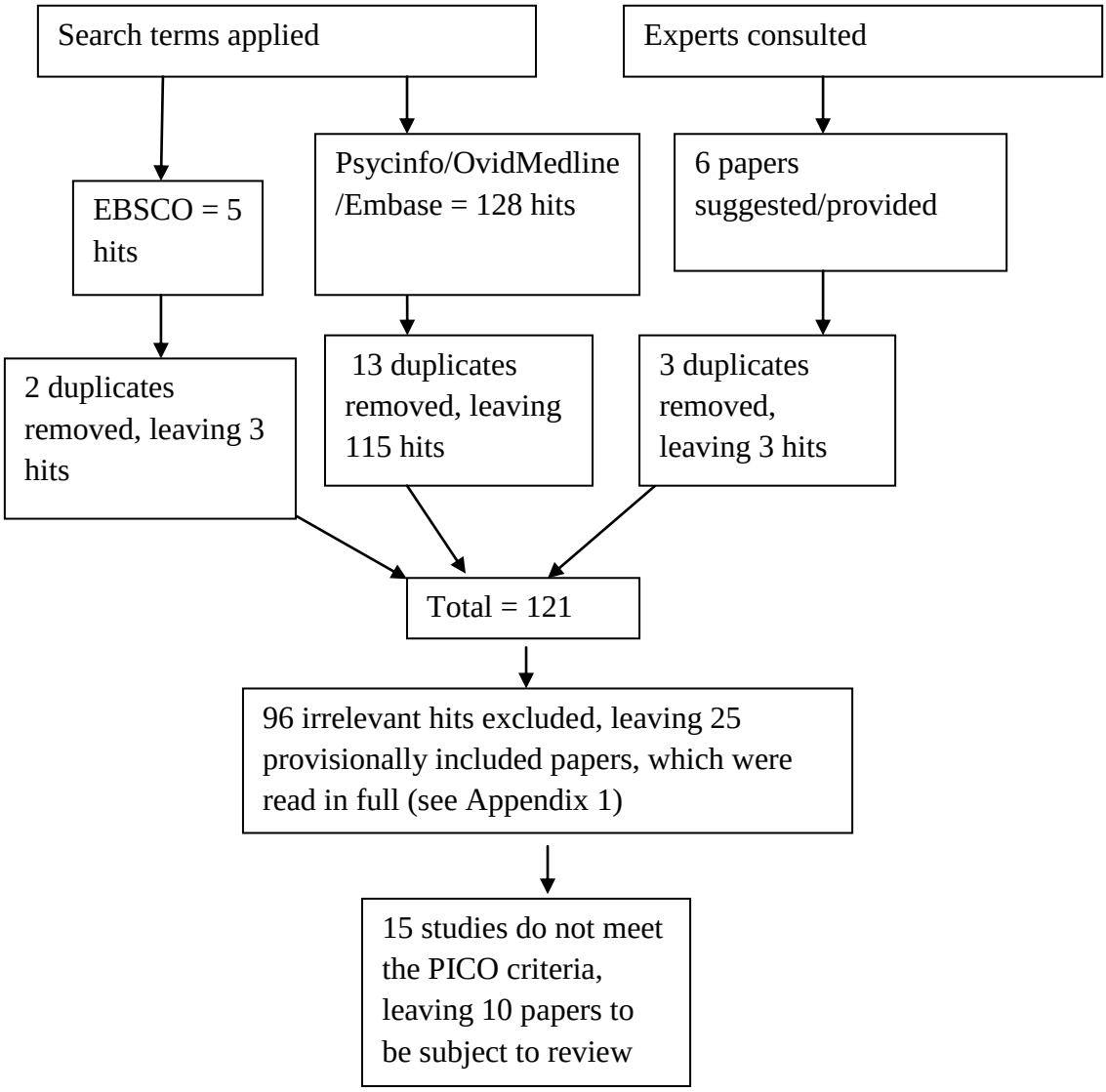

Figure 1. Flow diagram illustrating the process followed for selecting studies for the review.

b. Quality assessment. Each of the ten studies resulting from the filtering process was then subject to a quality assessment (see Appendix 2). The quality criteria for the purely qualitative studies identified were developed using aspects of the CASP (Critical

Appraisal Skills Programme; www.casp-uk.net) tools for qualitative studies as the studies fell into this category of research. CASP do not provide a quality assessment pro forma for cross-sectional studies, therefore the cross-sectional survey studies (one of which included mostly descriptive, but with some analytic processes) were assessed using a form designed by the author, structured using information relating to the potential strengths/limitations of such research (Centre for Evidence Based Medicine; www.cebm.net) and questions suggested for the critical appraisal process (www.medscape.com). The remaining quantitative studies were subject to the same quality assessment as the cross-sectional survey studies (with a minor modification to the questions specific to study design/methodology), as the key questions were relevant to them all and this allowed for comparisons to be drawn more readily.

Where relevant, studies were therefore quality assessed according to where they fell in Khan, Dinnes and Kleijnen's (2001) hierarchy of study designs and the extent to which they met the quality criteria of the tool used.

A score system was then developed as follows to summarise the quality of each study and allow for comparisons to be drawn. It is acknowledged that the medical/scientific research literature in particular tends to refer to Randomised Control Trials (RCTs) as the 'gold' standard of research. However, given that such a design is not represented in the ten studies selected for review, a relative scoring system has been developed for the purposes of this review:

Gold = Meets 85-100% of the quality assessment criteria

Silver = Meets 56-84% of the quality assessment criteria

Bronze =Meets up to 55% of the quality assessment criteria

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A percentage calculation allowed for variation in the number of quality assessment criteria (according to the type of study being reviewed). It also allowed for a proportional level of credit (50%) to be given for criteria that were partially, but not fully, met.

In order to minimise bias, three of the ten papers subject to the review were selected at random and 'blind' quality assessed by a qualified psychologist colleague of the author. The ratings given by the second assessor were the same as those given by the primary author, therefore providing evidence for inter-rated reliability and objectivity of the quality assessment process.

While a detailed Quality Assessment Form can be found for each of the ten studies in Appendix 2, a summary table of the key characteristics and findings (Table 1) and a table of the key strengths, limitations and quality scores (Table 2) are provided in the Results section that follows.

c. Data Extraction. A data extraction pro forma was developed based on the aims of the current review. This allowed for the development of summaries of the key findings of each study, with a focus on the outcomes of interest to the review. The data extraction form for each of the ten studies can be found in Appendix 3.

Results

This review aimed to explore the evidence in the existing literature to determine if shame is associated with increased denial in sexual offenders and if guilt is associated with decreased denial in sexual offenders. The key features of the ten studies that were reviewed are provided in Table 1. Of the ten studies subject to the review, none explicitly set aims or objectives to measure these proposed relationships. The

descriptive qualitative approach of three of the selected studies tended to reflect the lack of existing literature in the subject area and the avoidance of making assumptions and setting hypotheses regarding potential findings. However, the descriptive method allowed for themes relating to the questions of interest to arise from the data, thereby lending their applicability to this review. One of the studies took a mixed qualitative and quantitative approach, using the former to review expert opinion and the latter to develop and test a related measure. The remaining studies took a quantitative approach and none of them set specific hypotheses relating to the association between guilt/shame and denial. While they did measure these constructs, few of the quantitative studies tested correlations between them.

Of the ten studies, all discussed their findings in relation to denial, as per the PICO criteria. However, just two of the studies discussed the findings in relation to both shame and guilt, with one reporting outcomes related to shame alone and seven reporting data in relation to just guilt. Before the results are discussed in relation to the Objectives of the review, the ten selected papers, their adherence to the PICO criteria and relevant outcomes are summarised in Table 1. This is followed by Table 2 identifying the key strengths and limitations of each of the papers, along with their allocated quality rating.

Table 1.

Summary of the key features of the ten selected studies

Study	Adherence to PICO criteria			
	Sample	Assessment of shame, guilt & denial	Relevant Measures	Relevant Outcomes
Blagden, Winder, Thorne and Gregson (2011) Aims: To explore the experiences of sexual offenders who had previously denied their offending but were now admitting their guilt	11 adult male sexual offenders serving custodial sentences in a closed prison (providing sex offender treatment) in the UK	Denial is an Independent Variable – participants were selected on basis of previous denial. Shame and guilt arose in the qualitative analysis.	Semi-structured interview	A 'phenomenology of shame and guilt' subordinate theme, within a 'maintaining viable identities' superordinate theme was identified and discussed. Participants identified being in denial with experiencing shame, while their current stance of admitting responsibility was associated with feelings of guilt and wanting to make amends for their actions.

Design: Qualitative Interpretative Phenomenological Analysis (IPA) approach				Suggested that the relationship between shame and denial evident in sexual offender participants is also experienced by their family members of these participants, thereby maintaining a sense of balance and unity. Referred to the 'internal conflict' experienced by sexual offenders in denial and attributed this to feelings of shame and guilt.
Blumenthal, Gudjonsson and Burns (1999)	66 adult male sexual offenders located in	The 'guilt feeling attribution' scale assesses the extent to which the participant reports	Revised Gudjonsson Blame	No significant relationship was found between the guilt feeling attribution scores and the external attribution

	prisons	feelings of guilt, remorse or regret.	Attribution Inventory (GBAI)	scores (r = -.22, ns) or the mental element attribution scores (r = .26, ns) for the child sexual offender group. For the adult sexual offender group, significant correlations were found between the guilt feeling attribution scores and the external attribution scores (r = -.66, p<.01) and the mental element attribution scores (r = .48, p<.01).
Aims: To compare the attitudes and beliefs used to minimise/justify offending held by child and adult sexual offenders		The 'external attribution' scale assesses the extent to which participants seek external justifications for their offences.		
		The 'mental element' attribution scale measures the extent to which participants blame their offending on mental factors such as mental illness or low mood.		
Design: Cross-sectional observational approach, with between subjects and within subjects				

analysis		No measure of shame.		
Saradjian and Nobus (2003) Aims: To explore the content and process of cognitive distortions and the role played by religious beliefs in sexual offending Design: A Grounded Theory analysis of existing treatment materials	14 adult males with a religious professional background who were convicted of child sexual offences and were attending a residential treatment centre	Cognitive categories related to guilt and denial arose from the qualitative analysis of the data. No measure of shame.	Existing written materials completed during the 'pro-offending' module of treatment	Of 10 cognition categories identified, 5 were related to guilt and/or denial: • Beliefs that make sex with children socially and morally acceptable • Beliefs related to reducing inhibitions against initiating a sexual act with a child • Beliefs related to denial of any potential harm in acts related to the process of choosing a child and rehearsal of sexual acts with children in fantasy • Beliefs that minimise the seriousness of the actual

				offences • Beliefs that minimise the perpetrator's self-image as a culprit.
Vandiver, Cheeseman Dial and Worley (2008) Aims: To explore the impact of registry on the lives of female sexual offenders Design: A descriptive, exploratory study, employing deductive	9 adult female sexual offenders subject to probation and statutory regulation in the community	Shame and denial arose separately from the qualitative analysis of data. No measure of guilt	Semi-structured interviews	Identified shame and stigma associated with being labelled a sexual offender. Linked having small circles of friends with increased levels of shame. In terms of denial, one of the subcategories arising from the deductive analysis of the data was 'denial or acceptance of wrongdoing', with participants tending to minimise their offending.

[redacted]

and inductive analysis				
Batson, Gudjonsson and Gray (2010) Aims: To explore the relationship between psychopathy, blame attribution & offence type for mentally disordered offenders Design: A cross-sectional between subjects design, employing correlation analyses	67 male offenders in medium secure mental health units 5 of the sample (7%) were convicted of a sexual offence	The 'guilt feeling attribution' scale assesses the extent to which the participant reports feelings of guilt, remorse or regret. The 'external attribution' scale assesses the extent to which participants seek external justifications for their offences. The 'mental element' attribution scale measures the extent to which participants	Revised Gudjonsson Blame Attribution Inventory and the Psychopathy Checklist – Screening Version (PCL-SV)	None of the findings addressed the questions of the current review. The study reported a positive correlation between psychopathy and external blame attribution, but no correlation between psychopathy and guilt feelings.

		blame their offending on mental factors such as mental illness or low mood. No measure of shame.		
Moore and Gudjonsson (2002) Aims: To measure participants' attitudes (including blame attribution towards their index offences) Design: A between subjects design,	178 male and female patients from a high security hospital and medium secure unit 19 of the total sample were convicted of a sexual offence	The 'guilt feeling attribution' scale assesses the extent to which the participant reports feelings of guilt, remorse or regret. The 'external attribution' scale assesses the extent to which participants seek external justifications for their offences.	Revised Gudjonsson Blame Attribution Inventory	None that specifically addressed the questions of the current review. The authors found a non-significant trend towards lower external attribution scores for sexual offenders compared to other offender types.

allowing for analysis of differences in blame attribution		The 'mental element' attribution scale measures the extent to which participants blame their offending on mental factors such as mental illness or low mood. No measure of shame.		
Xuereb, Ireland and Davies (2009) Aims: To develop a measure of shame, guilt and denial and to test its validity with	Study 1: 39 experts from fields relating to the area of study Study 2: 339 adult male	56 shame, 40 guilt, and 30 denial items within the measure developed for the study The measure is broken down into 6 sections examining	A measure of shame, guilt and denial was developed and applied within the study	'Minimisation of harm' was negatively correlated with 'chronic self-blame' (r=-.32, p<.001) and 'responsibility and self-blame' (r=-.47, p<.001). and positively correlated with 'lack of negative emotion' (r = .50, p<.001).

different offender types Design: An initial qualitative Delphi approach followed by thematic analysis and factor analysis. Between subjects ANCOVAs were run to assess differences	prisoners 132 (38.9%),of the sample for study 2 were convicted of a sexual offence	stable factors, perception of the index offence, experience of shame and guilt in relation to the offence (while thinking about it as well as afterwards), the functions served by denial and chronic shame and guilt		Higher agreement with charges predicted greater levels of 'responsibility and self-blame' and less 'minimisation of harm' However, it is important to note that these results reflected findings for the whole sample (which incorporated non-sexual offenders).
Cima, Merckelbach, Butt, Kremer, Knauer and Schellbach-Matties (2007)	107 participants were recruited from a prison and forensic institution	The 'guilt feeling attribution' scale assesses the extent to which the participant reports feelings of guilt, remorse or regret.	German translation of the Revised Gudjonsson Blame	None of the analyses specifically addressed the questions of this review. This study reported that for the sexual offender prisoners in the sample

	setting.		Attribution	showed significantly less guilt feeling
Aims: To validate a German translation of the GBAI and to investigate the relationship between offence type and blame attribution for offenders from different settings	There were 19 sexual offenders in the forensic institution sample and 25 sexual offenders in the prison sample	The 'external attribution' scale assesses the extent to which participants seek external justifications for their offences.	Inventory	attribution than other offender types as well as sexual offender patients. For the patients in the sample, the sexual offenders showed the highest guilt scores.
		The 'mental element' attribution scale measures the extent to which participants blame their offending on mental factors such as mental illness or low mood.		
Design: Between subjects analyses were used to examine the interaction between offence type,		No measure of shame		

guilt attribution and setting. Within subjects test-retests were run to assess reliability. Factor analysis was used to psychometrically evaluate the GBAI.				
Gudjonsson and Petursson (1991) Aims: To validate cross-culturally the findings of an earlier paper by Gudjonsson	Sample comprised 98 Icelandic offenders. 12 of these were convicted sexual offenders.	The 'guilt feeling attribution' scale assesses the extent to which the participant reports feelings of guilt, remorse or regret. The 'external attribution'	An Icelandic translation of the Gudjonsson Blame Attribution Inventory	For the overall sample mental element attribution correlated significantly with guilt feeling attribution ($r=.51$, $p<0.001$) and negatively with external attribution ($r=-.22$, $p<0.05$). Sexual offenders were not analysed

and Singh (1989) Design: A mixed design, with between subjects explorations of differences between attribution scores and within-subjects correlation analyses of relationships between attribution subscale scores		scale assesses the extent to which participants seek external justifications for their offences. The 'mental element' attribution scale measures the extent to which participants blame their offending on mental factors such as mental illness or low mood. No measure of shame.	(GBAI)	separately.
Newton, Coles and Quayle (2005)	9 male patients in an Addictive Behaviour Unit	The 'guilt feeling attribution' scale assesses the extent to which the participant reports	Gudjonsson Blame Attribution	Given its pre-post treatment design, this study did not explore any relationships between the various

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Aims: To describe and evaluate a relapse prevention programme for patients with complex and chronic problem behaviours Design: A naturalistic within subjects design, comparing results of participants' measures pre and post-treatment.	of a high security hospital. 6 of the sample were convicted of a sexual offence.	feelings of guilt, remorse or regret. The 'external attribution' scale assesses the extent to which participants seek external justifications for their offences. The 'mental element' attribution scale measures the extent to which participants blame their offending on mental factors such as mental illness or low mood.	Inventory (GBAI) Psychological Inventory of Criminal Thinking Styles (PICTS; Walters, 1995),	subscale scores for the participants. Therefore, there was no analysis of any correlation between guilt measures and denial measures.

[redacted]

	The ‘Mollification’ scale assessed rationalizing and justifying offending through minimisation or blaming others. No measure of shame.

[redacted]

Table 2. Key strengths and limitations of the ten selected studies

Study	Strengths	Limitations	Rating
Blagden, Winden, Thorne and Gregson (2011)	• Need for the study was justified • Set clear aims • Explained rationale for qualitative approach • Reflexivity issues in terms of the primary researcher's influence were identified and (where possible) minimised • Key ethical issues were taken into consideration • Process of data analysis was clearly described and the resulting themes were reported. Each theme	• Response rate cannot be calculated • Semi-structured interview approach was not weighed up with alternative methods • Impact of the staff recruiting participants was not explored • The process by which quotes were selected is unclear	Silver (70%)

	was then discussed in turn, with the use of quotes extracted from the data to exemplify points made • Areas of contradictory findings were reported and discussed.		
Blumenthal, Gudjonsson and Burns (1999)	• Set clear aims and associated hypotheses • Clearly justified its cross-sectional observational approach • Some explicit consideration of associated ethical issues • Data analysis and reporting of the findings were clearly linked back to the hypotheses	• Response rates were not accurately recorded • Biases associated with drawing participants from treatment waiting lists were not fully acknowledged • Validity and reliability data for chosen measures not reported • Implications of the results were discussed mainly in terms of theory	Silver (78%)
Saradjian and	• Set clear aims	• Numerous limitations inherent in the	Silver

Nobus (2003)	• Justified qualitative approach • Presentation of a clear model of the proposed relationships between the categories identified • Well structured results, with the use of examples from the data • Included suggestions for how the findings could be applied in the treatment of child sexual offenders from religious professions • Areas for future research were identified	data used as the basis for the analysis, relating to the means by which the data were generated (i.e., written by participants), the influence that clinicians were likely to have had on the data and the reliance on participants' ability and willingness to identify the cognitive distortions experienced at the various stages of sexual offending • The recruitment strategy was limited in that participants were drawn from just one treatment centre and the generalisability of the findings to other sexual offenders from a religious profession background, is	(65%)

		questionable • Lack of presentation of contradictory findings	
Batson, Gudjonsson and Gray (2010)	• Set clear aims • Justified design and methodology • Achieved representative sample • Process for obtaining informed consent followed • Data analysed and presented appropriately • Applications for findings discussed	• Potential influence of socially desirable responding not considered • Limitations of information drawn from files not considered • Payment for participation may be viewed as coercive • Use of abridged psychopathy measure limited findings	Silver (83%)
Moore and Gudjonsson	• Set clear aims • Justified design and methodology	• Response rate unclear • Timescale for data collection did not	Silver (78%)

(2002)	• Appropriate recruitment strategy • Measures selected match study's aims • Process for obtaining informed consent followed • Welfare of participants prioritised over data collection • Data analysed appropriately and presented clearly	consistently match study's aims • Impact of socially desirable responding not considered • Lack of debrief process for participants • Heterogeneity of Personality Disorder not accounted for in data collection/analysis • Application of findings not fully explored	
Xuereb, Ireland and Davies (2009)	• Set clear aims and hypotheses • Clearly justified design and methodology • Good response rate for prisoner participants	• Limited response rates for expert participants • Impact of researcher influence on prisoner participants' responding not considered	Silver (73%)

	• Steps of Delphi method clearly adhered to • Clearly passed ethical review • Data analysed appropriately and presented clearly • Areas for applying the findings and further research were discussed	• Responses of prisoner participants were reliant on self-report alone • The theoretical background of the experts was not assessed and is likely to have biased findings	
Cima, Merckelbach, Butt, Kremer, Knauer and Schellbach-Matties (2007)	• Set clear aims • Adopted methodology and design matched to aims • Confidentiality and informed consent issues were addressed • Data analysed appropriately • Psychometric properties of tool	• Recruitment strategy unclear • Response rates unclear • Impact of socially desirable responding not discussed • Impact of participation on mentally ill participants not addressed explicitly • Insufficient sample size for robust	Silver (72%)

	assessed • Suggestions for further research made	factor analysis • Limited application of findings	
Gudjonsson and Petursson (1991)	• Set clear aims • Adopted methodology and design matched to aims • Measure used is appropriate to aims and validity/reliability data for tool are reported • P values reported for statistical analyses • Research supports the trans-cultural application of the measure of interest	• Recruitment strategy unclear • Response rates unclear • Setting unclear • Data collection process unclear • Ethical issues not explicitly addressed • Statistical tests employed not clear • Future research or application for findings not discussed	Silver (56%)

Newton, Coles and Quayle (2005)	• Set clear aims • Good response rate from group studied • Measures justified with links to aims and validity/reliability data • Consent issues addressed • Findings presented clearly in tables for group and individuals • Identified areas for further research	• No control group to compare treated group to • Small sample size • Impact of socially desirable responding not discussed • Impact of participation on participants not addressed • Desired direction of change not clear in results tables • Findings limited by tendency towards 'normal' baseline scoring	Silver (56%)
Vandiver, Cheeseman Dial and Worley (2008)	• Set clear aims • Qualitative approach was clearly appropriate • Use of a semi-structured interview	• The participant selection process was subject to bias, thereby limiting the conclusions that could be drawn from the data generated	Bronze (55%)

	was justified • Confidentiality of participants was prioritised	• Means of recording the data generated were limited in that they were subject to interviewer bias and key statements made by the participants could have been easily lost • Nature of the relationship between the researcher and participants was given little consideration • Authors did not describe seeking ethical approval • Authors did not consider the potential impact that participation had on participants • Data analysis not explicitly described • Confidentiality limited by specific

[redacted]

	details of participants' offending and other characteristics being reported

[redacted]

Summary of support for Objective 1. Objective 1 was to determine if shame is associated with increased denial in sexual offenders. Of the ten articles subject to this review, only three provided findings of potential relevance to this objective. Two of these were qualitative and one was quantitative. Two of the studies were rated 'Silver' in the quality assessment and one was rated 'Bronze'. The studies providing the most promising findings in relation to Objective 1 were those by Blagden et al. (2011) and Xuereb et al. (2009). Blagden et al.'s IPA study of sexual offenders who had previously been in denial but were now taking responsibility for having offended, identified denial as being associated with shame. While they did not interview family members of sexual offenders directly, they inferred that this association exists for relatives, as well as for the sexual offenders themselves. Shame was reported to be one of two emotions associated with internal conflict for Blagden et al.'s participants.

Taking a quantitative approach, Xuereb et al. (2009) provided further findings relevant to Objective 1 through analysing correlations between scores on the various subscales of the measure they developed. Scores on the 'minimisation of harm' scale (which they described as tapping into denial) were negatively correlated with 'chronic self-blame' ($r=-.32$, $p<.001$), which contains items linked with shame, for example, 'Get a feeling of shame that stays with me for a long time'. Whilst this indicates that denial is negatively associated with shame (which is inconsistent with the predicted relationship implied by the existing literature), it should be noted that the 'chronic self-blame' scale also included items that reflect the concept of guilt as defined by much of the existing literature (e.g., Tangney & Dearing, 2002), for example, 'Tell myself that I need to do things better in future'. This could have influenced findings.

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Xuereb et al. (2009) further found that ‘minimisation of harm’ positively correlated with ‘lack of negative emotion’ ($r = .50$, $p<.001$). The ‘lack of negative emotion’ scale contains items that reflect an absence of shame, for example, ‘I say to myself that I feel no shame about what I did’. This correlation therefore suggests that denial is associated with lower levels of shame, which is again in contrast with what the related literature suggests. It is important to note that these analyses were conducted for the sample as a whole and sexual offenders were not separated out from other offender types for this part of the statistical testing, making it difficult to identify results specific to this review.

Finally, while the study by Vandiver et al. (2008) also generated results identifying denial and shame as being relevant to their female sexual offender sample, they did not draw direct links between denial and shame in their consideration of their results. Their findings therefore offer little towards the achievement of Objective 1.

Summary of Support for Objective 2. Objective 2 was to determine if guilt is associated with decreased denial in sexual offenders. Of the ten articles subject to this review, nine generated results related to both denial and guilt. All of these achieved a ‘Silver’ quality rating. However, four of these did not make links between their measures of denial and measures of guilt and therefore do not contribute towards Objective 2 (i.e., Batson et al., 2010; Moore & Gudjonsson, 2002; Cima et al., 2007; Newton et al., 2005). A further study, by Gudjonsson and Petursson (1991) found that mental element attribution (a measure of denial based on a sub-scale of the GBAI) correlated significantly with guilt feeling attribution ($r=.51$, $p<0.001$), suggesting that guilt is associated with increased denial (not decreased denial as the introductory literature review implied). However, it is important to note that these findings are based on analyses of the whole sample, merging sexual offenders with

violent, acquisitive and other types of offenders. Such findings therefore offer little towards achieving Objective 2.

Offering a better contribution towards Objective 2 is the qualitative paper by Blagden et al. (2011) .Their results indicated that participants' current stance of admitting responsibility is associated with feelings of guilt and wanting to make amends for their actions. This therefore supports the prediction that guilt is associated with decreased denial in sexual offenders. Also related to Objective 2 is Xuereb et al.'s (2009) finding that 'minimisation of harm' was significantly negatively correlated with 'responsibility and self-blame', thus further supporting the prediction that denial is negatively associated with guilt.

Whilst the study by Blumenthal et al. (1999) is one of six subject to this review that employed the GBAI (Gudjonsson & Singh, 1989), it is the only one of these studies that assessed the relationship between results of the scales that make up the overall measure, therefore providing findings relevant to Objective 2. While no significant associations were found for the child sexual offender group, for the adult sexual offender group, significant correlations were found. However, these findings provide mixed results in relation to Objective 2: while guilt was negatively associated with denial as measured by external attribution, it was positively associated with another denial measure (mental element attribution).

Of relevance to Objective 2 is Saradjian and Nobus' (2003) proposition of a model of how the categories of cognition they identified are related sequentially. They suggested that particular types of cognition occur before, during and after a sexual offence and that these all link together in order to create a cyclical, reinforcing effect. The authors drew links between guilt and denial in their discussion of the findings, for example, suggesting that externalisation of blame is used at the post-offence stage in order to reduce personal

responsibility for the sexual offence and minimise feelings of guilt. This conflicts with the Objective 2 prediction that denial is associated with decreased guilt in sexual offenders. Similarly, the authors indicated that minimising the harm caused to the victim of the sexual offence serves to reduce associated guilt. However, it is of note that these authors did not discuss shame in relation to their findings and seem to have merged the characteristics of this emotion with those of guilt, thereby impacting on their interpretation of results. It may be that the debilitating effects of guilt (in terms of promoting repeated sexual offending and preventing change) that the authors identified, are actually related to shame.

Themes and discrepancies in study quality. There are a number of themes arising from the ten studies subject to this review as well as notable areas of difference. The quality assessment process revealed that nine of the studies were of a 'Silver' standard, while the remaining one was judged to be 'Bronze'. The fact that none of the studies was awarded a 'Gold' rating is indicative of the finding that none of the studies were found to fully meet the agreed quality criteria. An area of relative strength amongst the studies was the tendency to set clear aims at the outset. All studies fully met this criterion. As well as stipulating aims, most of the studies supplemented these with explaining the rationale for the research in terms of gaps in the existing literature and/or potential applications of the findings. Of interest to the current review is the finding that none of the studies explicitly aimed to explore the relationship between shame and denial or guilt and denial. These concepts (and their relationships) arose either out of the exploratory nature of the studies or as a secondary finding.

Nine of the studies succeeded in fully justifying the methodological approach chosen. Most had adopted a research design that was clearly matched to the aims of the research. Newton et al. (2005) acknowledged the limitations of their design in that they were unable to recruit a matched control group against which to compare their sample undergoing treatment.

It is of note that while the researchers were clear in highlighting the merits of their chosen design, two of them (both qualitative studies by Saradjian and Nobus (2003) and Vandiver et al. (2008)) had neglected to openly consider the limitations of the design or to weigh it up against potential alternative approaches.

A number of the studies used a participant recruitment strategy that did not serve to minimise bias or maximise the chances of achieving a representative sample from which results could be generalised to a wider population. In some cases (e.g., Gudjonsson & Pertursson, 1991), the recruitment strategy is not reported in detail, limiting the author's ability to judge its effectiveness. The challenges of encouraging (while not coercing) convicted sexual offenders to take part in research is evident in such studies, and there is evidence in some cases of the researchers adapting their recruitment strategy in order to generate more data. Furthermore, researchers did not always keep a record of all potential participants being approached and therefore response rates could not be accurately calculated.

None of the ten studies fully met the quality criteria in terms of using methods of data collection that clearly addressed the research issue. A number of them did not fully acknowledge susceptibility to bias in their data collection methods, such as in their development of survey/questionnaire items, reliance on self-report, the settings in which data were collected, others' influences on participant responses, the impact of active mental illness on participation, and the effects of literacy skills and cognitive abilities. Limitations regarding the accuracy of file information where used as a source of data was not always acknowledged. In the case of the study by Moore and Gudjonsson (2002), the timescales within which data are collected did not consistently reflect the aims of the study (in relation to examining patients on admission to hospital).

There is considerable variation with regard to the consideration given to the influence of the researcher in each of the studies (where relevant). Blagden et al. (2011) were

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particularly mindful of this issue and described processes they adopted in order to minimise the biasing influence of the primary researcher collecting data via the semi-structured interviews. While Saradjian and Nobus (2003) also adopted a qualitative approach, their means of minimising researcher influence was very different. These researchers avoided the necessity for any direct contact between the researchers and the participants. However, they did not fully consider the impact that treatment staff might have had on the data generated. Vandiver et al. (2008) were perhaps the poorest in terms of their acknowledgement and addressing of researcher influence. Even in those studies that employed quantitative methods, where there was contact between the researcher(s) and participants, the potentially biasing effect of this was not consistently acknowledged.

Only two of the ten studies had explicitly explored the ethical issues arising from their research. Blagden et al. (2011) and Xuereb et al. (2009) referred to seeking appropriate permissions for carrying out their studies. Others made reference to ethical issues, for example, in relation to obtaining informed consent, using an information sheet, being mindful of participants' welfare, etc., without referring to being granted ethical approval for their research. However, the inherent power imbalance between researchers and convicted (particularly incarcerated) offenders, and its impact on findings was not openly discussed or accounted for.

Anonymity is a theme arising from a number of the studies, with some researchers prioritising this and others giving it insufficient consideration. It is clear that the more specialist a study becomes in terms of its population of interest, the fewer people there will be that fall into this population and the more readily participants could be identified from associated research. In relation to the current review, this could be said to be the case for the research focusing on female sexual offenders (Vandiver et al. 2008) or male sexual offenders from a religious professional background (Saradjian & Nobus, 2003). Furthermore, the more

individualised and personal the data presented in a research paper, then the easier it will be to identify the participants. It is the view of the author of this review, that participants could be identified from a minority of the studies considered.

A variety of data analysis processes were adopted across the ten studies reviewed. It was difficult to scrutinise the data analysis process used by Vandiver et al. (2008) as this was not made explicit. The Interpretative Phenomenological Analysis and Grounded Theory Analysis employed by Blagden et al. (2011) and Saradjian and Nobus (2003) respectively, were the more rigorous of the purely qualitative studies. Nevertheless, the reporting of the qualitative analyses could have been improved further, for example, through clear discussion of data extraction, data saturation, etc. In terms of the other studies, the statistical analyses applied by Blumenthal et al. (1999), Batson et al. (2010), Moore and Gudjonsson (2007) and Xuereb at al. (2009) was considered particularly robust. Netwon et al. (2005) and Cima et al. (2007) based their analyses on particularly small samples and in the case of Gudjonsson and Petursson (1991), one aspect of the statistical testing was not clearly reported.

Half of the selected studies presented their findings clearly, linking the results back to their original aims/hypotheses and discussing their findings in relation to existing research and theory. Those who did not present clear findings tended not to have been clear regarding any contradictory results (in the case of qualitative studies) or did not fully explain tables or analyses outcomes (in the case of quantitative studies). In terms of the value of the research, it is the study by Blagden et al. (2011) that is considered the most valuable. The application of the findings of the majority of the studies in the 'real-world' assessment, treatment and management of sexual offenders is limited. This is largely a reflection of the limitations of the studies as well as questions around the generalisability of findings. Where the research is of value, this is generally a reflection of its contribution to theory and/or identifying areas for further research.

Discussion

This review set out to determine the relationship between shame/guilt and denial in sexual offenders. The objectives were:

1) To determine if shame is associated with increased denial in sexual offenders
2) To determine if guilt is associated with decreased denial in sexual offenders

The ten studies did not allow for the two objectives to be definitively achieved. In relation to Objective 1, the results were inconclusive, with only two papers contributing findings towards this aim. While the research by Blagden et al. (2011) served to support the proposition that shame is associated with increased denial in sexual offenders, the research by Xuereb et al. (2009) was inconsistent with this finding. However, the applicability of Xuereb et al.'s (2009) results to Objective 1 was limited by its merging of sexual offenders with other offender types in the related part of the analysis. These researchers also moved away from the shame, guilt and denial distinction in their study, which led to the creation of scales in which aspects of shame and guilt as described in the background literature, were merged. This in turn could have impacted on the findings.

In relation to Objective 2, four of the studies contributed useable findings, with the study by Blagden et al. (2011) providing the most consistent support in terms of guilt being associated with decreased denial in sexual offenders. The Blumenthal et al. (1999) study further indicated that guilt is associated with decreased denial for adult sexual offenders, but only when denial was measured using the 'external attribution' scale. This association was not found in child sexual offenders in their study. Xuereb et al.'s (2009) research also supported the proposition that guilt is associated with decreased denial, but related analyses were based on an overall sample in which sexual offenders were merged with other offender types. While the findings of Saradjian and Nobus' (2003) study suggested that guilt is

associated with increased, rather than decreased denial, they did not distinguish between guilt and shame, which could have impacted on the results. The findings of the review in relation to Objective 2 are therefore both limited and inconclusive.

This review is the first to take a systematic approach to appraising the research exploring the relationship between shame/guilt and denial in sexual offenders. While the author sought to focus on using databases and literature sources that specialise in the area of interest, this was not exhaustive and it is possible that using additional databases would have yielded further studies for inclusion in the review. However, given the particularly specialist nature of the review, the contacting of experts in the field in an attempt to identify further research of interest, should have served to minimise the chances that key studies were missed.

While the author sought to include a range of search terms that would capture all relevant studies of interest, based on existing knowledge and experience, it is possible that certain search terms that could have been used were not. This has become more evident through the experience of completing the review and being exposed to variations in the terms used by researchers to refer to the same concepts. Some studies, for example, refer to shame/guilt as examples of 'self directed negative affect' and this search term was not included.

While the inclusion and exclusion criteria for the review were structured by the PICO terms, thereby minimising the impact of individual bias, the basis for 'provisional' inclusion/exclusion was the reading of the title and abstract for each study alone. Such small pieces of information can be misleading in the review process. This was evident when studies that were provisionally included based on the abstract, were clearly not relevant to the review when it came to reading the full article. Given this occurrence, it is possible that studies

[redacted]

dismissed on the basis of reading the abstract, could actually have been relevant had the author read the study in its entirety.

The author drew on existing quality assessment pro forma to create quality tools for use in this review. This lent structure to the quality assessment process, helping to ensure that relevant areas were taken into consideration. However, judging whether each study complied with each quality item required more than a simple 'yes/no' answer and the author was therefore required to apply a degree of subjective judgement when assessing quality. It may have been the case, for example, that more weight was given to certain ethical issues than others, and that this skewed the results when deciding whether or not a study has sufficiently addressed ethical issues. Such biases were minimised by the involvement of a second quality assessor in the completion of the reviews.

Given that this is the first review to explore the relationship between shame/guilt and denial in sexual offenders, it cannot be compared to others in terms of its quality and results. Considering that this review has not produced definitive findings in terms of the relationship between shame/guilt and denial in sexual offenders, its implications for practice are limited. However, the stronger studies reviewed do suggest that shame is associated with increased denial and guilt is associated with decreased denial in this population. Given that sexual offenders who categorically deny their offences are currently excluded from accredited Sex Offender Treatment Programmes (SOTPs) in prisons in England and Wales, it is important that we gain an understanding of the psychological correlates of denial. If we could determine more confidently that shame is positively correlated with denial, then this would lend support to the notion that working with denial as a responsivity factor needs to account for its relationship to shame and guilt.

The current review has identified very few studies exploring shame/guilt and denial in sexual offenders, and those which it did find were of limited quality. However, while this has made it difficult to achieve the objectives of the review, it has helped to confirm a gap in the research exploring the relationship between shame/guilt and denial in this population. It should be noted though that given the limited information available about the relationship between these variables, the use of qualitative, more exploratory methodology is warranted. Given the potential applicability of the findings of such research in the assessment and treatment of sexual offenders (ultimately aimed to reduce further offending), it is imperative that this is explored further and in a more robust way. A research project undertaken by the author of this review, reported in Chapter Three of this thesis, seeks to meet this need.

[redacted]

Chapter 3: Empirical Research Project

Ethical Approval

Given the scope of this project, ethical approval was sought from a number of relevant bodies, including:

- The University of Birmingham Ethics Committee (see Appendix 4 for a copy of an email confirming this ethical approval)
- The National Research Council (NRC) (see Appendix 5 for a copy of a letter confirming this ethical approval)
- National Offender Manager Service (NOMS) Wales Regional Psychologist
- HMP Parc's (a G4S managed establishment) Ethics Committee

Where necessary, updated approval was sought in order to accommodate changes in the project during the data collection stage. As well as ethical approval, permission was sought from each of the relevant prison establishment's governors prior to data collection.

Abstract

This study was driven by research on the relationship between denial and risk, which has proved inconclusive and led to speculation about the protective role (e.g., from the painful experience of shame) that denial might serve for some sexual offenders. There is currently no published empirical research that specifically measures whether there is an association between shame and denial in sexual offenders. The study aimed to address this gap and establish whether there is an association between the 'self-conscious' emotions shame and guilt, and denial in sexual offenders. It was hypothesised that shame proneness and aversion would be positively correlated with denial, while guilt proneness would be negatively correlated with denial. Data were gathered via psychometric assessments administered to adult male sexual offenders (N = 78) in five prisons across England and Wales. The majority of these participants were engaged with an accredited Sex Offender Treatment programme at the time of data collection. The results provided mixed support for these hypotheses, with a 'denial index' failing to be significantly associated with any of the shame/guilt measures. When exploring raw scores, however, certain denial measures correlated positively with certain shame measures and negatively with one guilt-related measure. Further analysis indicated that certain shame/guilt measures significantly predicted denial. Implications of these findings in terms of addressing shame as a responsivity factor in sexual offender treatment, as well as informing further research, are discussed.

Introduction

On the 31st March 2012, there were 83,313 males in prison in the UK (a rise of three percent over the year) and 4,218 females (a fall of one percent over the year) (Ministry of Justice, 2012). Convictions for sexual offending have increased in recent decades, with sexual offenders representing an ever increasing proportion of the prison population: on 31st March 2012, sexual offenders comprised 14% of the total prison population (compared to 10% in 2000). As sexual offending becomes increasingly prevalent researchers have worked to improve our understanding of the risk factors underlying such behaviour as well as developing the effectiveness of treatment interventions aimed at decreasing risk of future re-offending. Denial has been a particular area of interest in such research, with interventions historically treating such a stance as a treatment target, and more recent research exploring the function that denial might serve for sexual offenders. Particular emotions, such as shame and guilt have started to emerge as potentially being linked to denial in this population, but related research is still in its relative infancy, as demonstrated in the systematic review of the associated literature in Chapter Two. This introduction aims to further examine the background literature in order to provide a rationale for the empirical research that is reported subsequently, examining the relationship between shame/guilt and denial in sexual offenders.

Denial

In psychological research and practice, denial has been an area of interest since the publication of the work of Sigmund Freud. Denial is defined as:

> *"The action of denying something... a statement that something is not true... the refusal of something requested or desired... refusal to acknowledge an unacceptable truth or emotion or to admit it into consciousness, used as a defence mechanism..."*

[redacted]

(www.oxforddictionaries.com)

It is widely believed that denial is common in sexual offenders, with researchers reporting that up to 98% of such offenders demonstrate denial to some degree (Barbaree, 1991). Denial can range from categorical denial (e.g., 'I wasn't there, I didn't do it') to a degree of acknowledgement that an offence took place, but minimisation of the sexual element of the behaviour (Barbaree, 1991). Programmes designed to reduce the risk of reoffending for sexual offenders have traditionally emphasised that denial is an important treatment target, suggesting that in order to prevent future recidivism, denial needs to be broken down and individuals must take full responsibility for their offending behaviour (e.g., Marshall, Thornton, Marshall, Fernandez & Mann, 2001). A review of treatment programmes for sexual offenders in the United States, found that over 90% of these interventions identified taking responsibility for the sexual offence as being a treatment target (McGrath, Cumming, Burchard, Zeoli, & Ellerby, 2010). Levenson (2011) suggested that treatment providers' persistence in targeting denial in treatment reflects a wider expectation in society that any wrongdoing should be followed by taking responsibility and seeking means of reparation.

Despite denial being highlighted as a treatment need, research has indicated that denial (along with victim empathy and other commonly targeted factors) does not predict sexual re-offending (e.g., Hanson & Morton-Bourgon, 2005). However, this meta-analysis did find denial to be associated with general (i.e., non-sexual) offending. The strongest risk factors predictive of sexual re-offending across the studies examined were deviant sexual interests and anti-sociality, with sexual preoccupation and self-management deficits also being supported. The evidence therefore suggests that factors other than denial should be targeted within treatment.

However, there is further evidence that the relationship between denial and risk in sexual offenders is not clear-cut. Nunes, Hanson, Firestone, Moulden, Greenberg and Bradford (2007), for example, explored variables that moderated the relationship between denial and recidivism in this population. They found that in low risk sexual offenders, increased re-offending was associated with denial, whereas for high risk sexual offenders, decreased re-offending was associated with denial. These researchers further found that the offender's relationship to the victim was particularly important, with denial being associated with increased recidivism amongst those who had committed intra-familial offences. They suggested that for such offenders, denial may serve to facilitate further offending within the family. Nunes et al. (2007) further found that psychopathy did not moderate the relationship between denial and risk. It is of note that these researchers took a dichotomous approach to categorising denial in this study, with those who denied having committed any of their index sexual offences being labelled 'deniers', and those who admitted to having committed any of their index sexual offences being labelled 'admitters'. This approach to categorisation could warrant criticism as, for example, those sexual offenders who had committed multiple offences, but who took responsibility for just one of them, would be categorised as 'admitters', thus masking their denial stance in relation to other sexual offences.

In exploring potential reasons for the differing relationship between denial and recidivism for low versus high risk offenders, Lund (2000) suggested that while denial may be an important risk factor for those at low risk, for those sexual offenders at higher risk, denial is overtaken by more influential risk factors, such as offence-related sexual interests and general anti-sociality. Lund further identified limitations in existing studies of denial and risk, by noting that much of the research is based on treatment samples which exclude categorical deniers. It was also noted that definitions of denial varied across the seven studies subject to the meta-analysis under criticism, making comparison and generalisability of

results difficult. Where some studies used categorical terms for identifying 'deniers' (e.g., admits guilt vs. does not admit guilt), others used a more continuous approach focusing on the identification of associated thinking errors, while yet others did not outline their parameters for denial. Considering these, and other limitations, Lund urged caution when interpreting the conclusions of meta-analyses in this field.

Recent research by Harkins, Beech and Goodwill (2010) explored the influence of denial and actuarial risk on sexual recidivism, using numerous measures of denial, including the creation of a 'denial index' based on psychometric tools. They did not find high levels of denial to be related to increased sexual re-offending. In fact, they found that high static risk offenders who did not demonstrate high levels of denial re-offended at a higher rate. They offered numerous potential explanations for these findings. They suggested, for example, that sexual offenders in denial may experience feelings of shame and guilt which would conflict with the positives associated with sexual offending, thereby creating cognitive dissonance. Harkins et al. proposed that in order to overcome this discomfort, offending is not repeated. Marshall, Marshall, Serran and O'Brien (2009) suggested that shame is an emotion that can impede a sexual offender's engagement with the treatment process and concluded that the research supports a relationship between this emotion, personal distress, denial, motivation and locus of control. The concept of shame will be explored in more depth in the subsequent sections.

In exploring explanations for their findings, Harkins et al. (2010) also suggested that denial can serve to maintain a support network and that ceasing offending is a means of continuing relationships with people who do not view the offender as having committed (or of being capable of committing) a sexual offence. The view that denial can serve a positive function for sexual offenders is compatible with Maruna and Mann's (2006) research on

cognitive distortions, which highlighted that in everyday life, 'post hoc excuse-making [i.e., denial] is widely viewed as normal, healthy, and socially rewarded behaviour'. They highlighted that for some individuals, being forced to relinquish excuses and take full responsibility for wrong-doing can expose them to debilitating negative emotions. These researchers argued that rather than focusing on challenging offenders to take responsibility for their past behaviour, treatment should target the deeper level of entrenched thinking patterns ('schemas') said to underlie offending. Maruna and Mann drew links to the desistance literature (e.g., Maruna, 2001), which highlights the value of supporting offenders in taking responsibility for working outwards future goals, as opposed to accepting blame for past actions.

The ethical implications of continuing to prevent those who deny their sexual offending from accessing treatment when there is no clear-cut relationship between denial and risk of sexual reoffending, was considered by Yates (2009). In exploring the nature and function of denial this review discussed the influence of schema/implicit theories (i.e., entrenched belief systems which influence the view of self, others and the world). Like Maruna and Mann (2006), Yates considered the potential 'healthy' function(s) that denial can serve, for example, in terms of ensuring ongoing acceptance by others, protecting self-esteem, etc. She suggested that treatment should aim to identify the function that denial serves for each individual and to take a collaborative rather than aggressively confrontational approach to exploring denial. Yates referred to the Risk, Need and Responsivity (RNR) principles that treatment for sexual offenders should adhere to in order to increase effectiveness in reducing re-offending (Andrews & Bonta, 2007) and argued that such an approach would improve the responsivity of interventions. This recommendation has started to be addressed through the use of tools such as the 'responsivity framework' (NOMS, 2010), which encourages assessors to consider the potential barriers to an individual fully engaging

with treatment. Consistent with Maruna and Mann (2006), Yates (2009) further advised that associated thinking be addressed at the deeper schema level, rather than at the surface level manifested in situation-specific cognitive distortions. She stressed the need for treatment opportunities for categorical deniers to be maximised, suggesting programmes not requiring the disclosure of offending as a means of achieving this. This is an interesting proposal, given that the Sex Offender Treatment Programmes (SOTPs) currently run in prisons in England and Wales do require the disclosure of offending and those who categorically deny their sexual offending are not able to participate.

While early interventions specifically for deniers aimed to bring them out of denial, more recent approaches have attempted to integrate deniers onto treatment alongside 'admitters'. Watson and Harkins (2010) have recently explored the experience of 'deniers' on such programmes. They found that while deniers and admitters can be treated together, it is important that individuals' needs and responsivity issues are taken into account in order for such mixed group interventions to be effective. In an article exploring the means by which clinicians can take an ethical approach to working with sexual offenders in denial, Levenson (2011) concurred that categorical deniers should not be excluded automatically from treatment and suggested that there should be a particular focus on achieving treatment engagement with such individuals. This is particularly important when we consider that dropping out of treatment is associated with increased recidivism (Hanson & Bussiere, 1998).

Levenson (2011) further suggested that denial should be viewed as a continuous (rather than dichotomous) construct, with associated dysfunctional thinking patterns that should be targeted in treatment. The researcher drew on Trepper and Barrett's (1989) suggestion that rather than being confrontational regarding inconsistencies in an offender's offence account, therapists should seek to work on the function that barriers to disclosure

serve for the individual, and to acknowledge the internal conflicts arising. While acknowledging the lack of a clear link between denial and risk, Levenson, consistent with Yates (2009) indicated that consideration should be given to the ways in which denial might interfere with treatment engagement and progress, and should thus be viewed as a responsivity factor. Such discussions in the literature highlight the need to further explore the potential functions that denial can serve for sexual offenders, so that therapists are better informed in their treatment approach. The subsequent sections will explore the possible role that denial might serve in protecting individuals from the experience of debilitating emotions.

Shame & Guilt

One branch of psychological research has focussed on evidencing the important distinction between shame and guilt, emphasising that while shame is associated with seeing the self as intrinsically bad and therefore incapable of change, guilt is a motivational emotion that encourages the person experiencing it to seek means of making amends (e.g., Tangney & Dearing, 2002). Shame and guilt have been referred to in the literature as examples of self-conscious emotions (e.g., Tracy & Robins, 2007), with shame being viewed as maladaptive and guilt being described as a healthier, productive response. Tangney, Miller, Flicker and Hill-Barlow (1996) found that rather than being variations of the same emotion, shame, guilt and embarrassment (another of the self-conscious emotions) are distinctively different. They argued therefore that guilt should not be considered to be a mild form of shame. Of interest to the current study is Tangney et al.'s proposal that shame is associated with withdrawal and hiding as a means of avoiding being exposed to others as defective. In contrast, guilt, a less painful emotion, is associated with apology and confession. This leads to the question of how an imprisoned sexual offender might seek to withdraw and avoid exposure if feeling ashamed and how they might seek to confess and make amends if experiencing guilt. Related theory

suggests that an ashamed sexual offender in a group treatment situation would appear quieter and less proactive than an individual experiencing guilt. It seems logical that in this sense, higher levels of denial (for example, by minimising the seriousness of their offending behaviour) might serve to provide a protective function for sexual offenders prone to shame, while lower levels of denial might be associated with the more constructive emotion of guilt. This remains a theoretical proposal that is yet to be directly empirically tested in the peer-reviewed literature.

As examples of 'moral emotions', shame and guilt are said to be influential on behaviour, reflecting the consideration given to ourselves and others when making decisions (De Hooge, 2008). De Hooge supported the literature that describes shame as a restrictive emotion that can prevent the development and maintenance of healthy relationships with others. De Hooge further concurred with the motivating impact that guilt can have by promoting constructive change.

It is important to note that there is not a universal agreement in the associated literature on the individual components and distinguishing features of shame and guilt. Gilbert (1998), for example, separated shame into internal and external domains, with the former referring to self-evaluation against a particular standard, and the latter depending on the level of importance given to how one is viewed by others. Gilbert's model of shame allows for the possibility that one can experience external shame without necessarily experiencing internal shame. This evolutionary and biopsychosocial model was developed further to incorporate the role that humiliation plays in the experience of shame (Gilbert, 2002). Gilbert (2006) later went on to describe the various components of shame, highlighting the need to take into account social influences, self-evaluation, emotions,

behaviours, physiological changes and culture. Such theories emphasise the complex nature of shame.

A further model, by Greenwald and Harder (1998), suggested that in their mild forms, both guilt and shame can serve a positive function, but it is when they are experienced at a severe level that they become problematic. These authors argued that shame can be divided into four domains of experience, and that individuals can vary in their proneness to shame across these domains. Proeve and Howells (2006) noted that the act of committing a sexual offence can serve to trigger a number of these domains, and that child molesters might be particularly predisposed to experiencing shame.

The criminological research has taken a different approach to the study of shame, but one that can inform psychological theory and practice. The theory of reintegrative shaming (Braithwaite, 1989) emphasises the influence of society's reaction to an offender in determining whether stigmatic or reintegrative shaming takes place. Stigmatic shaming is defined as judgemental and unforgiving and serves to exclude the offender. Reintegrative shaming, in contrast, is characterised by acceptance and forgiveness. The author of the model claimed that while reintegrative shaming is associated with decreased recidivism, stigmatic shaming is related to increased re-offending. This is said to be because reintegrative shaming triggers offenders to seek to protect their valued relationships as well as encouraging them to conform to society's expectations of moral behaviour. While the language and focus is different, the concept of stigmatic shaming could be equated with the shame response described by Tangney and Dearing (2002), while reintegrative shaming seems to parallel with their concept of guilt.

In exploring the relationship between shame, guilt and offending, Tangney and Dearing (2002) followed up a sample of male children who they assessed for shame and guilt

proneness. They found that childhood guilt-proneness negatively predicted contact with criminal justices agencies by age eighteen. Shame-proneness did not predict increased/decreased arrests or convictions. A number of researchers have examined the experience of shame and guilt amongst sexual offenders, as well as considering their psychological correlates. Proeve and Howells (2006), for example, argued that the dysfunctional attachment styles commonly found in child sexual offenders are likely to be associated with shame. They explained this in terms of the negative view of self that characterises these attachment styles, which is likely to facilitate the experience of shame. These authors also argued that shame is likely to impact on a sexual offender's motivation to engage meaningfully with treatment. It is of note, however, that they did not cite specific empirical evidence for these relationships existing in sexual offenders.

There is further evidence of the debilitating effect that shame can have on sexual offenders. Levenson and Cotter (2005), in their examination of the effect of 'Megan's Law' on sexual offenders, identified that this statutory regulation process triggered a shame response, which prevented participants from integrating with their communities. In their creation of a model of sexual offender relapse, Bumby, Marshall and Langton (1999) incorporated the effects of shame versus guilt, supporting the notion that guilt facilitates continued abstinence. They highlighted that in contrast, shame raises the risk of relapse by increasing maladaptive coping, personal distress and thinking errors, while decreasing internalisation of responsibility and victim empathy. According to this model, the self-directed nature of shame inhibits the ability to consider the experiences of others. The externalisation of blame away from the self is described as a defence against the perceived threat of being negatively judged by others. Bumby (2000) cited earlier research (Bumby, Levine & Cunningham, 1996) which, focusing on a sample of sexual offenders in outpatient treatment, found a positive relationship between shame-proneness, personal distress and

externalisation. However, the means by which these constructs were assessed in this sample is unclear.

Measuring Shame and Guilt

While there is a significant body of literature exploring the means by which denial can be assessed in offenders, there is very little research examining the assessment of shame and guilt in this population. Hanson and Tangney (1996) developed a specific version of the Test of Self-Conscious Affect (TOSCA; Tangney, Wagner & Gramzow, 1989) for offenders, known as the TOSCA-SD (Socially Deviant version). Tangney, Stuewig, Mashek and Hastings (2011) administered the tool to a sample of incarcerated offenders and their finding of significant individual differences in shame and guilt was used to argue that offenders do at least have the capacity to experience these emotions. They further found that shame prone participants exhibited more substance misuse and a greater tendency to externalize blame than those who were less prone to shame. Proneness to guilt, however, was associated with less blaming of others. Tangney et al. also reported that the older participants were more prone to experience guilt than younger offenders in the sample, while proneness to guilt was negatively correlated with psychopathy and ratings on a structured violence risk assessment. Although guilt proneness appeared to act as a protective factor in terms of repeated offending and severity of offending, the authors did not find support for a relationship between shame proneness and offending history.

Since its publication, the TOSCA-SD (Hanson & Tangney, 1996) measure has been used by a number of researchers to explore offenders' proneness to and experience of shame and guilt, along with particular psychological and behavioural correlates. Stuewig, Tangney, Heigel, Harty and McCloskey (2010), for example, found a complex relationship between shame-proneness and self-reported aggression, with externalisation playing an important role.

A negative correlation was found between guilt proneness and aggression, with the researchers suggesting that interventions aiming to reduce future aggressive behaviour could employ a means of triggering a guilt response.

In an attempt to develop a suitable measure of shame, guilt and denial for the offending population based on a UK sample, Xuereb, Ireland and Davies (2009) employed a Delphi approach, inviting expert opinion in order to reach a consensus on these constructs. They did not generate support for the distinction between shame and guilt. While they attempted to generate an alternative factor model, separating out stable and offence-related items, a number of these did not show good internal consistency. Xuereb et al. (2009) acknowledged that their findings could have been limited by the parameters set for the expertise of the professionals they consulted, and a number of them might have been unaware of research supporting the treatment of shame and guilt as functionally different emotions.

A tool developed to specifically assess shame and guilt related to offending (the Offence-Related Shame and Guilt Scale; ORSGS, Wright & Gudjonsson, 2007) was used by Wright, Gudjonsson and Young (2008), who found that offence-related shame was positively associated with anger and aggression outcomes. They reported an inverse relationship between offence-related guilt and anger control difficulties. Given that participants for this study were recruited from a psychiatric population, the generalisability of the findings to general offending populations is unclear. Furthermore, the ORSGS does not allow for the separation of the components of shame and guilt, something which Hanson (1996, as cited in Tangney, Stuewig & Hafez, 2011) argued is important when measuring these emotions in offenders. In their review of existing measures of shame and guilt, Proeve and Howells (2006) identified the lack of a specific tool for use with sexual offenders and argued that an

assessment exploring shame/guilt-related responses to their offending would be useful in gauging treatment readiness in this population.

The Relationship between Shame/Guilt & Denial

In his model of shame, Gilbert (2006) highlighted the 'safety behaviours' that individuals can adopt in order to protect themselves from this debilitating emotion. He suggested, for example, that 'concealment' and 'avoidance' (which denial could be viewed as an example of) can offer such protection. While Gilbert did not focus specifically on sexual offenders, his model lends support to a general link between shame and denial. However, given that this author's model does not distinguish between shame and guilt, he made no reference to the relationship between guilt and denial.

Recent research exploring how we might increase sexual offenders' treatment engagement has focused on the value of moving away from a punitive, confrontational approach to one that is more non-judgemental and collaborative (Levenson, 2011). Rather than challenging the denial itself (e.g., by highlighting inconsistencies between the offender's account of the offence and that of his victim), it has been suggested that the barriers to relinquishing denial are explored and addressed in therapy (Trepper & Barrett, 1989). It is of note that while a growing body of literature advocates taking this type of approach in order to reduce the shame that may link to resistance in such sexual offenders, there is no published research that confirms the existence of a relationship between shame and denial in this group. As discussed, while Bumby et al. (1996; as cited in Bumby, 2000) did find a correlation between shame proneness and externalisation in an outpatient sample of sexual offenders, their definitions and means of assessing these concepts is unclear.

Nevertheless, research has been carried out to explore sexual offenders' experiences of denial, and in doing so identified possible links to the self-conscious emotions. In one of

the studies subject to the systematic review in Chapter Two, Blagden, Winder, Thorne and Gregson (2011), took a qualitative approach to interview a number of sexual offenders who had previously denied their offending but were now openly taking responsibility for having committed a sexual offence. They identified a number of themes associated with maintaining and moving out of denial. Denial was identified as serving to help such individuals retain a sense of identity and to avoid the stigma and negative emotions associated with being labelled a 'sex offender'. Blagden et al. (2011) drew links between their findings and Braithwaite's aforementioned (1989) theory of disintegrative shaming, whereby offenders are viewed purely in terms of their offending and are marginalised from their communities. Reintegrative shaming, in contrast is described as a more reparative process whereby there is a focus on making amends and inclusion.

It has been suggested that the cognitive distortions employed by sexual offenders after offending may serve to reduce the debilitating experience of negative emotions (including shame and guilt), along with the associated ambivalence that can reduce the likelihood of further offending (Blake & Gannon, 2008). This supports Maruna and Mann's (2006) suggestion that rather than causing sexual offending behaviour, certain distortions are activated afterwards, as a means of justifying offending once perpetrated. However, as Blake and Gannon (2008) recognised in their review, a lack of consistency in the way cognitive distortions are defined and measured in the related literature make it challenging to confidently establish the existence of such mechanisms.

Another related area of research has focused on 'amnesic' sexual offenders, who at least claim to be unable to recall their offending. Marshall, Serran, Marshall and Fernandez (2005) suggested that such amnesia may serve to reduce shame in these offenders. They proposed that a reported loss of recall of a sexual offence could be a strategy employed to

avoid taking responsibility, which could be equated to a degree of denial. These authors piloted a technique for overcoming such inhibitions, emphasising the importance of a supportive and empathic approach by therapists working with amnesic sexual offenders. While Marshall et al. (2005) reported an improvement in the recall of the majority of their participants after their treatment was applied, they did not directly measure shame or guilt, therefore the links they draw between denial and these emotions were not assessed empirically.

Other researchers have proposed that the link between the moral emotions and denial can be utilised by police in their questioning of suspected sexual offenders. In his review of the related research, Gudjonsson (2006) highlighted the conflict created by the co-existing emotions shame and guilt. He suggested that while guilt encourages sexual offenders to confess, shame has an inhibitory effect on disclosing related offending, thereby facilitating continued denial. Gudjonsson stated that such conflicts should be taken into account in the approach taken by police in their interrogations, suggesting that a sensitive style is imperative in encouraging sexual offenders to overcome their shame and confess their offending. While the research reviewed focused on unconvicted suspects of sexual offences, its applicability to convicted sexual offenders warrants consideration.

A systematic review of the literature on the relationship between shame/guilt and denial in sexual offenders, conducted by the author of this research and reported in Chapter Two of this thesis, confirmed the lack of peer reviewed research in this area. Of those few studies that exist, most did not directly measure this association. Blumenthal, Gudjonsson and Burns (1999), examined the cognitive distortions used by sexual offenders and incorporated a measure of guilt attribution into their study. In the adult sexual offenders in their sample, they found a significant negative correlation between guilt feelings and externalisation of blame.

However, this relationship did not reach statistical significance in the child sexual offenders in the sample. It is of note that these researchers did not distinguish between shame and guilt in their study, which is likely to have impacted on the findings.

In a qualitative study focusing on a sample of men who had sexually offended while working in a religious profession, Saradjian and Nobus (2003) developed a model accounting for the role of denial and guilt throughout the offending process. They suggested that denial serves to reduce feelings of guilt in these offenders, allowing the offending to continue/be repeated. While these researchers highlighted the guilt-reducing function of denial, again they did not distinguish this emotion from shame. Give the limitations of such studies and their lack of direct focus on the relationship between shame, guilt and denial, it remains difficult to draw any firm conclusions about such associations.

The Current Study

The review of the associated literature has highlighted that denial is common amongst sexual offenders, and while its relationship with risk of recidivism remains unclear, there is at least support for it being treated as a responsivity factor in interventions. Furthermore, if HM Prison Service is to include sexual offenders in categorical denial in treatment in the future, then we need to know more about how to successfully engage them with the treatment process and ensure they complete an intervention once started. A current project by National Offender Management Service (NOMS) is undertaking a major revision of SOTPs across prisons and probation and consideration is being given to how deniers can be included on the revised suite of programmes. However, given that relatively little is known about the function that denial serves for sexual offenders, further research in this area would be beneficial. Aside from our limited knowledge of denial, we also know little about the nature and extent of shame (and guilt) experienced by sexual offenders, as well as its psychological correlates.

[redacted]

Increasing our understanding of how such individuals experience these emotions and how this relates to denial, could further inform our approach to the treatment of sexual offenders. The hypotheses outlined below are driven by the described existing literature on denial, shame and guilt, and sexual offending. They reflect the complex nature of denial, shame and guilt, referring to their various components, as suggested by related research.

Hypotheses

H1 Denial (including cognitive distortions, justifications, minimisation and externalisation) will be positively correlated with shame proneness (negative self appraisal and behavioural avoidance)

H2 Denial (including cognitive distortions, justifications, minimisation and externalisation) will be positively correlated with shame aversion

H3 Denial (including cognitive distortions, justifications, minimisation and externalisation) will be negatively correlated with guilt proneness (affect and cognition and reparative behaviour)

H0 There will be no association between denial and shame/guilt

Method

Measures. All participants were given an Information Sheet and Consent Form specific to the study before being given the measures described below. These can be found in Appendices 6 and 7. It should be noted that these were adapted (with ethical approval) for use with participants not involved with SOTP.

Given the complex nature of denial and its components, this was explored via the construction of a 'Denial Index', constructed from a number of measures/subscales, similar to

that used in earlier research (i.e., Harkins et al., 2010). Furthermore, additional subscales measuring features of denial within the measures administered were considered, taking into account aspects of denial not necessarily assessed within the Denial Index. Similarly, given the lack of existing literature examining shame and guilt in sexual offenders, two measures exploring different aspects of these complex emotions were utilised.

Denial. This was measured using a similar tool to that utilised by Harkins et al. (2010). Adjustments were made to accommodate differences between the psychometric battery employed by Harkins et al. and the psychometric battery currently administered nationally to all men before and after undertaking the accredited Core Sex Offender Treatment Programme (SOTP). In brief, this was made up of subscales of the Multiphasic Sex Inventory (MSI; Nichols & Molinder, 1984) and the Sex Offences Attitudes Questionnaire (Hogue, 1994) to produce a Denial Index.

The MSI is a 300 item self-report questionnaire which consists of statements about sexual activities, problems, and experiences, to which participants are required to respond 'True' or 'False'. Kalichman, Henderson, Shealy and Dwyer (1992) published support for the construct validity of the MSI, while Simkins, Ward, Bowman and Rinck (1989) reported that the MSI was particularly powerful in discriminating between deniers and admitters. The authors of the MSI reported an overall test-retest reliability of .86 (Nichols & Molinder, 1984). The MSI scales of interest to the current study were: Lie scales, Sexual Obsessions, Sex Deviance Admittance, and Social/Sexual Desirability. In brief, the Lie scales tap into a sexual offender's tendency to defend himself with denial and dishonesty regarding his offence-related sexual thoughts and behaviours. They contain items related to lying about child molestation, rape, exhibitionism and incest. The MSI authors claimed that these scales are able to detect whether a sexual offender denies the extent of his problems with deviant

sexual interests to himself as well as to others. Treatment progress is said to be reflected in changes on the relevant Lie scale for that sexual offender. The Sexual Obsessions scale assesses both sexual preoccupation and a tendency towards deception or malingering. The authors of the MSI claimed that the scale is able to detect sexual offenders who attempt to 'fake good' as well as those who 'fake bad' in relation to their interest in sex. The scale is based on the premise that even 'normal' participants think about sex and that denying any interest in sex is likely to reflect dishonesty. The Sex Deviance Admittance scales measure acknowledgement of sexual deviance relating to child molestation, rape and exhibitionism. Items aim to assess whether a sexual offender is admitting to the various stages said to be involved in perpetrating an offence, from fantasy through to the specific sexual behaviours carried out against a victim. The Social/Sexual Desirability scale identifies socially desirable responding and is said to be able to highlight attempts by sexual offenders to present themselves as sexually 'normal' or even asexual. The authors reported that this is evident in overly conservative responding, with a denial of any interest in sex, which is at odds with adult males in general (Nichols & Molinder, 1984).

The SOAQ is a 50-item self-report questionnaire which consists of statements relating to sexual offending, to which participants are required to respond on a 5-point Likert scale ranging from 0 (Completely false) to 4 (completely true).The SOAQ is made up of six-subscales, measuring denial of premeditation, denial of responsibility, denial of harm, denial of offence, denial of repetition, and denial of control. The total score on the SOAQ was of interest to this study. The total SOAQ score has been shown to have good internal consistency (α =.86) and test-retest reliability (.82). It has also been shown to correlate well with other measures in the SOTP psychometric battery.

While the MSI exists only in a copyrighted booklet form and therefore cannot be attached as an Appendix, the SOAQ can be found in Appendix 8.

Shame proneness, guilt proneness and externalisation of blame. These were measured using the recently developed Test of Self-Conscious Affect-Special Populations (TOSCA-SP, Tangney, undated; see Appendix 9), which has been adapted from the TOSCA-Socially Deviant Version (TOSCA-SD; Hanson & Tangney, 1996). This was developed especially for incarcerated participants and presents them with 15 brief scenarios to which they are asked to rate the degree they would experience the provided shame/guilt response on a scale from 1 to 5. Importantly this is achieved without the use of the words 'shame' and 'guilt'. Tangney, Stuewig, Mashek and Hastings (2011) examined the validity and reliability of the TOSCA-SD with a sample of 550 imprisoned offenders. They reported good levels of reliability for the shame and guilt scales of the TOSCA-SD and demonstrated discriminant validity by comparing results with various measures of psychological constructs, including affect, intelligence, and self-esteem. In terms of construct validity, the TOSCA-SD scales were found to correlate with other measures in a pattern consistent with that evident in non-incarcerated samples. The TOSCA-SP version of the measure provides sub-scales of shame (i.e., negative self appraisal and behavioural avoidance) and guilt (i.e., affect and cognition and reparative behaviour) as well as a sub-scale for externalisation of blame, yielding five sub-scales overall. Hanson (1996, as cited by Tangney, Stuewig, Mashek and Hastings, 2011) demonstrated the reliability and validity of the TOSCA-SD with a sample of sexual offenders in a custodial setting and found considerable heterogeneity in the shame scale when used with this population. It was Hanson who argued for the separation of the components of shame by the creation of sub-scales, and this has since been accommodated in the TOSCA-SP version. The TOSCA-SP also takes into consideration research by Wolf, Cohen, Pantner and Insko (2009) that provided evidence for the value of separating guilt into subscales focusing on regret for one's actions and the intention to make amends.

[redacted]

While it forms part of the TOSCA-SP assessment of shame and guilt, the externalisation of blame scale, was treated as a further measure of denial for the purposes of this study. This is consistent with the literature explored in the Introduction, which highlighted blaming others as a component of denial.

Although published in a format to be administered via interview, the primary author of the TOSCA advises that it can be adapted for self-completion by participants. The TOSCA-SP (Tangney, undated) was therefore adapted for self-completion, thereby minimising the contact between researcher and participant.

Shame aversion. This was measured using the Shame-Aversion Reactions Questionnaire (ShARQ; Schoenleber & Berenbaum, 2010, see Appendix 10), which assesses the 'degree to which individuals tend to perceive shame experiences as particularly painful and undesirable'. The questionnaire comprises 14 items to which participants are required to respond on a 7-point Likert scale. The measure yields a single score. Higher scores on the ShARQ indicate higher levels of shame aversion. The authors of the ShARQ indicated that it displays good internal consistency and has acceptable convergent and discriminant validity. They reported, for example, that the ShARQ has positive relationships with measures of depression, worry and distress intolerance. Furthermore, it correlated negatively with measures of positive affect.

Static risk. This was measured using the Risk Matrix 2000 (Thornton et al., 2003). This actuarial tool is used nationally with men convicted of sexual offences and assesses the presence of a number of static factors (including age, history of offending against a male victim, etc) in order to determine a risk band ranging from 'Low' to 'Very High'. Where available, the Risk Matrix 2000 ('Sexual' scale) scores for each participant engaging in SOTP were obtained from the national Operational Services and Interventions Group (OSIG)

database, and it is assumed that these were calculated by prison staff where the participants were located. The data published based on the samples with which the Risk Matrix 2000 was constructed indicated that it has good predictive accuracy (Thornton et al., 2003).

Denial Index. Each of the MSI (Nichols & Molinder, 1984) scale scores of interest to this study, as well as the overall SOAQ (Hogue, 1994) score was converted into a denial 'yes/no' category, according to the following criteria:

SOAQ. Given that the current study used a 50-item version of this measure (as opposed to the 30-item measure utilised by Harkins et al., 2010), a cut-off representative of denial had to be established. The author therefore decided to use the nationally agreed NOMS cut-off used to determine whether this represented a 'treatment need' for men embarking on a prison SOTP. On this basis, an SOAQ score above this level was considered representative of denial (and given a '1'), while any scores equal to or less than the cut-off were considered to represent acceptance (and given a '0').

Sexual Obsessions. A score of a 0 or 1 was considered representative of denial (and given a '1'), while any scores greater than 1 were considered to represent acceptance (and given a '0). This is consistent with the cut-off used by Harkins et al. (2010) in creating their denial index. It is also consistent with Nichols and Molinder's (1984) cut-off for assessing deception using this scale.

Social/Sexual Desirability. A score below 27 was considered representative of denial (and given a '1'), while any scores equal to or greater than 27 were considered to represent acceptance (and given a '0'). Again, this is consistent with the cut-off used by Harkins et al. (2010) in creating their denial index.

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Sex Deviance Admittance. Given that the information available did not allow for the identification of the precise nature of the sexual offence for which each participant had been convicted of (both index and previous offences), the researcher was unable to determine which of the 3 scales that make up this scale were relevant to them. It was therefore decided, that if a participant was found to be indicating denial on all 3 of the sub-scales that make up Sex Deviance Admittance (using the thresholds suggested by Nichols & Molinder, 1984), then they could be confidently identified as being in 'denial' according to this scale. Therefore, each participant who scored below 12 on the Child Molest scale, below 12 on the Rape scale *and* below 11 on the Exhibitionism scale, was given a '1'. Any participant, who did not score below the set threshold on all 3 subscales, was given a '0'.

Lie Scales. Again, given that the information available did not allow for the precise nature of the sexual offence for which each participant had been convicted of (both index and previous offences), the researcher was unable to determine which of the 4 scales that make up this scale were relevant to them. It was therefore decided, that if a participant was found to be indicating denial on all 4 of the sub-scales that make up the Lie Scales (using the thresholds suggested by Nichols & Molinder, 1984), then they could be confidently identified as being in 'denial' according to this scale. Therefore, each participant who scored equal to or above 8 on the Lie Child Molest scale, equal to or above 8 on the Lie Rape scale, above 3 on the Lie Exhibitionism scale AND above 2 on the Lie Incest scale, was given a '1'. Any participant, who scored below the set threshold on any of the 4 subscales, was given a '0'.

The scores of 0/1 for each of these measures were added together to give each participant a 'denial index' ranging from 0 to 5.

As well as the subscales of the MSI that contribute to the Denial Index described above, additional subscales related to denial will be included in the subsequent analysis. Specifically,

the Cognitive Distortions/Immaturity and Justifications subscales will be examined, given that these measure minimisations associated with denial. These were selected because they form part of the 'Accountability Subset' of the MSI. In brief, the Cognitive Distortion/Intimacy scale is said to assess 'self-accountability' and particularly identifies a tendency to portray oneself as a victim and blame external factors for problems. This scale is reported to identify related entrenched cognitive distortions that have been established and reinforced since childhood, helping the sexual offender to avoid accepting personal responsibility for sexual offending as well as wider problems in his life. The Justifications scale measures justifications for sexual offences and is described by the MSI authors as 'one of the more important scales in the MSI' (Nichols & Molinder, 1984, p27). This scale also assesses a tendency to externalise responsibility for sexual offending, for example, by attributing blame to the victim, or describing the offence as resulting from life problems.

Participants

Data were collected from a total of 78 participants. All participants were adult males serving a custodial sentence for a sexual offence. Most of the participants (n=72) were located at one of four closed prison establishments delivering the accredited Core Sex Offender Treatment Programme (SOTP), a primary intervention aimed at men who are at least a 'medium' level of risk on the actuarial tool, Risk Matrix 2000 (Thornton et al., 2003). These participants were identified on the basis that they were either commencing or completing the Core SOTP during the data collection period.

Six of the participants were also located at closed prison establishments delivering SOTP, but were not necessarily engaged with an SOTP. At one establishment, 70 men were identified (on the basis of a Reception interview complete by SOTP staff) as 'deniers/treatment refusers'. All of these men were invited to participate and four did so. At

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another establishment, 100 prisoners located on a wing that exclusively accommodates men convicted of sexual offences were invited to participate. Of these, two agreed to participate.

Process

The potential participants involved in SOTP treatment were approached at either the pre or post-treatment stage when they were completing their Core SOTP psychometrics. This method aimed to minimise the resources required to organise and supervise the completion of the research measures. They were given the Information Sheets, Consent Forms and research specific measures (i.e., the TOSCA-SP and ShARQ) alongside their SOTP psychometrics, by a member of SOTP staff at their establishment. The measures were completed in groups of up to nine men. The research specific questionnaires and consent forms were sealed in an envelope and sent directly to the researcher via recorded delivery. The SOTP psychometrics (which include the MSI (Nichols & Molinder, 1994) and SOAQ (Hogue, 1994) of interest to this study) were sent to OSIG, where they are processed and inputted into a national SOTP database.

Those 70 potential participants identified as 'deniers/treatment refusers' at one establishment, were sent the Information Sheet and Consent Form and given the opportunity to ask any questions relating to the study before deciding whether to take part. Those who returned a signed Consent Form indicating they were willing to take part were sent the psychometrics relevant to the study and asked to return them within around three days. A total of four of the 70 men approached in this way returned completed questionnaires.

Given this low response rate, the method of recruiting non-SOTP completing men was adapted to increase anonymity. For these participants, signing the consent form was not required, therefore their identity was not evident from any of the returned paperwork. A further prison establishment (to which the researcher has no affiliation) was approached in an

attempt to further reduce any reluctance to take part that potential participants may have. A sample of 100 men residing on a wing exclusively accommodating sexual offenders were sent the Information Sheet and Consent Form (that required box-ticking rather than a signature to indicate informed consent) and research measures over a lunchtime 'lockdown' period, by sliding envelopes under their cell doors. They were given until the following morning to return the questionnaire packs, whether completed or not. At the designated time of returning the envelopes, the researcher was available in person to answer any queries regarding the research. Of the 100 questionnaires distributed in this way, two were returned completed.

Results

All questionnaires relevant to the study were scored according to the associated guidance and data were inputted into SPSS. Raw scores for the MSI (Nichols & Molinder, 1984) and SOAQ (Hogue, 1994) measures for those participants engaging in Core SOTP were obtained from the OSIG staff responsible for national research. This data were then merged with the corresponding TOSCA-SP (Tangney, undated) and ShARQ (Schoenleber & Berenbaum, 2010) data for each participant. The 'Denial Index' was calculated for each participant.

Descriptive Analysis

Risk. The frequency of each of the Risk Matrix 2000 'Sexual' scale categories amongst the participants is outlined in the table below:

Table 3.

Participants' Risk Categories on the Risk Matrix 2000

Risk Matrix 2000 Sexual scale	Frequency	Percent
Low	5	7.1
Med	30	42.9
High	26	37.1
Very High	9	12.9
Total	70	100.0

Denial. The mean Denial Index score for the overall sample (N = 75) was 2.84 (SD = 1.231). The construction of a histogram (See Appendix 11) confirmed that the scores fit the normal distribution curve well, lending the data to parametric testing. The following table shows the frequency of denial/acceptance in each of the individual scales that made up the denial index:

Table 4.

Frequency of denial across Denial Index Scales

Scale >	Sexual Obsessions	Social/Sexual Desirability	SOAQ	Sex Deviance Admittance	Lie Scales
N	75	75	76	74	75
Frequency Denial (%)	34 (45.3%)	50 (66.7%)	27 (35.5%)	47 (63.5%)	54 (72%)
Frequency Acceptance (%)	41 (54.7%)	25 (33.3%)	49 (64.5%)	27 (36.5%)	21 (28%)

Shame & Guilt. The ShARQ items were added (reverse scoring the appropriate items according to the author's guidance) to give one overall shame avoidance score for each participant. The TOSCA-SP (Tangney, undated) items were scored according to the author's guidance in order to yield 5 scales for each participant.

The following table shows the mean, and standard deviations for the ShARQ (Schoenleber & Berenbaum, 2010) total score and each of the TOSCA-SP (Tangney, undated) subscales. This is given for the overall sample (N=78) as well as broken down for each of the Risk Matrix 2000 (Thornton et al., 2003) (Sexual scale) risk categories. Please note that Risk Matrix 2000 information was available for 70 participants from the total sample.

Table 5.

Mean Shame & Guilt Scores

		N	Mean	Std. Deviation
ShARQ Total	Low	5	48.60	9.76
	Med	35	52.37	16.14
	High	22	56.00	10.72
	V High	7	50.29	11.12
	Total	78	53.00	13.93
GuiltAC	Low	5	60.00	11.58
	Med	35	59.86	9.27
	High	22	57.73	9.41
	V High	7	63.14	7.29
	Total	78	59.73	9.50
GuiltRB	Low	5	67.00	2.35
	Med	35	64.69	7.28
	High	22	62.73	8.83
	V High	7	68.71	4.46
	Total	78	64.68	7.61
ShameNSA	Low	5	33.40	8.11
	Med	35	38.86	13.51
	High	22	43.95	12.62
	V High	7	35.71	14.94
	Total	78	40.18	13.71
ShameA	Low	5	26.00	8.06
	Med	35	28.49	12.55
	High	22	33.55	12.32
	V High	7	26.71	9.20
	Total	78	30.19	13.08

External	Low	5	19.20	3.49
	Med	35	26.94	8.07
	High	22	28.55	9.45
	V High	7	22.29	6.45
	Total	78	26.91	9.62

When applied to a non-offending sample, Schoenleber and Berenbaum (2010) reported a mean item score on the ShARQ of 3.6 (SD = 1.0). This compares to a mean item score of 3.79 in the current sample.

Given that there are no published norms relating to the TOSCA-SP and that it has not been utilised in published research, the mean scores generated in the current study could not be compared to other studies where this version of the measure has been utilised. However, by calculating the mean scores for each of the TOSCA-SP items, it is possible to compare these with mean item scores for the TOSCA-SD, from which it derived. Stuewig et al. (2010), administered the TOSCA-SD to a sample of incarcerated offenders and reported a mean 'shame' item score of 2.5 (SD = .82). In the current sample, the mean Shame Negative Self Appraisal item score was 2.68, while the mean Shame Aversion item score was 2.01. In Stuewig et al.'s study, the mean 'guilt' item score was 4.3 (SD = .53), while in the current sample the mean Guilt Affect and Cognition item score was 3.98 and the mean Guilt Reparative Behaviour item score was 4.31. While Stuewig et al.'s sample had a mean Externalisation item score of 2.0 (SD = .68), for the current sample this was 1.79. While these means could be considered comparable, with both samples tending to score highest on the guilt scales and lowest on the Externalisation scale, the separation of the components of shame and guilt in the TOSCA-SP makes it impossible to draw firm conclusions about how the current sample's scores compare to those in other studies.

Statistical Analysis

Initial examination of the ShARQ and TOSCA-SP mean scores for the participants of each risk level suggested differences between these categories, with shame-focused values

seeming to increase consistently from low, through medium to high risk participants, before decreasing for very high risk participants (see Table 5). The guilt-related values arising from the TOSCA-SP seemed to indicate the opposite pattern. A one way ANOVA (Analysis of Variance) was conducted to establish whether the apparent differences between the participants of each risk level across the various shame/guilt measures was statistically significant. Homogeneity of variance was confirmed by the calculation of a Levene's test. None of the apparent differences observed reached statistical significance, although it is acknowledged that the relatively low frequency of participants in the low and very high risk categories could have impacted on this finding.

Tests of correlation were run to establish the relationship between the denial index (and its individual components) and the measures of shame and guilt in order to test the experimental hypotheses. However, these analyses showed that none of these relationships reached statistical significance. These findings do not serve to support any of the experimental hypotheses. They do, however, lend support to the null hypothesis in that they did not indicate a relationship between shame/guilt and denial.

In order to ensure that the findings were not unduly affected by the creation of the denial index, further analyses of correlation were run, focusing on composite scores on relevant denial scales of the MSI (Nichols & Molinder, 1984) and SOAQ (Hogue, 1994) and the various shame and guilt scales.

Given that the available information did not allow for the identification of participants as child molesters/rapists/exhibitionists/incest offenders, the overall raw scores on the Lie scale and Sex Deviance Admittance scales of the MSI (Nichols & Molinder, 1984) could not be analysed in this way. However, the Sexual Obsessions, and Social/Sexual Desirability raw scores were utilised, along with the Cognitive Distortions/Immaturity and Justifications subscales, given that these measure minimisations associated with denial. The

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Externalisation scale of the TOSCA-SP (Tangney, undated) was considered as a further measure of denial for this set of analysis, given that externalisation of blame is identified as a key feature of denial in the associated literature.

To account for the number of correlations subject to analysis, and reduce the chances of a Type 1 error occurring, a Bonferroni Correction was made. The p level was therefore adjusted to 0.002. The results of this analysis are illustrated in Table 6 below. Significant correlations related to the study's hypotheses are indicated in bold:

Table 6.

Correlations Between Shame/Guilt and Denial Measures

Denial Measures		Shame/Guilt Measures				
		ShARQ	ShameA	Shame NSA	Guilt RB	Guilt AC
Justifications	Correlation	-.148	.248	.109	.078	.099
	Significance (1-tailed)	.102	.016	.177	.253	.199
	Df	75	75	75	75	75
Cognitive Distortion/	Correlation	.029	**.353***	.246	-.015	.073
Immaturity	Significance (1-tailed)	.456	**.001**	.016	.450	.266
	Df	76	76	76	76	76
Social/Sexual	Correlation	-.127.	-.238	-.208	-.056	-.063
Desirability	Significance (1-tailed)	.473	.019	.036	.316	.296
	Df	76	76	76	76	76
Sexual Obsessions	Correlation	.179	.199	.183	.130	.159
	Significance (1-tailed)	.093	.042	.056	.132	.085
	Df	76	76	76	76	76
SOAQ	Correlation	.013	.131	.056	.011	-.024
	Significance (1-tailed)	.336	.135	.318	.462	.419
	Df	73	73	73	73	73
External	Correlation	.291	**.621***	**.450***	**-.415***	-.132
	Significance (1-tailed)	.005	**.000**	**.000**	**.000**	.125
	Df	78	78	78	78	78

*Significant at p<0.002 level

Table 6 illustrates that when the raw scores on denial-related measures were examined, four significant correlations between shame-related measures and denial were identified. However, when interpreting these correlations, it is important to note whether higher or lower scores are indicative of denial on each of the related measures: For the SOAQ (Hogue, 1994), Cognitive distortions/immaturity, Externalisation and Justifications scales, higher scores are associated with increased denial, while for the Sexual Obsessions and Social/sexual desirability scales, it is lower scores that are said to indicate denial.

H1. Three significant correlations provided support for H1, where increased denial was associated with increased levels of shame behavioural avoidance and/or negative self appraisal: A positive correlation was found between Cognitive Distortions/Immaturity and Shame Avoidance ($r = .353$, $p<0.002$), and between the Externalisation scale of the TOSCA-SP (Tangney, undated) and the Shame Avoidance ($r = .621$, $p<0.002$) and Shame Negative Self-Appraisal ($r = .450$, $p<0.002$) scales of this measure.

It is worthy of note, that while falling short of statistical significance, analyses suggested a trend towards a positive relationship between Social/Sexual Desirability and Shame Negative Self Appraisal ($r = -.208$, $p = .072$), between Shame Avoidance and Justifications ($r = .248$, $p = .016$) and Social/Sexual Desirability ($r = -.238$, $p = .019$), and between Cognitive Distortions/Immaturity and Shame Negative Self-Appraisal ($r = .246$, $p = .016$)

While these findings serve to support the hypothesis predicting a positive relationship between denial and shame proneness, it is important to note that the

majority of correlations between shame proneness measures and denial measures were not statistically significant.

H2. In relation to the hypothesis that there would be a positive correlation between shame aversion and denial, none of the findings served to support this hypothesis. There was a trend towards a positive correlation between the Externalisation scale and the ShARQ total score ($r = .291$, $p = .005$), however, this did not meet statistical significance.

H3. It is of note that none of the relationships between the various MSI (Nichols & Molinder, 1984) and SOAQ (Hogue, 1994) composite denial measures and measures of guilt were found to reach statistical significance. This negates the hypothesis that predicted a negative correlation between guilt and denial. However, there was a significant negative relationship between the Externalisation scale of the TOSCA-SP (Tangney, undated) and the measure's Guilt Reparative Behaviour scale ($r = -.415$, $p<0.002$), lending partial support to the related hypothesis.

In order to further explore the results, a number of linear regression analyses were conducted, examining whether the outcome of particular shame and/or guilt measures predicted whether someone was in denial as assessed by particular measures of denial. The regression analyses focused on those denial measures that did not contribute to the 'Denial Index' but that correlated significantly with one or more shame and/or guilt measures.

The outcome of these analyses is summarised in Table 7 below:

Table 7.

Regression Analyses Exploring Whether Shame/Guilt Predicts Denial

Dependent Variable	Predictor Variable(s)	Coefficients *B*	*SE B*	*β*	Model Summary R	R square
Cognitive Distortions/Immaturity	ShameA	.457	.066	.621**	.621	.386
Externalisation	ShameA					
	ShameNSA	.547	.118	.743**		
	GuiltRB	-.103	.114	-.147		
		-.488	.102	-.386**	.745	.556

*p<.05, **p<.01

Durbin-Watson calculations confirmed that the assumption of independent errors has been met (i.e., all statistics fell between 1 and 3). The results of these regression analyses indicate that Shame Avoidance significantly predicts the outcome of the Cognitive Distortions/Immaturity and Externalisation sub-scales. These findings lend further support to H1 as they are indicative of a positive relationship between shame proneness and denial. It is of note that Shame Negative Self-Appraisal alone did not significantly predict the outcome of Externalisation, thus failing to provide further support for H1.

Nevertheless, the regression analyses did indicate that Guilt (Reparative Behaviour) significantly predicts Externalisation, lending support to H3 predicting a negative relationship between guilt and denial. Together, the Shame Avoidance, Shame Negative Self-Appraisal and Guilt Reparative Behaviour sub-scales predicted 55.6% of the variance in Externalisation.

Discussion

This study aimed to explore the existence of a relationship between denial and shame, and between denial and guilt in a sample of imprisoned adult male sexual offenders.

Analyses of the results generated yielded mixed levels of support for the hypotheses. Specifically considering H1, the majority of the results did not serve to support a positive correlation between denial and shame proneness (as assessed by the TOSCA-SP (Tangney, undated) Shame Negative Self-Appraisal and Shame Behavioural Avoidance scales). This was the case for all of the analyses conducted on the denial index and most of the analyses related to composite denial scores. However, a number of significant positive relationships between shame proneness measures and certain denial measures not within the denial index lend partial support to this hypothesis. Regression analyses identified that certain shame proneness measures significantly predicted denial measures not considered within the denial index, thus lending further support to H1.

In relation to H2, there was less support. Findings arising from analysis of the relationship between shame aversion (as measured by the ShARQ; Schoenleber & Berenbaum, 2010) and denial consistently failed to demonstrate a significant correlation. When considering externalisation of blame as a measure of denial, there was a trend towards a positive relationship, however, this failed to reach the level of statistical significance set once a Bonferroni Correction was applied. Only one of the correlations served to provide support for H3 as, generally, no relationship was found between any of the denial measures and each of the guilt measures. However, the

finding of a significant negative correlation between externalization of blame and guilt (specifically related to reparative behaviour) lends partial support to this hypothesis. Furthermore, this measure of guilt was found to significantly predict externalisation, providing additional support for H3.

The seemingly conflicting findings of the current study indicate that the relationship between shame and denial is not clear cut. We are unable to conclude definitively that there is a positive relationship between denial and shame, nor can we conclude that there is no relationship between these constructs. The mixed findings could reflect variations in the measures/scales used in terms of the constructs they assess. It seems, for example, that the ShARQ (Schoenleber & Berenbaum, 2010) and Shame Avoidance scale of the TOSCA-SP (Tangney, undated) do not yield the same relationship with denial. This may reflect the ShARQ's focus on measuring the extent to which respondents perceive shame experiences to be unpleasant and undesirable, while the TOSCA-SP Shame Avoidance scale focuses on the extent to which respondents will engage in behaviours to avoid experiencing shame. In the context of the findings of the current study, responding on psychometrics in a way that justifies/minimises sexual offending (and therefore indicates increased denial) could be viewed as a behavioural response aimed at avoiding shame (thereby increasing scores on Shame Avoidance). However, increased scores on the ShARQ (which taps into cognitive and affective responses) might not necessarily equate to behaviours that serve to avoid shame (such as denying the extent of sexual offending). The problems found in treating shame as a single construct in sexual offenders (Hanson, 1996, as cited in Tangney, Stuewig & Hafez, 2011) may be inherent in the ShARQ when used with this population.

Furthermore, the changes in the findings depending on the denial measure being explored, provides support for the complex nature of denial. It is clear that no single measure assesses denial and that different types of measures tap into different features of denial. It is worth giving consideration to the significant positive correlation between the Cognitive Distortions/Immaturity MSI scale and the Shame Avoidance scale of the TOSCA-SP, when other measures of denial (aside from the Externalisation scale of the TOSCA-SP) did not correlate positively with any shame measures. This finding could reflect the different focus of the Cognitive Distortions/Immaturity scale, which assesses entrenched patterns of externalising blame. Other MSI scales used to assess denial in this study, such as the Justifications scale, as well as the SOAQ, are more specifically focussed on denial of sexual offending. It may therefore be the case that it is a general tendency towards denial/externalisation of blame that is related to shame proneness, rather than denial in relation to sexual offending.The correlations between the Externalisation scale and three of the remaining four scales of the TOSCA-SP (Tangney, undated) is consistent with patterns of responding in research using the TOSCA-SD (Hanson & Tangney, 1996) (e.g., Tangney, Stuewig, Mashek & Hastings, 2011). However, it should be acknowledged that while this scale measures a tendency to blame others for one's transgressions, and could therefore be considered to tap into components of denial, it uses generic scenarios to assess this construct, which may not equate to denial in relation to sexual offending. Nevertheless, the finding alone that a tendency to attribute blame to others for one's mistakes is positively correlated with shame and negatively correlated with guilt, can have useful implications for the assessment and treatment of sexual offenders. It may be of more value, for example, to measure a general tendency towards externalisation of blame in sexual offenders, rather

than focusing on assessing their denial stance specifically in relation to their sexual offending.

The few positive correlations between shame proneness and denial (according to certain measures) amongst participants in the current study may be explained in terms of the protective function of denial proposed by Harkins et al. (2010). For some sexual offenders, denial may serve to protect them from the uncomfortable experience of shame. As Harkins et al. (2010) also suggested, denial might serve to allow sexual offenders to maintain the support of their social network who continue to view them as 'innocent'.

The limited support for a relationship between guilt and denial warrants further consideration. While it may be the case that the null hypothesis is correct and there is no relationship between guilt and denial, other reasons for the findings should be explored. It may be the case, for example, that guilt proneness, as measured by the TOSCA-SP (Tangney, undated) does not equate to experiencing guilt in relation to specifically having sexually offended. The TOSCA-SP, while adapted for use with incarcerated populations, focuses on generic scenarios in which shame and/or guilt responses (cognitive, affective and behavioural), may be triggered. These scenarios depict substantially less serious events when compared to sexual offending, such as realising you have given a tourist wrong directions, or denting a friend's car. Responses to such scenarios, while claiming to measure general guilt proneness, may not predict a sexual offender's propensity to experience guilt in relation to their offending behaviour. Nevertheless, the negative correlation between guilt (reparative behaviour) and externalisation of blame should not be overlooked and suggests that in sexual offenders, a desire to make amends is associated with decreased denial in relation to the same

event. Again, measuring this propensity could help the treatment planning process: it could be of value to identify those sexual offenders who are generally guilt prone (and therefore less likely to externalise blame), so that they can be utilised as positive role models for group members who do not have such characteristics.

Although this study did not state explicit hypotheses predicting differences in shame and guilt measures for participants across the different Risk Matrix 2000 categories, the descriptive data generated suggested an interesting pattern, with shame-related scores appearing to increase from low, through medium to high static risk, and then decreasing at very high risk levels. The opposite relationship seemed to occur on guilt-related measures. While it is acknowledged that these differences did not meet statistical significance, this could be a reflection of the low frequency of participants at each end of the risk spectrum. Nevertheless, future research employing larger samples could seek to establish whether this relationship persists or was just an artefact of the current study. If such a pattern were confirmed by empirical research, then this could have implications for the extent to which shame is addressed as a responsivity factor for sexual offenders of different risk levels. Reasons for the shift in the pattern for very high risk sexual offenders could be explored, for example, by assessing the relationship with other factors.

Limitations

While the current study enabled results to be explored in relation to the static risk levels of participants, it did not allow for the exploration of findings for different types of sexual offenders as is the approach often taken by researchers in this field. It may be the case, that if it was possible to identify and separate those participants who

had offended sexually against children and those who had adult victims, for example, differences would have arisen in the findings. However, given that child and adult offenders are subject to the same risk assessment and intervention approach in prisons and probation settings in England and Wales, and are not necessarily identified in this way in associated databases, this was not possible for the purposes of this study.

There is continued debate in the associated literature about the strengths and limitations of the various means of measuring denial in offenders. The current study aimed to avoid a dichotomous approach to assessing denial, as advocated by Lund (2000) and used multiple measures to create a denial index, similar to that developed by Harkins et al. (2010). However, it is important to note that because of differences in the psychometrics administered, the current study could not replicate exactly the denial index used in this earlier research. Furthermore, because of a lack of specific information about the nature of each participant's sexual offending, the specific scales relevant to their offending could not be explored. While the researcher established justifiable cut-offs for identifying denial on the related scales, this approach could have impacted on the study's findings. It is of note that while no significant correlations were found between the overall denial index and the measures of shame and guilt, there were significant relationships between some alternative denial measure scores and a specific measure of shame and guilt. This supports the complex and heterogeneous nature of both denial and shame, and demonstrates that even within a single study, different findings can arise according to which measure of denial is being utilised.

The results of the current study may have been limited by the measures used to assess shame and guilt. While a strength of the TOSCA family of assessments is their use of scenario-based items that do not require the participants to be able to distinguish

between shame and guilt, the measures have come under criticism because of their confinement to the authors' definitions of shame and guilt. Proeve and Howells (2006) argued that alternative definitions of these concepts (such as Gilbert's (1998), distinguishing between internal and external shame) should be reflected in the assessments used. As discussed, this measure, while exploring shame and guilt proneness, may not assess these emotions specifically in relation to sexual offending. Therefore, participants who were not guilt prone according to the TOSCA-SP (Tangney, undated), may well experience guilt (and the associated desire to make amends) specifically linked to their sexual offending, but this was not identified in the current study. It could also be the case that generally guilt prone participants do not necessarily experience guilt in relation to their sexual offending. If this is the case, then this would have impacted on the findings of this study.

Efforts were made to include participants who categorically deny their sexual offending in this study. This included specifically identifying and targeting 'deniers' in one prison, and adjusting the method to increase anonymity in an attempt to increase response rates from categorical deniers of sexual offending in another establishment. However, despite this the vast majority of the data gathered were from men engaged in an accredited SOTP, who would therefore have accepted at least some level of responsibility for having committed a sexual offence. The generalisability of these findings to men in total denial of their sexual offending is therefore questionable. While future researchers should continue to attempt to gather research data from such individuals, in an attempt to increase our understanding of denial, its functions and psychological correlates, this must always be approached in an ethical manner. Encouraging men who protest their innocence (as is their right) to engage in research

related to sexual offending, without using coercion or external incentives, is likely to always be challenging as was found to be the case in this study. However, the inclusion (rather than automatic exclusion) of such individuals in future accredited interventions in prisons and probation settings in England and Wales, might serve to make this more achievable. It may be the case that the use of the 300-item MSI alongside other measures put the non-SOTP potential participants off engaging with the study. Research employing less cumbersome and time-consuming measures may yield a better response rate.

Implications for Practice

When considered along with the existing literature, this research provides some support for the value of addressing denial as a responsivity factor in the treatment of sexual offenders across the risk spectrum. This is important not only because categorical deniers are likely to be given access to future accredited Sex Offender Treatment Programmes offered across prisons and probation settings in England and Wales, but because all group members will present with a degree of minimisation/justification of their offending and other past behaviour. Evidence from this study and the wider literature indicates that rather than treating sexual offenders as 'deniers' or 'accepters', therapists should take a more individualised approach. When assessing denial, shame and guilt in this population, it is important not to be over-reliant on a single measure approach and to be mindful of the complex nature of these constructs. Furthermore, an over-reliance on the cut-offs for determining treatment need on denial related measures may hinder the identification of those sexual offenders who are more likely to be shame prone and/or aversive.

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Alternatively, it could be argued that given that denial does not predict risk of recidivism in sexual offenders, that we should not be assessing its presence at all. Even if denial does continue to be assessed via existing measures, then caution should be applied when using outcomes to draw conclusions regarding risk. Given that a general tendency towards externalisation of blame (rather than specifically denying sexual offending) was found to be related to shame and guilt in this study, then this might be a more useful trait to measure in order to inform treatment. This would be consistent with research advocating that interventions should focus on increasing sexual offenders' underlying problematic thinking patterns, rather than the specific post hoc excuses made about their offending behaviour (e.g., Maruna & Mann, 2006).

Given the limitations of psychometrics in this area, assessors and treatment providers should draw on a range of sources when considering the relevance of shame and guilt for sexual offenders embarking on treatment. Assessors may, for example, be prepared to note evidence of the body language associated with shame as identified by Keltner and Harker (1998).

A further step towards integrating the findings of this and related studies into treatment would be to include education on shame and guilt into the training of those professionals involved in the delivery of treatment to sexual offenders. As Proeve and Howells (2006), identified, a confrontational and judgemental approach by facilitators is likely to increase shame experienced by sexual offenders. When considering the findings of this study, this could in turn entrench some of the cognitive distortions associated with denial, acting as a barrier to full engagement. In contrast, the warm, non-judgemental and empathic therapeutic style advocated by Serran, Fernandez,

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Marshall and Mann (2003) is more likely to decrease group members' experience of shame, and perhaps encourage a more guilt-focused, motivated approach.

It would also be of value to explore means of integrating specific exercises into the new treatment programmes to ensure that shame is given due consideration as a responsivity factor. Psycho-educational discussions on the function of shame and guilt could be used as a means of exploring the barriers to full engagement, rather than focusing on challenging denial itself. This is consistent with Tangney and Dearing's (2002) recommendation in the general therapeutic literature as well as Prove and Howells' (2006) suggestion that this approach is used in the treatment of child molesters.

The means of addressing shame in the treatment of sexual offenders can be informed by the evidence for treating shame in the wider psychological literature. Gilbert (2006) argued for the need to take a formulation-based approach to addressing shame, addressing the underlying function that the emotion serves for the individual. He suggested that the self-protective nature of shame needs to be acknowledged and validated. Gilbert (2010) later advocated for the application of compassion focussed therapy (CFT) in the treatment of shame, arguing that this approach accounts for the underlying need for humans to value themselves and consider themselves to be valued by others. CFT focuses on the development of self-compassion as well as compassion for others, using work on attachment and affect regulation to achieve these aims. Consistent with the evidence that a warm, non-judgemental facilitation approach is key to treatment effectiveness, CFT emphasises the fundamental role of the therapeutic alliance.

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Future Research

While providing some interesting findings regarding shame and denial in sexual offenders, it is acknowledged that a relatively small sample was used to generate the results. Further research in this area should seek to recruit larger samples, so that more definitive conclusions can be drawn. Efforts should be made to include categorical deniers of sexual offending in the sample to ensure they are represented. While this study included relatively few 'low' static risk offenders (because of its focus on participants engaging in the Core SOTP, an intervention targeting those of at least 'medium' risk), future research may seek to include more participants at this risk level. This could be achieved by focusing on men engaging in the Rolling SOTP, an intervention specifically aimed at low risk sexual offenders.

This study has highlighted the problems associated with measuring shame and guilt in sexual offenders and has identified the lack of a validated tool for use with this population. Future research could focus on either establishing the validity and reliability of existing measures for use with sexual offenders, or on developing a new assessment for this purpose. A valid and reliable means of assessing shame and guilt in sexual offenders could allow for the identification of those likely to experience shame-related barriers to treatment engagement in advance, and allow for their needs to be accommodated appropriately. It may also be possible to administer measures both pre and post-treatment to establish whether an intervention has impacted on sexual offenders' experience of shame and/or guilt.

While the current study focused on the relationship between shame/guilt and denial in a sexual offender sample, future research could explore other psychological

correlates of shame and guilt in this population. It may be of value, for example, to explore any relationship between attachment style and shame, given that a relationship has been found between dysfunctional attachment and shame in a non-offending sample (Gross & Hansen, 2000). Given evidence for increased risk amongst offenders who drop-out/fail to complete treatment, research assessing shame and guilt propensities in such individuals could provide useful information about how such emotions impacted on their treatment engagement.

Conclusions

This study aimed to explore the association between shame/guilt and denial in a sample of imprisoned male sexual offenders. The findings were inconclusive, with some tentative evidence being generated to support a correlation between shame proneness, guilt proneness and certain indicators of denial. This provides some support for the need to accommodate shame when working with sexual offenders who are likely to hold the cognitive distortions/ justifications/ minimisations/ externalisations associated with denial. This research has served to confirm the challenges in assessing denial in sexual offenders and highlighted the value of carrying out further studies, particularly focusing on sexual offenders' experience of shame and guilt. While there are a number of limitations inherent in this study, it has at least offered some explanation for the function of denial in sexual offenders, highlighting the possible role of shame and guilt.

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Chapter 4: Critique & Use of a Psychometric Assessment: the Multiphasic Sex Inventory

Introduction

In the United Kingdom, the number of men serving prison sentences for sexual offences has increased over recent decades. Beech, Craig and Browne (2008) reported an increase in those serving custodial sentences for rape of 161%, between 1984 and 1994. These researchers highlighted that this increase is beyond that represented by the general rise in the prison population. Considering more recent data, Councell (2003) reported an 84% increase in convictions for rape between 1992 and 2002. Craig, Browne, Stringer and Hogue (2008) demonstrated that convicted sexual offenders who have served a prison sentence are reconvicted for further sexual offences at a rate of up to 15.5% (at the six-year follow-up stage). Such statistics demonstrate the need for a robust means of assessing the psychosexual characteristics of sexual offenders, to inform both risk assessment and treatment, in order to reduce the likelihood of re-offending.

Nichols and Molinder (1984) developed the Multiphasic Sex Inventory (MSI), describing it as a test 'to assess a wide range of psychosexual characteristics of the sexual offender' (p1). In its original form it was intended for use with adult male sexual offenders, although a version specific to adolescent sexual offenders (aged 12 to 19) has been subsequently developed (the MSI J; Nichols and Molinder, 1986, as cited by http://www.nicholsandmolinder.com/index.php). The authors developed the MSI in response to a lack of existing measures to assess sexual deviance. It was initially administered alongside the Minnesota Multiphasic Personality Inventory (MMPI;

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Dahlstrom, Welsh & Dahlstrom, 1975), and as the authors became focused on measuring the psychological construct of sexual deviance, it evolved into the full version. The original MSI was designed for application with admitting sexual offenders.

The MSI II (Nichols & Molinder, 1996), like the original MSI, focuses on sexual characteristics, but also explores emotional and behavioural elements of interest. In contrast to the original MSI, however, the MSI II for adult males, which became available to clinicians in 1996 (a revised version was published in 2000), has been designed to allow for completion by those who are 'alleged' to have committed a sexual offence as well as men who are experiencing problems in relation to sexual issues. As well as for adult males, there are versions of the MSI II for adult females, and adolescents of both sexes. It is of note, that while the original MSI may be scored and interpreted by appropriately qualified clinicians, for the MSI II, this can only be carried out by the agency run by the authors (http://www.nicholsandmolinder.com/index.php).

This review will focus predominantly on the original MSI for adult males, starting with an overview of the theoretical framework that guided the development of the assessment. It will examine the scales that make up the assessment before introducing the original validity studies that Nichols and Molinder (1984) carried out during its development. The critique will then go on to discuss the research that has taken place since the publication of the MSI that provides evidence for/against its validity and reliability. It will discuss some of the uses of the MSI in the clinical and research fields, examining both its strengths and limitations. The review will conclude with the author's personal reflections on using the MSI and suggestions for its ongoing application.

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Overview of the MSI

The MSI manual described the theoretical basis for the assessment (Nichols & Molinder, 1984). It highlighted that personality theories alone cannot fully account for sexual deviance. The authors referred to the role of bio-physiological, social learning and cognitive-behavioural theories in contributing towards, but not providing a comprehensive explanation. Nichols and Molinder (1984) avoided postulating a causal theory of sexual deviance, but chose to focus on assessing the sexual cognitions and behaviours of sexual offenders.

The MSI authors made a number of propositions, which underpin the development of the MSI (Nichols & Molinder, 1984). The first is that sexual deviance (in the context of this assessment) can only be said to exist if an identifying act (i.e., a sexual offence) is known to have taken place. The assessment does not claim to be able to distinguish between sexually deviant and non-deviant individuals amongst the general population. The second proposition refers to the assumption that there is an underlying thought process that drives an individual towards committing a sexual offence. The MSI authors then made the proposition that the behaviours driven by such cognitive progression can be captured in basic descriptors, which apply to all sexual offenders. The assessment therefore focuses on the method, extent and duration of sexual offending behaviour.

In their fourth proposition, the MSI authors allowed for the heterogeneity that exists amongst sexual offenders (Nichols & Molinder, 1984); while there are correlates in terms of the cognitions and behaviours of sexual offenders, there are also important differences, both between sub-types of sexual offenders and between individuals. Such

variation can be evident in, for example, differences in paraphilias among sexual offenders. Nichols and Molinder then went on to propose, in their fifth proposition, that sexual offenders use both self deception and the deception of others in order to defend their sexual deviance. This can be evident in denying they have committed a sexual offence, minimising the extent of their actions, justifying their offending behaviour, blaming others, etc.

Nichols and Molinder (1984) used an additive abstract model to summarise the conceptual framework outlined in their five propositions, where X represents the sexual offender, α represents the universal cognitions and behaviours of each sexual offender, β represents the unique sexual features of each sexual offender, and ε represents the deceptive stance adopted by all sexual offenders:

$$X = \alpha + \beta + \varepsilon$$

(Nichols & Molinder, 1984, p5)

The MSI authors used this model to structure the 20 subscales (plus sex history) of the measure.

The MSI is self-administered in a 300 item questionnaire format, with participants being required to respond True or False to each item. It developed from an original 200 item pilot measure, to a 222 item measure, before being finalised in its 300 item form. The authors explained that the item expansion reflected their arising objective to assess their formulation of sexual deviance as a psychological construct (Nichols & Molinder, 1984). The items are presented to participants in a test booklet along with an answer sheet on which to record responses.

The Paraphilias (Sexual Deviance) subtest of the MSI is described as the core of the assessment and incorporates three sexual deviance subscales: Child Molest (39 items), Rape (28 items) and Exhibitionism (19 items). These are said to align with the universal cognitive and behavioural components (α) of the conceptual framework and also seek to assess the method, extent and duration of sexual offending behaviour.

The Paraphilias (Atypical Sexual Outlet) subtest is made up of the Fetish (9 items), Obscene Call (4 items), Voyeurism (9 items), Bondage and Discipline (6 items), and Sado-Masochism (10 items) subscales, while the Sexual Dysfunction subscales (32 items in total) include Sexual Inadequacies, Premature Ejaculation, Physical Disabilities and Impotence. Given their assessment of the unique features of sexual offenders, these scales, along with Sex Knowledge and Beliefs (24 items), and Sex History (incorporating Sex Deviance Development (11 items), Marriage Development (10 items), Gender Orientation Development (6 items), Gender Identity Development (3 items), Sexual Assault Behaviour (20 items)) subscales, reflect the β component of the above model.

The next five sets of scales that make up the MSI are those which assess validity and accountability, and therefore correspond to the ε of the additive model: Sex Obsessions Scale (20 items), Social Sexual Desirability Scale (35 items), Lie Scales (23 items across 4 scales), Cognitive Distortion and Immaturity Scale (20 items) and the Justifications Scale (24 items).

The final MSI scale (which does not contribute to the abstract model), the Treatment Attitudes Scale (8 items), measures a sexual offender's acceptance of a

difficulty relating to sexual deviance. It is said to provide an indication of an individual's openness to engage with treatment.

Validity

Validity refers to the extent to which a measure assesses the construct it claims to assess. Nichols and Molinder (1984) employed a number of strategies when validating the MSI, avoiding the single method validation approach that Millon (1977) warned against. It is worth noting, however, that they did not employ factor analysis in their validation, which is at odds with the recommendations of, for example, Eysenck (1950), who suggested that this a crucial method for test validation. Nevertheless, the MSI authors did complete a number of validation and reliability studies, driven by their underlying framework described above.

Face validity

While the MSI could come under criticism for its relatively large number of items (i.e., it is lengthy to complete it), the authors defended this quantity, claiming that it encourages participants to become immersed in the sexual theme of the assessment. They suggested that this in turn will increase validity, but did not provide any specific study data to back up this assumption.

Influenced by research advocating a direct approach to questioning participants about their sexual experiences, the majority of Nichols and Molinder's (1984) MSI items take this stance. The authors further ensured that their items matched the behaviours of the sub-types of sexual offenders, thereby increasing face validity (i.e., the measures appears to measure the constructs it intends to measure).

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While Nichols and Molinder (1984) acknowledged the relative transparency of many of the MSI items, they claimed to compensate for this through the inclusion of validity scales, focused on assessing socially desirable responding. Flak, Beech and Fisher (2006) further highlighted that as with all psychometrics, the MSI is susceptible to response bias. They recommended that this should be addressed through the administration of a deception measure alongside psychometrics, such as the Paulhus Deceptions Scales (PDS; Paulhus, 1998). The PDS measures both the tendency towards self-deception (by viewing oneself in a positive light) as well as the tendency to favourably enhance the impression of oneself made towards others. More recent research indicates that the impact of social desirability on offenders' responses to self-report measures is more complex. Mathie and Wakeling (2011) found that impression management influenced psychometric responses less than was previously assumed and that for some sexual offenders, higher levels of impression management were associated with lower risk of reoffending. The authors therefore suggested that the PDS should not be used to make decisions about the invalidity of psychometric measures (including the MSI), but should be used as a responsivity tool to inform the treatment approach for those individuals with increased scores.

Flak et al. (2006) also identified that the MSI, like other assessments conducted in a questionnaire format, assumes a certain level of cognitive functioning in those completing it. They drew attention to the negative wording of many items of the MSI, which can be difficult to understand. Stinson and Becker (2008) made a similar observation and further suggested that the complexity of the MSI-II may deem it unsuitable for administration to participants experiencing psychotic symptoms. Whilst the MSI authors accommodated literacy difficulties by making the items available in

audio format, this in itself creates logistical problems (e.g., making it difficult to administer in a group setting).

Content validity

Nichols and Molinder (1984) described a pilot of their tool, whereby their sexual deviance items were matched to sexual offence types and subject to feedback from participants and staff working therapeutically with them. This facilitated the elimination of certain items and the development of further scales in a bid to increase the content validity of the MSI. Content validity relates to the extent to which a measure assesses the construct it intends to measure (Carmines & Zeller, 1991). Such validity is said to increase when authors use a diverse range of sources to inform items in a measure. When developing items for the Sex Knowledge and Beliefs Scale, the authors used existing literature to guide their language/terminology as well as seeking the expertise of a professional in the field of sex education. Other scales drew on existing measures to inform the relevant items. The authors' reliance on just one expert opinion from the sex education field could warrant criticism: it is unlikely that one professional's view will be representative and generalisable to the wider field. However, it is to the authors' credit that their 1977 pilot used a relatively large sample of 220 hospitalised sexual offenders.

Construct validity

Construct validity refers to the extent to which underlying theory aligns with the measure developed to assess the construct of interest. In a study testing the MSI's internal validity, Nichols and Molinder (1984) asked a number of professionals working in the field of sexual offending to sort the test items into categories. While the judges

sorted most items well, supporting the distinct nature of the scales and its construct validity, they had more difficulty identifying items for one of the validity scales in particular (the Social Sexual Desirability Scale), thus highlighting the lack of transparency of related items.

When exploring the construct validity of the MSI, Nichols and Molinder (1984) identified samples according to type of sexual offence as well as treatment stage. They also identified a control group of college students. While the sample of child offenders and rapists scored significantly higher than the controls on two of the scales (Paraphilias and Social Sexual Desirability), other differences did not reach statistical significance. This indicates that while certain MSI scales reflect the theoretical differences between different types of sexual offenders and controls, this is not consistent across the scales, thus limiting construct validity.

Testing their proposition that treated sexual offenders should be more open about their sexual deviance than untreated sexual offenders, Nichols and Molinder (1984) found the groups to differ on all but one (the Sex Dysfunction Subtest) of the MSI scales. They found that scores on the Lie Scale were significantly lower amongst treated sexual offenders and that post-treatment sexual offenders' scores on Social Sexual Desirability mirrored those of the control group. The authors suggested that this reflects their increased openness and presentation of a healthier sexual interest following treatment. However, small sample sizes of the validation sample call into question the generalisability of the findings. Furthermore, the use of college students as a control group could come under criticism: it is unlikely that such a sample is representative of adult males in terms of their experiences, personal characteristics, demographic features, etc.

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Convergent & Discriminant Validity

Convergent validity refers to a measure's ability to demonstrate the relationship between factors that are theoretically similar, while discriminant validity reflects a measure's ability to discriminate between factors that are theoretically different. Focusing on age, IQ, education level and MMPI scores, Nichols and Molinder (1984) found evidence for the convergent and discriminant validity of the MSI. There was very little shared variance between the external variables and the sex scales in particular, with no correlation exceeding .20, lending particular support to the discriminant validity of the MSI. While there was some convergence between the validity scales of the MSI and those of the MMPI, as the authors identified, this is to be expected as both seek to identify socially desirable responding. This therefore provides evidence for the measure's convergent validity. A low/ moderate correlation (.39) was found between IQ and Sex Knowledge and Beliefs for a sample of child sex offenders, with the highest correlation (.56) being between age and Sex Dysfunction. These raised correlation coefficients do not support the discriminant validity of the MSI.

Interscale correlations were used by Nichols and Molinder to test the convergent and discriminant construct validity of the MSI scales. They found consistent patterns in the scoring among the child sex offenders, rapists and control group. Oliver, Beech, Fisher and Beckett (2007) more recently used the MSI (along with other measures) to examine the characteristics of a group of sexual murderers and rapists embarking on a prison-based sex offender treatment programme. The MSI was unable to discriminate between the two groups in terms of sexual interests. However, the authors argued that this reflects that rather than being distinct groups with different characteristics, rapists and sexual murderers are very similar. In what they described as the first psychometric

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evaluation of the MSI, when exploring convergent and divergent validity, Kalichman, Henderson, Shealy and Dwyer (1992) focused on a more heterogeneous sample, and found that younger victim ages were associated with higher scores on the Child Molest scale. They also found, for example, that higher scores on the Sexual Obsessions and Sexual Dysfunctions scales were related to higher rates of participant suicide attempts, while lower rates of suicide attempts were associated with higher scores on the Justifications scale. Higher IQ scores were associated with lower total sexual functions, while lower education levels were associated with increased scores on the Exhibitionism scale. The authors suggested that such positive and negative correlations provide evidence of the construct validity of the MSI, as they support the underlying theory in relation to the characteristics of sexual offenders. The relationships between the various constructs reflect the complex nature of sexual offending and illustrate that such behaviour is the result of various factors (including those measured by the MSI along with other assessments) operating in combination. Furthermore, those constructs that the theory indicates are related were found to be correlated via the MSI and external measures, providing evidence for convergent validity.

When assessing correlations between MSI ratings and scores on measures of affective functioning and personality (in order to investigate convergent validity), Kalichman et al. (1992), found, for example, an inverse relationship between Child Molest scale scores and self-esteem, supporting the underlying theory that individuals who sexually offend against children have lower levels of self-esteem. Focusing on a sample comprising non-incarcerated offenders against children, and exploring the relationship between the sexual dysfunctions subscales of the MSI and scores on the DSFI (Derogatis Sexual Functioning Inventory; Derogatis & Mellisaratos, 1979), they

found, for example, the Sexual Inadequacies and Impotence ratings to be negatively related to body image satisfaction. Correlations between the scores on measures which assess the same/similar constructs provided further support for convergent validity. Kalichman et al. (1992) examined the correlation between the MSI and MMPI ratings for a sample of incarcerated sexual offenders whose victims were children. They found a number of areas of correlation, which they attributed to a relationship between sexual deviance and psychopathology. When exploring the same relationships using data from the sample of child sexual offenders awaiting sentencing, the findings overlapped to an extent. They discovered that, again, the Child Molest scale of the MSI correlated only with the MMPI Male/Female scale. However, it was noted that a number of the correlations evident in this non-incarcerated sample, were not present in the incarcerated child sex offender sample, and vice versa. Overall, the authors found that only 30% of the variance in the MSI could be accounted for in the MMPI, indicating that the MSI provides a considerable amount of data that are not generated by the MMPI, supporting the use of the MSI in addition to the MMPI. Such findings further support the discriminant validity of the MSI.

Concurrent & Predictive Validity

Concurrent validity refers to the extent to which the outcome of a measure relates to that of another measure assessing the same construct, taken at the same point in time. A number of studies exploring the concurrent validity of the MSI were conducted when it was in its development. Focusing on institutionalised child sexual offenders, the authors (Nichols & Molinder, 1984) found that lower scores on the Child Molest Scale were associated with men who were in the early stages of their treatment and were therefore less open regarding their offending behaviour. A similar (yet small)

correlation was found by Wing (1983; as cited by Nichols and Molinder, 1984), who also noted a relationship between treatment progress and scores on the Rape Scale for participants who had committed rape. Wing also found that scores on the Child Molest Scale and Rape Scale were able to discriminate between offenders hospitalised for rape and those who had offended against female children. However, the relatively small sample sizes contributing to this finding call into question whether the correlations identified can be confidently attributed to treatment stage and progress. It is also of note that this study focused on a hospitalised sample and it is not clear whether these findings would be evident in sexual offenders in other settings (e.g., in prisons or the community).

Predictive validity refers to the extent to which the outcome of a measure relates to that of another measure assessing the same construct, taken at a different point in time. Studies have examined the validity of the MSI to predict treatment outcome. Simkins, Ward, Bowman and Rinck (1989), focusing on child sexual offenders, found that the MSI was able to predict between 30 and 47% of treatment variance. When treatment outcome was categorised dichotomously (i.e., success vs. failure), the MSI was able to predict this result with 70.9% accuracy. Further analysis found that the MSI was able to discriminate between those who had offended against male children, female children or both, as well as between those who had offended within the family, outside the family or both. The MSI was particularly powerful in identifying deniers from admitters, indicating its value in research exploring psychological differences between deniers and admitters: the MSI could be used to separate deniers and admitters in such studies. Geer, Becker, Gray and Krauss (2001) found that the MSI-II (Nichols and Molinder, 2000) along with other measures could be used to predict drop-out from a sex

offender treatment programme, thereby lending further support to the predictive validity of the tool.

The predictive validity of the MSI has been examined in several other studies. In their 2006 study, Craig, Browne, Beech and Stringer followed up a UK sample of convicted male sexual offenders. The authors found that the Sexual Obsessions and Paraphilia (Atypical Sexual Outlet) scales were able to predict reconviction at the two and five year follow-up stage. They also conducted confirmatory factor analysis (something that was missing from the initial validation studies) to test a four-factor structure (comprising Sexual Deviance, Sexual Desirability, Dysfunction/Justification and Normal) that had been originally proposed by Simkins et al. (1989). One of these factors, Sexual Deviance, was found to be a good predictor of sexual recidivism at the three year follow up stage. When compared to the predictive validity of an actuarial risk assessment tool (the Static-99; Hanson & Thornton, 2000), the Sexual Obsessions and Paraphilia (Atypical Sexual Outlet) scales as well as the Sexual Deviance factor were comparable to the static assessment. However, as Craig et al. acknowledged, they were unable to fully assess the four-factor structure as not all of the scale data required were available. They also recognised the limitations of their relatively small sample size (n=119) and urged caution when generalising their findings (based on a Regional Secure Unit sample) to sexual offenders in other settings.

In a later study exploring how well the MSI scales (along with those of the Static-99; Hanson & Thornton, 2000) map onto the Structured Assessment of Risk and Need (SARN; Thornton, 2002) dynamic risk factors, Craig, Thornton, Beech and Browne (2007) found that those who were reconvicted at follow-up scored significantly higher (than those who were not reconvicted) on the Sexual Obsession, Cognitive

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Distortions and Immaturity scales. The latter two aforementioned scales (which tap into the Attitudes domain of SARN) were found to significantly correlate with subscales of the Static-99. Such findings lend support to the value of the MSI in identifying treatment needs in sexual offenders, and assessing progress, as well as forming part of the assessment of their risk of recidivism.

Of interest to those in the applied field is a study by Stinson and Becker (2008), which compared the effectiveness of a range of measures in identifying offence related sexual interests and arousal in known sexual offenders (focusing on their predictive validity). They explored objective measures, historical behaviour information and self-report measures (including the MSI-II), determining the strengths and limitations of each. The MSI-II and penile plethysmograph were found to be the strongest predictors of sexual offending behaviour involving child victims. Sexual offences involving coercion were most strongly predicted by the MSI–II and an assessment of psychopathy. Those sexual offences that do not necessarily involve direct contact with a victim (such as exhibitionism and voyeurism) were best predicted by the MSI-II. While Stinson and Becker (2008) identified the MSI-II as the most predictive of offence-related sexual behaviour of all the assessments they examined, they criticised the authors of the tool for failing to publish sufficient information regarding the construction and validation of the tool. Nevertheless, they did suggest that the most effective approach to the assessment of sexual offenders is to combine self-report tools (such as the MSI-II) with other forms of measure, thereby triangulating evidence.

Reliability

Internal consistency/reliability

Nichols and Molinder (1984) claimed that not every MSI scale can be subject to internal reliability testing (i.e., checking that all items within a scale are measuring the same thing), explaining that there is variation in the difficulty of items. It is not clear how this assessment was made. Nevertheless, the authors did run associated tests on the three scales for which the items were said to be of equal difficulty and found internal item structure correlations ranging from .40 (Sex Knowledge and Beliefs) to .71 (Social Sexual Desirability). The Sex Obsessions Scale yielded an internal item structure correlation of .65. While '1' would be indicative of a perfect correlation, a value of .70 is generally recognised as a sign of acceptable reliability.

As well as the convergent and divergent validity evidence discussed earlier, Kalichman et al. (1992) focused on exploring the MSI's internal consistency, along with conducting redundancy analyses (i.e., a process of dividing variables in a way that accounts for the variance amongst them). They generated data from five independent samples based in prison, court and outpatient settings. Focusing on a sample convicted of rape (n=144), they found moderate to high levels of internal consistency for a number of the scales. However, there was considerable variability in the levels of internal consistency demonstrated across the scales, with alpha coefficients ranging from .50 (in the 'poor' range) to .90 (considered to be 'excellent'). The authors suggested that those scales yielding lower levels of internal consistency (i.e., Exhibitionism, .50; Sexual Inadequacies, .53; Cognitive distortions and immaturity, .53) may have such heterogeneity in their item content, that they are not representing unitary dimensions.

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Test-retest reliability

Test-retest reliability was conducted by Nichols and Molinder (1984) with a notably small sample of 32 child sexual offenders. The total reliability (after an average of 21 days) for the MSI in its entirety was .86, with correlations (Pearson's r) for individual scales/subtests ranging from .58 (Sexual Knowledge and Beliefs; SKB) to .92 (Exhibitionism). The authors acknowledged that the SKB may not be a reliable scale, but noted the generally positive support for the temporal stability of the MSI. Test-retest reliability measures carried out by Simkins et al. (1989) revealed slightly weaker correlations, with an average of .71 (range = .42 to .84). Of concern is that in this study the re-test was carried out after participants had started treatment, indicating that treatment does not impact on a change in psychosexual functioning as measured by the MSI. However, as Simkins et al. acknowledged, the re-test was carried out relatively early during a long-term treatment process, perhaps before significant changes in MSI related constructs had taken place.

Uses of the MSI

The MSI has been applied worldwide for a number of purposes in both research and clinical settings. Nichols and Molinder (http://www.nicholsandmolinder.com/sex-offender-assessment-msi-am.php) proposed that the MSI can be used both to assess sexual deviance and to evaluate progress in treatment. The authors reported that it has been used in over 1400 settings and has been translated into a number of languages. In the field, the MSI has been used by treatment providers as part of a wider assessment of sexual offenders. Bernard, Fuller, Robbins and Shaw (1989), for example, described triangulating the MSI findings with phallometric and other evidence to support the

hypothesis that an inpatient had a sexual interest in children. The MSI continues to be used in a similar way in the accredited Sex Offender Treatment Programmes (SOTPs) run in English and Welsh prisons. For example, for participants undergoing the Healthy Sexual Functioning Programme (HSFP), the MSI is administered both pre and post-treatment and used along with the Penile Plethysmograph (PPG) and other sources of information to inform progress.

The MSI is also used to measure dynamic risk. In particular, the MSI is part of a wider psychometric battery used to identify treatment need/progress across the 15 dynamic risk factors that make up the four domains of the SARN (Thornton, 2002) applied to sexual offenders in prison and settings in England and Wales. The MSI Sexual Obsessions Scale, for example, can be used (along with other sources of information) to inform the relevance of risk factors in the 'Sexual Interests' SARN domain, while the Justifications Scale helps to identify needs in the 'Attitudes' domain.

It has also been considered whether the MSI can identify specific sexual offender types. Mackaronis, Strassberg and Marcus (2011) recently examined the latent structure of the MSI to specifically explore whether the tool could be used to define paedophilia on a dichotomous scale (i.e., paedophile or not paedophile) or whether paedophilia is a more continuous construct. While their findings suggested that it is more useful to identify degrees of paedophilia rather than to use two categories, they do indicate that the MSI can be useful to inform the focus of treatment for sexual offenders. This supports the SARN (Thornton, 2002) approach to assessment and treatment discussed earlier.

The MSI has been used to identify treatment targets as well as to assess the impact of interventions on individual sexual offenders. The SOTP Psychometric Assessment Manual (HM Prison Service, 2007) described how the results of the MSI can be used to both inform treatment need as well as to assess progress on treatment. The authors stressed the importance of distinguishing between static and dynamic MSI items when determining change. A number of items, for example, refer to past behaviours that the participants are required to indicate whether they have carried out or not. Their response to such items would not be expected to alter, regardless of an intervention. HM Prison Service also encouraged those interpreting the MSI to be prepared to reflect on why scores post treatment might indicate an increased treatment need in comparison to pre-treatment scores. Rather than suggesting that participants have become 'worse' on treatment, an inflated score on certain items might be the result of them becoming more open about their past behaviour and related thoughts. HM Prison Service (2007) encouraged practitioners to view this as a positive treatment effect.

As a consideration of another possible use of the MSI, Gannon, Keown and Rose (2009) attempted to determine whether a number of psychometrics (including the MSI) could be used to identify implicit theories (schemas) in child sexual offenders, which could in turn inform treatment. The MSI was found to be the poorest of the measures in identifying the schemas known to be associated with sexual offending. The authors suggested that this could reflect the fact that many of the MSI items are personal in their focus and therefore do not allow for the identification of entrenched beliefs about other people and the world in general. It should be noted that the MSI authors did not design the assessment for this purpose.

The MSI continues to have a range of research applications. As outlined throughout this thesis, applied research continues to explore the concept of denial in sexual offenders and its relationship to risk, treatment engagement, etc. Such research inevitably requires the measurement of denial. In their recent study, Harkins, Beech and Goodwill (2010) created a 'Denial Index' made up of psychometric subscales, including the MSI's Sex Deviance Admittance Scale, Lie Scale, Sexual Obsessions Scale, Social Sexual Desirability Scale and Treatment Attitudes Scale. This enabled them to identify some interesting findings, for example, that denial predicts decreased recidivism in higher risk sexual offenders. However, as discussed by Lund (2000), there is considerable debate in the associated literature around the measurement of denial and the existing research employs a range of tools to achieve this, each with its own strengths and limitations.

The MSI (along with a range of other measures) has been used to explore differences between child sexual offenders who had perpetrated offences against children over whom they had professional responsibility, with those who had offended within and outside the family (Sullivan, Beech, Craig, & Gannon, 2011). The MSI scales revealed some interesting distinguishing features: the participants who had offended via their jobs had significantly higher levels of sexual preoccupation than those who offended within their family, but similar levels to the participants who had offended outside the family. However, no significant differences were found on the MSI scales tapping into the attitudes associated with sexual offending. The authors suggested that existing psychometric measures (MSI included) are not able to identify potentially risky individuals entering or already in professions where they have access to children.

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The MSI has been compared to other assessment measures in terms of its validity and reliability. In an unpublished review of the SOTP psychometrics used in prisons and the community, Barnett (2009) categorised existing assessments in terms of the support for their use in the existing literature. The MSI was placed in the highest category ('Strong support') on the basis of the quality and extent of the published research (providing evidence for validity and reliability), its links to the SARN treatment needs, and its relationship to recidivism. This is positive, considering that the MSI was used as a measure in the empirical study reported in Chapter Four of this thesis.

Limitations and Future Directions

From a practical point of view, the MSI has a number of limitations. Of note is the time that the assessment takes for offenders to complete, particularly when administered as part of a wider psychometric battery. This can be difficult to manage within the strict time constraints of a prison regime. Furthermore, offenders occasionally express discomfort when required to respond to items that do not relate to their own offending (e.g., when those who have offended against adults are asked questions about their sexual behaviour towards children). Nevertheless, the fact that for all HM Prison Service England and Wales SOTP sites, psychometrics are scored, converted into T-scores and presented in user-friendly graphs, is beneficial to the risk assessment process. However, in the experience of the author, it can lead assessors to become overly focused on scores, without examining respondents' ratings of individual items.

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A current project (of which the author is a part) is seeking to align the treatment provided to sexual offenders in prisons in England and Wales with that provided in probation settings by developing a single set of interventions. These programmes, which have recently received provisional accreditation from the Correctional Services Accreditation Panel (CSAP), will require a revised assessment process, given that these are currently different for community and prisons. Current plans indicate that the MSI will not form part of this battery. G. Barnett (personal communication, 21st November, 2011) provides a number of reasons for the removal of the MSI, including the length of the measure and the fact that many of the scales are not useful for SOTP purposes. Concern has been raised about the inaccessibility of the language used in the assessment and the author has firsthand experience of working with offenders who have felt that the tool is heterosexually biased. Finally, the cost of the assessment has been cited as a reason for the MSI's removal and those who oversee the national management and evaluation of SOTPs at Operational Services and Interventions Group (OSIG) have developed their own measure that they claim has addressed the limitations of the MSI.

Conclusion

The MSI was developed by Nichols and Molinder (1984) to address the fact that no assessment was available to evaluate psychosexual characteristics of sexual offenders at that time. While a considerable number of studies have been carried out to provide evidence of the validity and reliability of the tool, results have been mixed. Furthermore, the associated research has notable limitations, usually attributable to small sample sizes, non-representative control groups, and a focus on sexual offenders in institutionalised settings in the United States, thus limiting the generalisability of the results. Nevertheless, the MSI does provide clinicians with information to inform

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treatment needs and progress, and the extent to which it is used worldwide supports its value. It has also proved useful in the field of applied research on sexual offending, for example, in the exploration of denial. It is the view of the author that when conducting risk assessments of sexual offenders, the costs and benefits of the MSI should be balanced out by triangulating the outcome of the assessment with other sources of information, such as physiological measures, interview information and official reports. Nevertheless, as the economic climate continues to encourage us to achieve maximum results with minimum resources, it is unclear whether the MSI, in its current labour-intensive and costly form, will continue to be used to the same extent as it is currently. As newer measures are developed and used to assess sexual deviancy, provided they address the limitations of the MSI and prove themselves reliable, valid and cost-effective, then the future of the MSI could be bleak.

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Chapter 5: Discussion

This thesis aimed to build on existing knowledge of sexual offending by focussing specifically on the relationship between shame/guilt and denial in this population. This was achieved through the completion of a systematic review, an empirical research project and a critique of a related psychometric.

Key Findings

Chapter Two reported the outcome of the systematic review. It identified the rationale for completing the review, highlighting the gap in the existing literature, with research tending to focus on either denial or shame/guilt in relation to sexual offenders, rather than both. This review sought to establish whether the existing literature confirms that shame is associated with increased denial, and that guilt is associated with decreased denial in sexual offenders. Search terms were set and applied to relevant databases in order to identify potentially relevant studies, which were then subject to further scrutiny in order to confirm inclusion/exclusion. Experts in the field were contacted in an attempt to identify relevant studies. This resulted in a review of ten papers, none of which had explicitly set out to test the proposed relationships between shame/guilt and denial. These ten studies were quality assessed according to a Gold, Silver, and Bronze rating system. Ratings were determined according to the percentage of the quality criteria adhered to by each study. Nine of the studies subject to the review were rated 'Silver' and one rated 'Bronze'. This reflected a lack of good quality research specifically exploring this area of interest. However, the studies reviewed that produced findings relevant to the objectives suggested that shame is associated with increased denial and guilt is associated with decreased denial in this population. There

was therefore some indication that the proposed relationships at least warranted further examination by more focussed and better quality research. It was suggested that only once these are more robustly tested, can applications to the assessment, treatment and management of sexual offenders be considered.

The outcome of the systematic review provided the rationale for the empirical research project reported in Chapter Three. The study aimed to establish whether there is an association between the 'self-conscious' emotions shame and guilt, and denial in sexual offenders. Data were gathered via a battery of psychometric assessments administered to adult male sexual offenders serving a custodial sentence in a number of closed prison establishments across England and Wales. The study was driven by research on the relationship between denial and risk, which has proved inconclusive and led to speculation about the protective role that denial might serve for some sexual offenders. Chapter Three explored the literature specifically on shame and guilt, which has highlighted the difference between these emotions in terms of preventing versus facilitating positive change and making amends. While research has suggested that minimising/ justifying sexual offending might be a means of avoiding the painful experience of shame, as confirmed in Chapter Two's systematic review, there is no published empirical research that specifically measures whether there is an association between shame and denial in sexual offenders. This study aimed to address this gap and hypothesised that shame proneness and aversion would be positively correlated with denial, while guilt proneness would be negatively correlated with denial. The results provided mixed support for these hypotheses, with a 'denial index' failing to be significantly associated with any of the shame/guilt measures. When exploring composite scores, however, certain denial measures correlated positively with certain

shame measures and negatively with one guilt-related measure. Further analyses showed that certain combinations of shame/guilt measures significantly predicted denial as measured by some subscales. Implications of these findings in terms of addressing denial as a responsivity factor in sexual offender treatment, incorporating its relationship with shame and guilt, as well as informing further research, were discussed in Chapter Three.

Chapter Four provided a critique of the original Multiphasic Sex Inventory (MSI; Nichols & Molinder, 1984) for adult males, a psychometric that was used as a measure of denial in Chapter Three's empirical research project as well as in other studies (Beech, Fisher, & Beckett, 1998; Harkins et al., 2010). It provided an overview of the theoretical framework that guided the development of the assessment. It examined the scales that make up the assessment and discussed the original validity studies that Nichols and Molinder (1984) carried out during its development, highlighting their strengths and limitations. The chapter went on to discuss the research that has taken place since the publication of the MSI that provides evidence for/against its validity and reliability. It discussed some of the uses of the MSI in the clinical and research fields, examining where it has been of most (and least) value. The review concluded with the author's personal reflections on using the MSI in the assessment of sexual offenders in a prison setting and makes suggestions for its ongoing application.

Treatment Implications

This thesis has been completed during a period of considerable change in the approach to the assessment and treatment of sexual offenders in prisons and community settings in England and Wales. It is particularly of note, that for the first time,

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categorical ‘deniers’ are to be offered treatment on the newly designed (yet to be fully accredited) treatment programmes for sexual offenders in both prisons and the community. It is therefore an opportune time for the findings of this thesis (along with the related literature) to be integrated into such treatment developments. Both the systematic review and research study support suggestions in the empirical literature that rather than being destructive/ problematic, denial can serve a protective function for some sexual offenders, and this should be taken into account by those professionals involved in their assessment, treatment and management. The findings of the research study in relation to the possible correlation between shame and denial provide some support for the treatment of these constructs as responsivity factors in interventions for sexual offenders. The overall thesis indicates that this approach should be integrated in the treatment of all sexual offenders, given the prevalence of denial amongst this population. It is proposed, for example, that the suggested approach to treating shame in the general psychological literature (e.g., by taking a compassion-focussed stance) can be used to inform practice with sexual offenders.

This thesis supports the proposal that all professionals involved in the treatment of sexual offenders are provided with training on the distinction between shame and guilt and how these emotions may manifest in sexual offenders’ behaviour. Treatment providers should be aware of how crucial their own interactions with group members are in terms of triggering either a healthy emotional reaction (i.e., guilt) or a destructive emotional response (i.e., shame). They would also benefit from building on their understanding of the function that denial may serve for sexual offenders, highlighting the need to be aware of the possible links to their propensities to experience shame and guilt. As we continue to warn against focusing on eliciting an ‘open and active’ account

of sexual offending in accredited interventions, facilitators of treatment can use this updated knowledge to avoid seeing overcoming denial in group members as a main treatment goal. This would be consistent with the wider literature advocating that denial should no longer be a target in sexual offender interventions.

This thesis (specifically the systematic review and empirical research study) supports the existing 'Responsivity Framework (NOMS, 2010), which advocates that Treatment Managers responsible for the selection of individuals for treatment could consider the relevance of denial, shame and guilt in their decision-making. They may, for example, find it beneficial to combine both shame-prone and guilt-prone individuals in group treatment, so that guilt-prone group members can model the healthy effects of this emotion to those more likely to experience shame. The 'rolling' format of the new generation of programmes can also be used to integrate the findings of this thesis: more experienced group members could act as 'mentors' to newer recruits, providing (with guidance and support) psycho-education on the various functions of denial, including information on the distinction between shame and guilt.

Assessment Implications

This thesis as a whole provides particularly valuable information in relation to the assessment of denial, highlighting the diverse nature of this construct and the issues associated with an over-reliance on single measures. It demonstrates that the relationship between denial and other psychological correlates (in this case, shame and guilt) can be overlooked when relying on a 'Denial Index' as a measure of denial, as well as when looking at certain subscales of denial in isolation. Consideration is given to the possibility of no longer assessing denial at all. However, it is suggested that

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assessing a general tendency towards externalisation of blame may be more informative than measuring denial specifically in relation to sexual offending.

This thesis has further implications for how assessments of denial are interpreted and applied. The research study evidence suggests, for example, that rather than being utilised to identify deceit or untruthfulness in sexual offenders, psychometric denial measures should be examined in conjunction with other assessments (such as measures of shame and guilt) to provide information relating to the function that minimisations/ cognitive distortions/ justifications/ externalisations (i.e., the components of denial) may serve for the individual sexual offender. This is consistent with existing 'best practice' guidelines suggesting that psychometric measures should not be considered in isolation when assessing sexual offenders.

As well as having implications for the assessment of denial, this thesis informs the measurement of shame and guilt in the sexual offender population. While these emotions are not routinely assessed in sexual offenders in prisons in England and Wales, it is suggested that shame and guilt are measured both pre and post treatment in an attempt to establish whether interventions themselves facilitate change on these moral emotions. Given the powerful impact (both positive and negative) that such emotions can have on treatment engagement, and potentially on the effectiveness of treatment and subsequent re-offending, they should not be overlooked. Identifying those sexual offenders who are more 'prone' to shame, for example, via psychometrics, such as those used in the empirical study (Chapter Three) within this thesis, can help treatment providers to enhance the responsivity of their interventions. Measurements of shame proneness may also provide valuable information for risk assessors and can be used to help explain the function of denial in sexual offenders. Similarly, measures of

guilt proneness may help to identify a 'protective factor' in sexual offenders and the associated desire to make amends for offending and achieve positive change in their lives can then be encouraged and supported.

Research Applications

This thesis as a whole has served to identify areas for further research. The systematic review presented in Chapter Two served to confirm the lack of existing studies exploring shame/guilt and denial in sexual offenders and there is therefore considerable scope for further investigation of the relationships between these constructs. Chapter Three highlighted the need to replicate the empirical study conducted with a larger sample, incorporating both categorical deniers and 'low' static risk sexual offenders. It also identified the benefits of developing and validating a tool specifically for assessing shame and guilt in the sexual offender population. Further studies could focus on exploring potential other psychological correlates of shame/guilt in sexual offenders, such as attachment styles, which could in turn further inform theory, assessment and treatment. Chapter Four discussed the strengths and limitations of the MSI (Nichols & Molinder, 1984) and the probability that this tool is unlikely to form part of the assessment battery for the re-designed interventions for sexual offenders in prisons and probation settings. However, further research into alternative (valid and reliable) assessments that provide a similar level of data for assessment, intervention and research purposes, while addressing the numerous limitations of the MSI, would be beneficial.

Limitations

It is important that the limitations of the chapters making up this thesis are acknowledged. It is recognised, for example, that the search strategy employed in the systematic review (Chapter Two) was not exhaustive and that further searching using additional databases could have yielded further papers that met the inclusion criteria. Expanding the search terms could also have helped identify further relevant research. While individual bias was limited by the incorporation of double-rating, the reliance on a single author for the screening of abstracts for provisional inclusion/exclusion was, to a degree, subjective. The main limitation of the empirical study within this thesis is the lack of 'categorical deniers' in the sample, with the majority of participants being drawn from treatment programmes (and therefore 'admitting' at least some responsibility for their sexual offending). Although attempts were made to recruit a larger sample of deniers, this did not come to fruition because of a poor response rate. The relatively small sample size and lack of a validated tool for measuring shame/guilt in sexual offenders was acknowledged in Chapter Three. Chapter Four further serves to identify the limitations of one of the psychometric measures used to assess denial in the empirical study. While it was not within the scope of this thesis, it would be beneficial to conduct a similar in-depth critique of the other measures used in the study, particularly those used to assess shame and guilt.

Conclusion

Overall, the thesis has succeeded in achieving its aim of increasing understanding of the function of denial in sexual offenders, particularly in relation to shame and guilt. It has provided an original body of work: it has included a systematic

review to explore existing literature, with a focus on shame, guilt and denial in the sexual offending population, that has not been conducted before. The empirical study is the first to directly explore the relationship between shame (distinguishing it from guilt) and denial in a sexual offender population, using a range of measures to assess each construct. It has provided some tentative support for the role that shame and guilt may play in denial amongst sexual offenders. Finally, while it is not claimed that this thesis provides the first critique of the MSI, it does serve to integrate recent research findings and also considers the use of the tool in light of current practice. The findings of this thesis, when considered in conjunction with existing published research, have a range of potential applications across research and clinical settings that could serve to improve the assessment and treatment of sexual offenders in order to reduce further offending in this population.

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Appendix 1. Screening of Provisionally Included Studies

No.	Reference	Included or Excluded?	Justification
1	A Restorative Justice Approach to Empathy Development in Sex Offenders: An Exploratory Study. By: Roseman, Christopher P.; Ritchie, Martin; Laux, John M.. Journal of Addictions & Offender Counseling, Apr2009, Vol. 29 Issue 2, p96-109,	Excluded	The study focuses on the relationship between shame and empathy development, rather than its relationship to denial.
2	'No-one in the world would ever wanna speak to me again': an interpretative phenomenological analysis into convicted sexual offenders' accounts and experiences of maintaining and leaving denial. By: Blagden, Nicholas J.; Winder, Belinda; Thorne, Karen; Gregson, Mick. Psychology, Crime & Law, Sep2011, Vol. 17 Issue 7, p563-585,	Included	This study meets the criteria of the PICO
3	Offence-related posttraumatic stress disorder (PTSD) symptomatology	Excluded	Does not meet the criteria of the PICO: the study focuses on measuring PTSD symptoms and

	and guilt in mentally disordered violent and sexual offenders. By: Crisford, Hannah; Dare, Hayley; Evangeli, Michael. Journal of Forensic Psychiatry & Psychology, Mar2008, Vol. 19 Issue 1, p86-107		guilt in a sample including sexual offenders, but does not include any measures of denial.
4	Megan's law and its impact on community re-entry for sex offenders. By: Levenson, Jill S.; D'Amora, David A.; Hern, Andrea L. Behavioral Sciences & the Law, Jul2007, Vol. 25 Issue 4, p587-602,	Excluded	While a number of the PICO criteria were met, in that the study focused on adult male convicted sexual offenders and included a measure of shame, there was no consideration of denial in this research.
5	A plan analysis of pedophile sexual abusers' motivations for treatment: A qualitative pilot study. Drapeau M., Korner A., Granger L., Brunet L., Caspar F. Embase International Journal of Offender Therapy and Comparative Criminology. 49 (3) (pp 308-324), 2005.	Excluded	The criteria for the PICO are not fully met: adult male sexual offenders are the participants, and guilt is considered qualitatively. However, denial is only discussed in relation to another study.
6	A dynamic formulation of sex offender behavior and its therapeutic relevance. Palermo G.B.	Excluded	Not a primary study – this is a review of existing research and practice issues.

	Embase Journal of Forensic Psychology Practice. 2 (2) (pp 25-51), 2002.		
7	Intrapsychic Conflict and Deviant Sexual Behavior in Sex Offenders. [References]. Garos, Sheila; Bleckley, M. Kathryn; Beggan, James K; Frizzell, Jason. PsycINFO Journal of Offender Rehabilitation. Vol.40(1-2), 2004, pp. 23-40.	Excluded	Focuses on sexual offenders and includes a measure of shame, but does not discuss denial or measure it.
8	Cognitive distortions of religious professionals who sexually abuse children. Saradjian A., Nobus D. Embase Journal of Interpersonal Violence. 18 (8) (pp 905-923), 2003. Date of Publication: 2003.	Included	This primary study meets the criteria of the PICO in that it focuses on convicted adult male sexual offenders (albeit those from a religious profession) and explores (qualitatively) guilt (although not shame) and denial.
9	Cognitive distortions and blame attribution in sex offenders against adults and children. Blumenthal S., Gudjonsson G., Burns J. Embase Child Abuse and Neglect. 23 (2) (pp 129-143), 1999.	Included	Meets the criteria of the PICO
10	Defense styles of pedophilic	Excluded	Utilises measures of denial but

	offenders. [References]. Drapeau, Martin; Beretta, Veronique; de Roten, Yves; Koerner, Annett; Despland, Jean-Nicolas. PsycINFO International Journal of Offender Therapy and Comparative Criminology. Vol.52(2), Apr 2008, pp. 185-195.		does not refer to or measure shame/guilt.
11	Denial and minimization among sexual offenders: Posttreatment presentation and association with sexual recidivism. [References]. Langton, Calvin M; Barbaree, Howard E; Harkins, Leigh; Arenovich, Tamara; McNamee, Jim; Peacock, Edward J; Dalton, Andrea; Hansen, Kevin T; Luong, Duyen; Marcon, Heidi. PsycINFO Criminal Justice and Behavior. Vol.35(1), Jan 2008, pp. 69-98.	Excluded	Meets a number of PICO criteria but does not include any measures of shame/guilt. This is acknowledged by the authors.
12	Mapping Child Molester Treatment Progress With the FoSOD: Denial and Explanations of Accountability. [References].	Excluded	Focuses on denial, with no consideration of shame/guilt

	Wright, Robert C; Schneider, Sandra L. PsycINFO Sexual Abuse: Journal of Research and Treatment. Vol.16(2), Apr 2004, pp. 85-105.		
13	Engagement, Denial, and Treatment Progress Among Sex Offenders in Group Therapy. [References]. Levenson, Jill S; Macgowan, Mark J. PsycINFO Sexual Abuse: Journal of Research and Treatment. Vol.16(1), Jan 2004, pp. 49-63.	Excluded	Focuses on the measurement of denial: does not discuss or measure shame/guilt
14	A qualitative assessment of registered female sex offenders: Judicial processing experiences and perceived effects of a public registry. [References]. Vandiver, Donna M; Dial, Kelly Cheeseman; Worley, Robert M. PsycINFO Criminal Justice Review. Vol.33(2), Jun 2008, pp. 177-198.	Included	Focuses on female sex offenders, exploring qualitatively experiences relating to both shame and denial concepts.
15	It was not me: Attribution of blame for criminal acts in psychiatric offenders. Cima M., Merckelbach H.,	Included	Meets the PICO criteria: sexual offenders are included in the sample and a measure is used that has subscales assessing guilt

	Butt C., Kremer K., Knauer E., Schellbach-Matties R. Embase Forensic Science International. 168 (2-3) (pp 143-147), 2007.		and denial. There is no measure of shame.
16	A form of relapse prevention for men in a high security hospital. Newton L., Coles D., Quayle M. Embase Criminal Behaviour and Mental Health. 15 (3) (pp 191-203), 2005	Included	Meets the PICO criteria: the majority of the sample are sexual offenders, and the study employs a measure that has subscales assessing guilt and denial as well as a further measure of denial. There is no measure of shame.
17	The attribution of blame and type of crime committed: Transcultural validation. Gudjonsson G.H., Petursson H. Embase Journal of the Forensic Science Society. 31 (3) (pp 349-352), 1991	Included	Meets the PICO criteria: sexual offenders are included in the sample and a measure is used that has subscales assessing guilt and denial. There is no measure of shame.
18	Recovering Memories of the Offense in "Amnesic" Sexual Offenders. [References]. Marshall, W. L; Serran, G; Marshall, L. E; Fernandez, Y. M. PsycINFO	Excluded	This study does not meet all of the PICO criteria: while it focuses on sexual offenders and denial there is no measure of shame or guilt.

	Sexual Abuse: Journal of Research and Treatment. Vol.17(1), Jan 2005		
19	Affect, emotions and sex offending. [References]. Howells, Kevin; Day, Andrew; Wright, Steven. PsycINFO Psychology, Crime & Law. Vol.10(2), Jun 2004, pp. 179-195.	Excluded	Not a primary study: this is a review of existing literature and there is no discussion of sham or guilt.
20	The process of overcoming denial in sexual offenders. [References]. Lord, Alex; Willmot, Phil. PsycINFO Journal of Sexual Aggression. Vol.10(1), Mar 2004, pp. 51-61.	Excluded	While this study includes sexual offender participants and is focused on those formerly in denial, guilt is discussed only in the context of admitting responsibility rather than as an emotion. There is no discussion of shame.
21	Development and preliminary assessment of a measure of shame, guilt, and denial of offenders. Xuereb, S., Ireland, J. L. & Davies, M. (2009). The Journal of Forensic Psychiatry & Psychology, 20, 5, 640-660.	Included	The study meets the PICO criteria: it included sexual offenders in the sample and involves the development and application of a measure of denial, shame and guilt.
22	Attribution of blame for criminal acts and its relationship with psychopathy as measured by the Hare Psychopathic	Included	Meets the PICO criteria: sexual offenders are included in the sample and a measure is used that has subscales assessing guilt and denial. There is no measure

	Checklist (PCL-SV). Batson, A., Gudjonsson, G. & Gray, J. (2010). Journal of Forensic Psychiatry & Psychology, 21, 1, 91-101.		of shame.
23	Blame attribution regarding index offence on admission to secure hospital services. Moore, E. & Gudjonsson, G. (2002). Psychology, Crime & Law, 8, 131-143.	Included	The study meets the PICO criteria: sexual offenders are included in the sample and a measure is used that has subscales assessing guilt and denial. There is no measure of shame.
24	The development of a scale for measuring offence-related feelings of shame and guilt. Wright, K. & Gudjonsson, G. (2007). The Journal of Forensic Psychiatry & Psychology, 18, 3, 307-316.	Excluded	Does not meet the PICO criteria: focuses on a sample of violent offenders, not sexual offenders.
25	An investigation of the relationship between anger and offence-related shame and guilt. Wright, K., Gudjonsson, G. & Young, S. (2008). Psychology, Crime & Law, 14, 5, 415-423.	Excluded	Does not meet the PICO criteria: focuses on a sample of violent offenders, not sexual offenders.

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Appendix 2. Quality Assessments

Quality Assessment: Batson et al. (2010)

Screening Questions

1. Was there a clear statement of the aims of the research?

Yes - The authors aimed to investigate the relationship between psychopathy and blame attribution in relation to offences for mentally disordered offenders.

2. Is a cross-sectional observational methodology appropriate?

Yes – the study is not aiming to assess the effectiveness of an intervention. It is concerned with pre-defined populations and wishes to assess the existence of relationships between particular variables.

Detailed questions

3. Was the research design appropriate to address the aims of the research?

Yes - A between subjects design was employed allowing for correlational analysis of the relationship between the variables of interest (i.e. psychopathy and blame attribution).

4. Was the recruitment strategy appropriate to the aims of the research? Was a representative sample achieved? Was the study sample clearly defined?

Yes - The recruitment strategy was dictated by that of a 'parent' study. However, the exclusion criteria of the parent study were also appropriate to the aims of the research of Batson et al. (2010). 67 out of a potential 89 participants formed the sample, providing a good response rate. The sample was well defined in terms of exclusion criteria, diagnosis, ethnicity, etc.

5. Were the data collected in a way that addressed the research issue? Were potential confounding factors and outcomes measured accurately?

Partially - The research employed measures of both psychopathy and blame attribution.

The influence of the researchers reading the GBAI measure to participants who

[redacted]

requested it is not fully considered. It is possible that this impacted more on socially desirable responding than in cases where the measure was self-administered.

The psychopathy assessments were carried out using existing records. The accuracy of these assessments would therefore have been influenced by the quality and depth of the psychopathy-related information in the files accessed.

6. Have ethical issues been taken into consideration?

Partially - All potential participants were directly approached by the researchers, which could have had a coercive effect. Nevertheless, they were presented with information relevant to the study and an opportunity for this (as well as the measures in the study itself) to be read out to participants was offered. Participants who consented to the study were given individual appointments in which to complete the measure. Participants were paid £10 to complete the required measures. Such payment is likely to have impacted on patients' decisions to take part.

7. Was the data analysis sufficiently rigorous?

Yes - Data are subject to appropriate tests of correlation and findings are reported at both the $p<0.05$ and $p<0.01$ levels.

8. Is there a clear statement of findings?

Yes - Mean scores and standard deviations for the blame attribution scales are reported as well as for the psychopathy measure and its contributing factors. The discussion starts with a clear statement of findings, reporting both significant and non-significant results.

[redacted]

9. How valuable is the research?

Partially - The consistency/inconsistency of the findings with existing research is discussed and the possible explanations for the results are explored. The researchers acknowledge that their findings are limited by using an abridged measure of psychopathy and that a full psychopathy assessment might have yielded different findings. The researchers make suggestions for how their findings can be applied in a treatment setting and also highlight areas for further research.

[redacted]

Quality Assessment: Blagden et al. 2011

Screening Questions

1. Was there a clear statement of the aims of the research?

Yes - The research clearly sets the aim of exploring the experiences and perspectives of sexual offenders who have previously denied their offences, but are now admitting their guilt. It refers to existing research and practice to explain why this research is important, summarising the positive and negative functions that denial is thought to serve and discussing the implications of denying offending at the various stages of the legal process. It highlights the gap in existing research that it aims to address, in terms of its focus on those sexual offenders who have worked through denial.

2. Is a qualitative methodology appropriate?

It is clear that a qualitative approach is appropriate as it aims to develop a phenomenological understanding of participants' experiences.

Detailed questions

3. Was the research design appropriate to address the aims of the research?

Yes - The researchers explain the justification for a semi-structured interviewing approach to gather data. Links are drawn to the phenomenological approach of the research and the subsequent analysis process.

[redacted]

4. Was the recruitment strategy appropriate to the aims of the research?

Partially - The researchers have clearly explained how the participants were recruited and given justifications for this process. Given the study's focus on denial, the strategy of identifying and recruiting sexual offenders who had left denial was appropriate.

It is not clear how many potential participants were approached to take part; therefore the proportion who agree/refuse to participate cannot be confirmed.

5. Were the data collected in a way that addressed the research issue?

Partially - The way that data were collected (i.e. via semi-structured interviews) was clearly explained and justified. However, consideration of other potential methods of data collection is not discussed. The format of the interviews is described. Details of the setting and means of recording data were given.

The researchers do not discuss making modifications to the study and there is no reference to the concept of data saturation.

6. Has the relationship between researcher and participants been adequately considered?

Partially - The researchers refer to reflexivity issues throughout the process. They discuss, for example, how the primary researcher revisited each of the participants after the data collection and processing stage to ensure the influence of his own biases were minimised.

There is no discussion of any events or changes to the study that arose during the process.

While the primary researcher did not directly recruit the participants for the study, the potential impact of those staff who did conduct the recruitment is not discussed.

[redacted]

7. Have ethical issues been taken into consideration?

Yes - It is clear that permission was sought from the prison establishment's governor for the research to take place. The process of how informed consent was obtained from participants is explained (using both a consent form and verbal discussion) and it is clear that no external incentives for taking part were offered. The boundaries of confidentiality were clearly justified and explained to participants. Each participant is given the opportunity to ask questions at the end of the interview and is revisited at a later date to discuss the research findings. However, the effects of the study on the participants (and how this is managed) is not accounted for.

[redacted]

8. Were the data analysis sufficiently rigorous?

Partially - There is an in-depth discussion of the Interpretative Phenomenological Analysis (IPA) that was employed. The impact of the researcher is taken into account in the exploration of IPA. The process of how the IPA was carried out is described step-by-step, with relevant references included.

While it is not clear how the data presented were selected from the original sample to demonstrate the analysis process, the researchers do use a range of quotes from the data to support the findings and facilitate discussion. The themes arising from the data are clearly presented, initially in a table form, then through discussion in turn.

Contradictory data are discussed in terms of highlighting where the arising themes apply to certain participants, but not others.

9. Is there a clear statement of findings?

Partially - The Discussion section starts by referring back to the original aims of the study in order to put the results in context. The researchers discuss the findings thoroughly and draw links to existing research, models and theories. They highlight both the support for the existing literature as well as areas of inconsistency. While the initial analysis was discussed for accuracy with the participants, there is no evidence that the analysis was carried out by more than one person or that a triangulation process was followed.

[redacted]

10. How valuable is the research?

Partially - The researchers clearly describe how the study adds to existing knowledge. The findings are discussed in relation to current practice and makes suggestions for how they can inform developments in the assessment and treatment of sexual offenders. The researchers acknowledge a number of the limitations of the study and make suggestions for further research in this area. There is no consideration of how the findings could be generalised to other offending populations.

[redacted]

Quality Assessment: Blumenthal et al. 1999

Screening Questions

1. Was there a clear statement of the aims of the research?

Yes – the study sets a clear overarching aim as well as more specific sub-aims. These are reflected in the numerous hypotheses set at the outset. Gaps in existing knowledge are identified and the potential value of this study is discussed.

2. Is a cross-sectional observational methodology appropriate?

Yes – the study is not aiming to assess the effectiveness of an intervention. It is concerned with pre-defined populations and wishes to assess the prevalence of particular characteristics.

Detailed questions

3. Was the research design appropriate to address the aims of the research?

Yes – the means of identifying participants in each of the two categories was clearly explained and justified. This in turn warranted the between subjects approach. The areas for within-subjects analysis were also well justified and appropriate to the design. Given that the study was not focussed on measuring treatment effectiveness or change over time, a before/after measure was not necessary.

4. Was the recruitment strategy appropriate to the aims of the research? Was a representative sample achieved? Was the study sample clearly defined?

Partially - Prison psychologists identified potential participants from treatment programme waiting lists (unclear how they come to be on this waiting list – have they been assessed as suitable for treatment?). However, 5 participants who had already engaged with offence-focused treatment were also recruited, which is insufficient to ensure they were represented in the sample. The researchers described potential participants initially being approached by prison officers, but are unable to give an exact number and consequently make an estimate. The researcher wrote to prospective participants, including an Information sheet and consent form and inviting them to take

[redacted]

part.

Sample size: 68 (57%) of the estimated 120 potential participants approached agreed to take part. 2 were later excluded as they did not meet the study criteria, resulting in 66 participants.

5. Were the data collected in a way that addressed the research issue? Were potential confounding factors and outcomes measured accurately?

Partially – The study makes use of pre-existing psychometric measures. However, validity evidence is presented for just one of the four scales used. However, the researchers do explain how each measure links to the aims of the research.

6. Have ethical issues been taken into consideration?

Partially – the researchers refer to their focus on inmates located in Vulnerable Prison Units, explaining that they chose not to target prisoners on main location who may have chosen to conceal the nature of their offences from others.

Potential participants were sent a written information sheet and consent form prior to their involvement.

However, there is no reference to the research being approved by a relevant ethics committee. The impact of the research participation on individuals and how this was dealt with is not discussed.

[redacted]

7. Was the data analysis sufficiently rigorous?

Yes – the data were subject to tests of normal distribution before being analysed by appropriate parametric and non-parametric tests. The possible effects of an external variable (age) were controlled for. Significance was reported at the .05 level.

8. Is there a clear statement of findings?

Yes - The findings are presented in 'easy to read' table form. The findings are discussed in relation to the original hypotheses. Areas of consistency and inconsistency with existing research are identified.

9. How valuable is the research?

Partially – The importance of recognising the differences between child sexual offenders and those who sexually offend against adults is highlighted. The discussion focuses more on interpreting the research in terms of theoretical implications than considering applications of the findings with the population of interest.

[redacted]

Quality Assessment: Cima et al. (2007)

Screening Questions

1. Was there a clear statement of the aims of the research?

Yes - The study sets the goals of: i. Collecting and evaluating psychometric data on the German translation of the GBAI measure, ii. To investigate the relationship between offence type and blame attribution for offenders from different settings (i.e. forensic vs. Prisons).

2. Is a cross-sectional observational methodology appropriate?

Yes – the study is not aiming to assess the effectiveness of an intervention. It is concerned with pre-defined populations and wishes to assess the prevalence of particular characteristics.

Detailed questions

3. Was the research design appropriate to address the aims of the research?

Yes - The study employs a 2x3x3 (MANOVA) between subjects design to explore the interaction between offence type, guilt attribution and setting. Factor analysis and test-retest analysis were conducted to psychometrically evaluate the GBAI. This design reflects both aspects of the stated aims of the study.

4. Was the recruitment strategy appropriate to the aims of the research? Was a representative sample achieved? Was the study sample clearly defined?

Partially - The researchers do not describe the recruitment strategy, not do they report the response rate. It is not clear how many potential participants were approached to achieve the sample of 107. The gender, mean age and offence types of the samples are described.

[redacted]

5. Were the data collected in a way that addressed the research issue? Were potential confounding factors and outcomes measured accurately?

Partially - Data were collected using a measure that reflected the aims of the research. The impact of collecting the data from participants in groups in the prison setting is not explicitly considered: participants might have been more reluctant to ask questions of the researcher to clarify any misunderstanding. Conversely, those patients who completed the assessment in an individual session with the researcher, may have been more susceptible to socially desirable responding.

6. Have ethical issues been taken into consideration?

Partially - The researchers refer to the participants completing the research measure after giving informed consent. Participants were told that the data obtained via this measure would be treated as confidential. The impact of participation on the well-being of those participants with diagnosed mental illness is not explicitly considered – it is not clear whether those who were actively psychotic were included in the sample.

7. Was the data analysis sufficiently rigorous?

Partially - The various statistical tests that were used were appropriate to the aims of the study. P values are clearly reported. Post hoc analyses were applied to provide further exploration of the findings. However, the sample size is insufficient for a robust application of factor analysis to a 42 item measure.

8. Is there a clear statement of findings?

Yes - The factor loadings for each of the subscales of the GBAI are clearly presented in a table alongside those from an earlier study, allowing comparisons to be drawn. Internal consistency coefficients are clearly reported. The interaction effects of groups and offence types and GBAI scale scores are clearly represented in a graph with a key. The

[redacted]

discussion starts with a summary of the key findings from the research.

9. How valuable is the research?

Partially - The research succeeds in demonstrating the psychometric properties of a German version of the GBAI. The authors acknowledge that their analyses were limited by the number of participants in the sample and recommend that future research employs larger samples. Given the limitations, other than informing further research, the research does not have any direct impact on informing developments in assessment and treatment of the population of interest.

[redacted]

Quality Assessment: Gudjonsson and Petursson (1991)

Screening Questions

1. Was there a clear statement of the aims of the research?

Yes - The authors state that they aim to validate cross-culturally the findings of an earlier paper by Gudjonsson and Singh (1989).

2. Is a cross-sectional observational methodology appropriate?

Yes - the study is not aiming to assess the effectiveness of an intervention. It is concerned with pre-defined populations.

Detailed questions

3. Was the research design appropriate to address the aims of the research?

Yes – This allowed the authors to explore differences between different types of offenders on the measure of interest as well as to analyse correlations between the attribution scores for individual participants.

4. Was the recruitment strategy appropriate to the aims of the research? Was a representative sample achieved? Was the study sample clearly defined?

No – The recruitment strategy is not described. It is not clear how many potential participants were approached to achieve the sample of 98, therefore the response rate cannot to be established. The mean age and offence types of the participants are reported. The setting where data were collected is not reported.

[redacted]

5. Were the data collected in a way that addressed the research issue? Were potential confounding factors and outcomes measured accurately?

Partially - The means by which the data were collected is unclear. The researchers only report that the measures were completed 'anonymously' by participants. Given the limited way in which data collection is reported, it cannot be concluded that confounding factors were appropriately addressed. Nevertheless, outcomes were measured using the GBAI, which is described in depth.

6. Have ethical issues been taken into consideration?

No – there is no explicit consideration of ethical issues. It is unclear whether informed consent was required or gained. It is not reported whether external incentives were offered for participation or whether participants were given the opportunity to debrief following completion of the research measure.

7. Was the data analysis sufficiently rigorous?

Partially - The researchers report that, for example, sexual offenders scored higher than violent offender on the 'guilt' subscale of the GBAI, and they later report (in a table) that these differences were statistically significant. It is unclear what statistical tests were run to obtain the reported F-values. Tests of correlation are run to establish the relationship between various variables. The statistical significance of these correlations in reported at the $p<0.05$ level as well as the $p<0.001$ level where relevant.

8. Is there a clear statement of findings?

Partially - The mean GBAI subscale scores and standard deviations, broken down by offence type, are reported clearly in a table. However, while this table also refers to 'F-values' it is unclear what statistical tests were run to achieve these. Nevertheless, significance levels are again reported.

[redacted]

9. How valuable is the research?

Partially - The authors claim that the study provides evidence for the trans-cultural consistency of the measure under exploration. The researchers acknowledge that their measure relies on self-report and may not accurately reflect the underlying causes of the cognitions/emotions of interest. They do not make any clear indications for how their findings could be applied nor do they consider how further research could build on their findings.

[redacted]

Quality Assessment: Moore & Gudjonsson (2007)

Screening Questions

1. Was there a clear statement of the aims of the research?

Yes - The authors aimed to survey attitudes towards participants' index offences (including blame attribution)

2. Is a cross-sectional observational methodology appropriate?

Yes – the study is not aiming to assess the effectiveness of an intervention. It is concerned with pre-defined populations and wishes to assess the prevalence of particular characteristics.

Detailed questions

3. Was the research design appropriate to address the aims of the research?

Yes – The researchers used a design that facilitated testing of their experimental hypotheses. They employed between subjects analysis (Analysis of Variance) in order to explore differences in GBAI scores for participants of different index offence types. They ran further between subjects analysis to examine GBAI score differences between participants with mental illness and those with Personality Disorder.

4. Was the recruitment strategy appropriate to the aims of the research? Was a representative sample achieved? Was the study sample clearly defined?

Partially - Given the aims of the study, the approaching of potential participants on admission to the relevant setting was appropriate. It is not clear how many patients were approached to achieve the overall sample of 178, therefore response rates cannot be calculated. It is further unclear who approached the potential participants to invite them to take part. The demographic characteristics of the sample are clearly presented in a table.

[redacted]

5. Were the data collected in a way that addressed the research issue? Were potential confounding factors and outcomes measured accurately?

Partially - The measures used were clearly related to the aims of the study. While the opportunity for having the measures read out was offered to participants, the impact this could have had on the results (e.g. in terms of socially desirable responding) was not explicitly considered. Not all of the participants completed all of the measures in the assessment battery and the reasons for this are reported by the researchers. While the aim of the research was to assess attitudes on admission, while the majority of participants completed the measures within 2-3 months of admission, the maximum time before the measures was completed was forty-eight months. It could be argued, that this timescale does not represent the point of admission.

6. Have ethical issues been taken into consideration?

Partially - It is clear that those who were considered too unwell were not coerced into completing all of the research questionnaires, showing that participants' welfare was considered paramount. The process of obtaining informed consent is referred to. Those participants requiring support to complete the research measures are provided with this. It is unclear who was responsible for recruiting participants and administering the research measure and the potential influence of power imbalance is not explicitly considered. There is no reference to participants being debriefed following completion of the research.

[redacted]

7. Was the data analysis sufficiently rigorous?

Yes - The statistical analyses are appropriate to the aims and data generated. The authors employ Analysis of Variance (ANOVA) to explore differences between the various mean scores. Trends (i.e. findings approaching statistical significance) are identified, with the p values reported, and significant results are reported at the $p<.05$ level.

8. Is there a clear statement of findings?

Yes - The index offences of the participants across the 2 settings are presented clearly in a table, using both n values and percentages. The results for each of the GBAI scales are also presented in a table (with mean scores and standard deviations reported), divided by the various offence categories. A further table demonstrates raw mean scores (and standard deviations) for participants on each of the GBAI scales, divided by diagnostic group (i.e. mental illness vs. Personality Disorder). The presentation of the result links clearly to the experimental hypotheses. The authors report both significant and non-significant findings from their analyses.

9. How valuable is the research?

Partially - The results of the research are discussed in the context of the existing literature. Possible explanations for the findings are presented. The authors acknowledge that the relatively small sample and the selection bias employed are likely to have impacted on findings. They further recognise that their 'Personality Disorder' group is likely to be heterogeneous in terms of the range of diagnoses and this was not accounted for in their analyses. The value of continuing to develop means for generating baseline measures of patients on admission to hospital is identified. The research would have been improved with more explicit consideration of the applications of the findings and areas for further research.

[redacted]

Quality Assessment: Newton et al. (2005)

Screening Questions

1. Was there a clear statement of the aims of the research?

Yes - The authors proposed to describe and evaluate a relapse prevention programme for patients with complex and chronic problem behaviours.

2. Is a case series methodology appropriate?

Partially - The authors argue that they could not achieve a control group as they were unable to match the sample with patients who had similar characteristics but were not undergoing the relapse prevention programme being evaluated.

Detailed questions

3. Was the research design appropriate to address the aims of the research?

Partially - A within subjects naturalistic design was appropriate given that the authors found it difficult to create a matched control group. However, this design limited the study's ability to achieve its aim in terms of evaluating the relapse prevention programme.

4. Was the recruitment strategy appropriate to the aims of the research? Was a representative sample achieved? Was the study sample clearly defined?

Partially - Given that the study was focused on evaluating a relapse prevention programme, the recruitment of patients embarking on this programme was appropriate. The study recruited 9 of the 12 men who initially joined the group, providing a sample that represented 75% of the total. However, while it is clear that the evaluation is a pilot, it is not clear whether the intervention itself was a pilot and therefore whether there were more potential participants that could have contributed to the sample.

[redacted]

5. Were the data collected in a way that addressed the research issue? Were potential confounding factors and outcomes measured accurately?

Partially - The measures used were reported to have been used because of their links to the goals of the relapse prevention programme. Validity and reliability data as well as relevant norms were presented for these measures. It is not clear at what stage the 'post' treatment measures were administered and therefore how long any psychometric changes assessed might be sustained.

The potential influence of social desirability has not been explicitly considered: it is possible that participants responded to the measures in a way that they thought might influence their progress from high security to a lower security hospital setting. The potential influence of active mental illness symptoms on responding was not discussed.

6. Have ethical issues been taken into consideration?

Partially - There is little explicit reference to ethical issues in the research paper. The authors do refer to obtaining consent prior to completing the pre-treatment measures. It is not clear whether the completion of the measures was a compulsory part of the programme. The authors do not refer to the availability of support to participate in the research for those participants with literacy problems or visual impairments. There is no reference to participants being debriefed or offered information about the findings of the research.

[redacted]

7. Was the data analysis sufficiently rigorous?

Partially - The data analysis was limited by the low number of participants in the sample. Nevertheless, the non-parametric tests used to compare pre and post-treatment scores were appropriate.

8. Is there a clear statement of findings?

Partially - Demographic characteristics of the sample are clearly presented. The results are presented in a table for the overall sample, illustrating mean scores pre and post-treatment as well as mean change in scores across the scales. The authors highlight clearly where changes identified are statistically significant at the $p<0.05$ or $p<0.01$ levels. The pre and post measure results are presented for all 9 participants individually in a further table. However, the desired direction of change is not clearly illustrated.

[redacted]

9. How valuable is the research?

Partially - Given the small sample and lack of control group, there is limited value to the research. It is suggested that the pre and post-measure results for individuals could be used to provide information about areas of progress as well as difficulty, but the study does not provide definitive evidence for the effectiveness of the relapse prevention intervention. The authors recognise that the change observed in participants was limited by a tendency towards 'normal' baseline scoring. They acknowledge that they cannot attribute the maintenance of scores around the baseline to the effect of the relapse prevention programme as they did not employ a control group. The authors acknowledge that a Randomized Control Trial (RCT) would be required for any firm conclusions to be drawn about the effectiveness of the intervention.

[redacted]

Quality Assessment: Saradjian and Nobus 2003

Screening Questions

1. Was there a clear statement of the aims of the research?

Yes - This study sets out 3 aims: 1. to identify the cognitive content of the distortions religious child molesters hold that facilitate their sexual abuse of children, 2. to identify the role of cognitive processes in forming the cognitive distortions, 3. to identify the role of the religious beliefs themselves within the cognitive distortions of religious child molesters.

2. Is a qualitative methodology appropriate?

Yes - The qualitative approach allowed for the avoidance of imposing assumptions on the data and allowed for the analysis of existing materials for the purposes of the research. Qualitative methodology is further considered appropriate when the population of interest is particularly small and quantitative research would be difficult to carry out.

Detailed questions

3. Was the research design appropriate to address the aims of the research?

Partially - The design was appropriate to the analysis used, yet alternative potential designs are not explicitly considered. The source of data used was somewhat justified. However, there are limitations to the data generated by this design, in terms of their influence by others, its reliance on the literacy and cognitive ability of the participants, its assumption that participants are able to accurately identify cognitive distortions experienced at each stage of the offending process, etc.

[redacted]

4. Was the recruitment strategy appropriate to the aims of the research?

Partially - No form of recruitment was required as data were generated from existing materials. However, the identification of participants relied on the accuracy of information regarding them having worked in a religious profession. It is possible that potential participants were 'missed' by this process. Furthermore, participants were from just one treatment centre, therefore whether they represent wider religious professionals who have sexually offender against children is questionable.

5. Were the data collected in a way that addressed the research issue?

Partially – the researchers justify the portion of treatment materials used to analyse for the research, linking it to their aims. However, it is noted that while most of these materials are completed by the participants alone, for some they are completed in collaboration with a member of staff. This means that responses are subject to bias as they could reflect the ideas/language/interpretations of the staff member rather than the participant.

6. Has the relationship between researcher and participants been adequately considered?

Partially – while there is no form of contact between the researcher and participant, and the biasing impact that this could have had is eradicated, there is potential for bias in the influence that staff working with the participants could have had on their written work.

The researchers do not seem to have any professional link to the treatment centre where the participants are located, thereby reducing bias.

7. Have ethical issues been taken into consideration?

Partially – The researchers refer to the participants having given 'generic' consent for their treatment data to be used. However, the potential for participants to be

[redacted]

identified from their personal details is not fully considered. Given the specific nature of the sample, it is likely that individuals could be identified in the study.

No reference is made to the research being approved by a relevant ethics committee.

8. Was the data analysis sufficiently rigorous?

Yes – the evidence supporting a Grounded Theory approach is presented and justified in relation to the lack of existing research in this specific area. The coding process and concept of data saturation are discussed The use of an expert to confirm the face validity of the arising categories is referred to. Not only did this analysis process allow for the identification of categories of cognitions, but it also enabled the researchers to propose a model of how these related to each other. Furthermore, the use of multiple research analysts to minimise individual bias is referred to.

9. Is there a clear statement of findings?

Partially – the ten categories of cognitions are clearly represented in a model, and supplemented by further explanation, structured according to pre, during and post-offence. Examples are presented to demonstrate the findings, although it is not clear how these were extracted from all of the data available.

Contradictions within the data are not clearly identified: while the researchers acknowledge that the content of cognitive distortions will vary between such offenders, they claim that all of them will go through the same cognitive process. This implies that either they identified all categories of distortions in all participants or that they are assuming they are present. They do not make it clear which of these options is correct.

[redacted]

10. How valuable is the research?

Partially – areas of consistency with existing research are identified along with areas of overlap (and discrepancy) between the specific group being studied and the wider child sexual offender population, according to existing theory. Treatment implications for child sexual offenders with a religious professional background are discussed. Areas for further research are identified. However, the application of the results is limited by the numerous limitations of the research.

[redacted]

Quality Assessment: Vandiver et al. 2008

Screening Questions

1. Was there a clear statement of the aims of the research?

Yes - The study aimed to explore the unintended consequences of registry and the extent that reintegration or stigmatization has occurred. Specifically, it aimed to assess information concerning the respondents' judicial processing characteristics (experiences with their legal representatives and the sentences imposed) and the effect that the registry has had on their lives in terms of obtaining and maintaining employment, housing, and interpersonal relationships.

2. Is a qualitative methodology appropriate?

Yes – the research does not seek to test experimental hypotheses, but to generate hypotheses to be tested by future research. Given this exploratory nature, qualitative methodology is appropriate.

Detailed questions

3. Was the research design appropriate to address the aims of the research?

Partially -The semi-structured interview approach was justified as it avoided assumptions being imposed about the nature of the data, but enabled questions to be set around the aims of the study. Given the sensitive nature of the research topic and the vulnerability of the participants, a one-to-one interview in their home environment, conducted by a female researcher seemed appropriate. However, the potential merits of other forms of data collection are not considered.

It is of note that the interviews were not audio-recorded: the interviewer made notes and used a portable computer to record 'key quotes/phrases'. It is therefore likely that a degree of bias was used in the recording of information and that important information given by the participants was lost as a result.

[redacted]

4. Was the recruitment strategy appropriate to the aims of the research?

Partially - The names of 55 registered female sex offenders across two states were obtained from public registries. Each of these was invited by letter to participate in the study. All nine women who agreed to take part were interviewed in person.

However, the researchers also note that the participants were selected for convenience, i.e. those who were situated closest to the interviewer were selected for the study. They also note that only participants of white ethnic origin agreed to participants and that the findings do not represent ethnic minority female sex offenders (who make up a significant proportion of the female sex offender population). Furthermore, the fact that interviews took place in participants' homes is likely to have put-off many prospective participants.

5. Were the data collected in a way that addressed the research issue?

Partially – the research questions were driven by the aims of the study. The closed and open nature of the questions is justified. It is clear how the data were collected and the setting for the data collection is justified. However, as noted, the means of recording data were limited and subject to bias. The process of data saturation is not discussed.

6. Has the relationship between researcher and participants been adequately considered?

No – It is unclear whether the interviewer had a pre-existing relationship with the participants or whether they would be viewed as an authority figure (thereby creating a power imbalance and distorting findings). Reflexivity issues at the data collection and data analysis stage are not discussed.

[redacted]

7. Have ethical issues been taken into consideration?

Partially – There is no discussion of the research being approved by a relevant ethics committee nor is there any reference to the process followed for obtaining informed consent or how boundaries of confidentiality were explained to participants. There is no discussion of the potential impact of the research on the participants and how this was accounted for.

However, all participants are given written information regarding the study in advance and it is made clear that their participation is voluntary. Confidentiality issues are addressed in the analysis and reporting of the data: as there was the potential for participants to be identified from their data, findings for individuals are not presented in the paper.

8. Was the data analysis sufficiently rigorous?

Partially – the process of data analysis was not made explicit in the research paper. Furthermore, the reporting of the findings was limited by the researchers' focus on maintaining the confidentiality of participants. It is not clear how the examples presented to demonstrate the findings were selected from the available data. Contradictory evidence is taken into account through the presentation of inconsistencies between participants.

9. Is there a clear statement of findings?

Partially – Given the researchers' prioritisation of confidentiality, the findings of the research are not made explicit. The findings are presented and discussed within the structure of the aims of the research set at the outset. It is not clear whether more than one researcher was used to enhance the credibility of the findings.

[redacted]

10. How valuable is the research?

Partially – The generalisability of the findings are limited by the variability in associated laws across the USA. However, the study does make suggestions for future research in this area.

[redacted]

Quality Assessment: Xuereb e al. (2009)

Screening Questions

1. Was there a clear statement of the aims of the research?

Yes - The authors propose to address gaps in the associated literature by describing the development of an assessment of shame, guilt and denial specifically for use with offenders. They aim to present validation data for the use of the tool with various types of offenders.

2. Is a mixed methodology appropriate?

Yes – both qualitative and quantitative methodologies are appropriate to achieving the aims of the study and testing the experimental hypotheses.

Detailed questions

3. Was the research design appropriate to address the aims of the research?

Yes – The study requires qualitative methods for the initial Delphi consultation of experts in the field. The thematic analysis was appropriate to develop the measure used in the second part of the research. The subsequent quantitative factor analysis was justified in order to test the 3-factor model under investigation and to generate alternative models that fit the data.

4. Was the recruitment strategy appropriate to the aims of the research? Was a representative sample achieved? Was the study sample clearly defined?

Partially - The study required the recruitment of 2 distinct samples: the first comprising experts from the field of investigation. The partial reliance on the author's knowledge of experts in the area of interest could have biased findings. It is not clear how the potential participants were initially approached. The response rate is clearly reported (17%, which could be considered relatively low) and there is some information provided about the professional backgrounds of these participants.

[redacted]

The second study comprised participants whose characteristics (i.e. offence types, gender, setting, age) were clearly described. The process by which the prisoner participants were recruited is clearly described and the response rate is reported as being 41.6%, which could be considered a good level of responding for survey research in prison settings.

5. Were the data collected in a way that addressed the research issue? Were potential confounding factors and outcomes measured accurately?

Partially - The means of collecting data for Study 1 was appropriate to the aims and was consistent with best practice guidance for applying the Delphi method, allowing for theory and expert knowledge/experience to drive the items generated and assessed over a number of rounds. A pilot was run to test the process, after which minor alterations were made. The email method for data collection allowed for flexibility. Anonymity minimised the likelihood of socially desirable responding.

It is not clear who distributed and collected the measures completed by the prison participants in Study 2. The professional standing of this individual and their relationship with the participants could have impacted on socially desirable responding. Nevertheless, the use of the measure generated in Study 1 was clearly justified and linked to the aims of the research.

6. Have ethical issues been taken into consideration?

Yes – the authors refer to the study being given ethical clearance by both a university ethics committee and the Prison Service.

[redacted]

7. Was the data analysis sufficiently rigorous?

Yes – the authors describe the various statistical analyses that they use at each stage of the exploration of the results. Where appropriate, results of statistical analyses are reported, along with p values. Their complex analyses are supplemented with references to the related literature in order to explain issues such as data extraction, factor loading, etc.

8. Is there a clear statement of findings?

Yes – given the complexity of their analyses, the authors succeed in presenting their results clearly, making use of tables to present their factor analysis and correlations amongst the subscales of their proposed measure. The means (and standard deviations) for each of the new measure's subscales are presented, for the total sample as well as divided by offence type.

9. How valuable is the research?

Partially - The authors highlight consistencies inconsistencies between their findings and existing theory and claim that the research adds to the understanding of guilt, shame and denial. The results are limited by the lack of consideration of the theoretical backgrounds of the experts consulted in the Delphi study, as well as the reliance on self-report measures for the prison participants in the second part of the study. The authors clearly identify areas for further research and suggest ways their measure could be used with offending populations.

[redacted]

Appendix 3. Data Extraction Forms

Data Extraction Sheet

General Information:

Author(s): A. Batson, G. Gudjonsson & J. Gray

Article title: Attribution of blame for criminal acts and its relationship with psychopathy as measured by the Hare Psychopathy Checklist (PCL-SV)

Date published: 2010

Type of publication: Peer reviewed journal (The Journal of Forensic Psychiatry & Psychology)

Country of origin: UK

Study Characteristics:

Aims/objectives of study: The authors aimed to investigate the relationship between PCL-SV ratings and blame attribution in relation to offences for mentally disordered offenders.

Hypotheses: The authors predicted that PCL-SV scores would positively correlate with external attribution of blame and negatively with feelings of guilt (measured using the GBAI-R).

Study Design: A between subjects design was employed allowing for correlational analysis of the relationship between GBAI-R scores and PCL-SV ratings.

[redacted]

Participant recruitment procedure: Participants were recruited from 188 patients with major mental illness and a history of offending. Those experiencing active psychosis and/or who were low functioning (IQ<70) were excluded from the study. Of the remaining 93 patients, 22 refused to participate. A further 4 were discharged/transferred prior to data collection.

Potential participants were approached directly by the researchers and invited to take part. They were given an information sheet (which was read to them if literacy/visual problems were identified) and the opportunity to ask questions related to the study. Those who consented were given a one-to-one appointment to complete the relevant measures and paid £10. Approximately half of the sample requested that the questionnaires were read out to them during completion.

Sample size: 67

Participant Characteristics:

Age: Not reported directly, but demographic characteristics of sample are said to be

Sex: Male

Offence type: Violent (n=56, 84%), acquisitive (n=6, 9%), sexual (n=5, 7%)

Setting: Six medium secure mental health units in a region of England

Measures used:

Measure of shame: None

Measure of guilt: Revised Gudjonsson Blame Attribution Inventory (BAI). A 42-item questionnaire determining attribution of blame for crimes (Gudjonsson & Singh, 1989).

[redacted]

The inventory has three subscales measuring external, mental element, and guilt feeling attributions. *Guilt feeling attribution* appraises the extent to which the offender reports feelings of guilt, remorse or regret.

Measures or denial: *The BAI external attribution* scale, which assesses the extent to which

offenders seek external justifications for their offences (e.g., social circumstances, the victim, or society) and the *mental element attribution scale,* which measures the extent to which the offender blames their offence on mental factors such as mental illness, low mood, or loss of self control.

Outcome data:

Data reported: It was not possible to extrapolate findings that directly answer the questions of interest relevant to the systematic review. The authors did not conduct analyses for the different offence types separately. Furthermore, they do not run correlational analysis to assess the relationship between the measure of guilt and measures of denial.

[redacted]

Data Extraction Sheet

General Information:

Author(s): Nicholas J. Blagden, Belinda Winder, Karen Thorne & Mick Gregson

Article title: 'No-one in the world would ever wanna speak to me again': an interpretative phenomenological analysis into convicted sexual offenders' accounts and experiences of maintaining and leaving denial

Date published: Available online June 2011

Type of publication: Peer reviewed journal article (Psychology, Crime & Law)

Country of origin: UK

Study Characteristics:

Aims/objectives of study: The study aims to explore the experiences and perspectives of sexual offenders who have previously denied their offences, but are now admitting their guilt.

Hypotheses: Given the qualitative design, the study does not set hypotheses.

Study Design: The study has a qualitative design, employing semi-structured interviews to generate data, which are then subject to Interpretive Phenomenological Analysis (IPA).

Participant recruitment procedure: Participants were recruited via prison treatment staff using existing knowledge of prisoners who had previously denied their offences but were now taking responsibility for having committed a sexual offence.

[redacted]

Sample size: 11.

Participant Characteristics:

Age: Ranged from 23-50 years

Sex: Male

Offence type: Sample included both child and adult sexual offenders, who had committed contact and non-contact offences. The sex of the victim(s) for each offender was not made explicit.

Setting: A closed prison which is the largest provider of sex offender treatment in Europe.

Measures used:

Measure of shame: No specific measure employed – data generated via semi-structured interview.

Measure of guilt: No specific measure employed – data generated via semi-structured interview.

Measures or denial: No specific measure employed – data generated via semi-structured interview.

Outcome data:

Data reported: Data were analysed via IPA and structured according to the themes arising. These are reported as follows:

Superordinate theme	Subordinate theme

[redacted]

Maintaining viable identities	stigma, labelling and mediating viable identities
	becoming a ‘new’ me
	phenomenology of shame and guilt
	fear
‘Being’ in denial	chaotic and impulsive lifestyle
	family
	conscious and relational denial
	incongruence and internal conflict
Wanting to change	internal process (want to change)
	therapeutic vs main establishments
	treatment

Each theme is discussed, with examples from the data provided. Links are made to existing research and suggestions for how they can be applied to assessment and treatment are made.

[redacted]

Data Extraction Sheet

General Information:

Author(s): Stephen Blumenthal, Gisli Gudjonsson, Jan Burns

Article title: COGNITIVE DISTORTIONS AND BLAME ATTRIBUTION IN SEX OFFENDERS AGAINST ADULTS AND CHILDREN

Date published: 1999

Type of publication: Peer Reviewed Journal Article (Child Abuse & Neglect)

Country of origin: USA

Study Characteristics:

Aims/objectives of study: To examine the attitudes and beliefs that different types of sexual offenders use to minimise and justify their behaviour.

Hypotheses: The following hypotheses are extracted directly from the publication:

"1. Cognitive distortions of those who have committed sexual offences are linked to the type of offence they commit.

1.1. Child sex offenders will endorse more positive attitudes associated with sex with minors

[redacted]

than adult sex offenders.

1.2. Adult sex offenders will endorse more positive attitudes associated with rape than child sex offenders.

2. Blame attribution will be different in those who have committed sexual offences against
children and adults.

2.1. Adult sexual offenders will report more external attributions.

2.2. Child sexual offenders will report more guilt feeling attributions.

3. There will be a relationship between types of distorted attitudes and styles of blame attribution.

3.1 These relationships will be different among adult and child sex offenders." (p.133)

Study Design: Men who had committed sexual offences against adults were compared with men who had committed sexual offences against children on all measures using a between group design. A within group correlational design was used to examine the relationship between cognitive distortions and blame attribution.

Participant recruitment procedure: Prison psychologists identified potential participants from treatment programme waiting lists. However, 5 participants who had already

[redacted]

engaged with offence-focused treatment were also recruited. The researcher wrote to prospective participants, including an Information sheet and consent form and inviting them to take part.

Sample size: 68 (57%) of the (approximately) 120 potential participants approached agreed to take part. 2 were later excluded as they did not meet the study criteria, resulting in 66 participants.

Participant Characteristics:

Age: Adults

Sex: Male

Offence type: Child and adult sexual offenders

Setting: 6 Vulnerable Prison Units within prisons

Measures used:

Measure of shame: None

Measure of guilt: Revised Gudjonsson Blame Attribution Inventory (BAI). A 42-item questionnaire determining attribution of blame for crimes (Gudjonsson & Singh, 1989). The inventory has three subscales measuring external, mental element, and guilt feeling attributions. *Guilt feeling attribution* appraises the extent to which the offender reports feelings of guilt, remorse or regret.

[redacted]

Measures or denial: *The BAI external attribution* scale, which assesses the extent to which

offenders seek external justifications for their offences (e.g., social circumstances, the victim, or society) and the *mental element attribution scale,* which measures the extent to which the offender blames their offence on mental factors such as mental illness, low mood, or loss of self control.

Outcome data:

Data reported: While the study reports a range of findings in order to test each of the experimental hypothesis, of interest to the current review is the relationship between participants' scores on the measure guilt and measures of denial. No significant relationship was found between the guilt feeling attribution scores and the external attribution scores ($r = -.22$, ns) or the mental element attribution scores ($r = .26$, ns) for the child sexual offender group. However, for the adult sexual offender group, significant correlations were found between the guilt feeling attribution scores and the external attribution scores ($r = -.66$, $p<.01$) and the mental element attribution scores ($r = .48$, $p<.01$).

There is no discussion of shame in this study.

[redacted]

Data Extraction Sheet

General Information:

Author(s): M. Cima, H. Merckelbach, C. Butt, K. Kremer, E. Knauer & R. Schellbach-Matties

Article title: It was not me: Attribution of blame for criminal acts in psychiatric offenders

Date published: 2007

Type of publication: Peer reviewed journal

Country of origin: Germany

Study Characteristics:

Aims/objectives of study: The study sets the goals of: i. Collecting and evaluating psychometric data on the German translation of the GBAI measure, ii. To investigate the relationship between offence type and blame attribution for offenders from different settings (i.e. forensic vs. Prisons).

Hypotheses: The study does not explicitly state any hypotheses

Study Design: The study employs a 2x3x3 (MANOVA) between subjects design to explore the interaction between offence type, guilt attribution and setting. Factor analysis and test-retest analysis were conducted to psychometrically evaluate the GBAI.

[redacted]

Participant recruitment procedure: This is unclear. It is reported, however, that the test measure was administered to the prison participants in groups of 5-10, while the patient participants were administered it on an individual basis.

Sample size: 107 participants were recruited for the main part of the study: 48 of these were prison inmates, the remaining 59 were from a forensic 'institute'.

Participant Characteristics:

Age: The mean age of the 48 prison inmates in the main samples was 42.0 (SD = 11.2), the mean of the 59 forensic patients in the main sample was 39.4 (SD = 10.9). The mean age of the 18 forensic patients in the test-retest sub-sample was 39.56 (SD = 10.29).

Sex: Male

Offence type: The sample comprised sexual offenders, violent offenders and non-violent offenders

Setting: Prison and forensic institution

Measures used:

Measure of shame: None

Measure of guilt: A German translation of the Revised Gudjonsson Blame Attribution Inventory (BAI). A 42-item questionnaire determining attribution of blame for crimes (Gudjonsson & Singh, 1989). The inventory has three subscales measuring external, mental element, and guilt feeling attributions. *Guilt feeling attribution* appraises the extent to which the offender reports feelings of guilt, remorse or regret.

[redacted]

Measures or denial: *The BAI external attribution* scale, which assesses the extent to which

offenders seek external justifications for their offences (e.g., social circumstances, the victim, or society) and the *mental element attribution scale,* which measures the extent to which the offender blames their offence on mental factors such as mental illness, low mood, or loss of self control.

Outcome data:

Data reported: This study reported that for the sexual offender prisoners in the sample showed significantly less guilt feeling attribution than other offender types as well as sexual offender patients. For the patients in the sample, the sexual offenders showed the highest guilt scores.

However, given its focus on between subjects analysis, this study did not explore any potential within subjects correlations between the guilt and denial measures.

[redacted]

Data Extraction Sheet

General Information:

Author(s): G. H. Gudjonsson & H. Petursson

Article title: The attribution of blame and type of crime committed: transcultural validation

Date published: 1991

Type of publication: Peer reviewed journal (Journal of Forensic Science Society)

Country of origin: Iceland

Study Characteristics:

Aims/objectives of study: The authors state that they aim to validate cross-culturally the findings of an earlier paper by Gudjonsson & Singh (1989).

Hypotheses: The authors predict that the attribution of blame (assessed via three subscales of attribution on the BAI measure) would not differ between the countries explored in the current paper and earlier paper.

Study Design: The study employed a mixed design, with between subjects explorations (violent vs. Sexual vs. Property vs. other offenders) of differences between attribution scores, as well as within-subjects correlational analysis of relationships between the attribution scores for participants.

Participant recruitment procedure: Not reported

Sample size: There were 98 Icelandic offenders in total

[redacted]

Participant Characteristics:

Age: Mean age was 30.9 years (SD = 11)

Sex: Not reported

Offence type: Sexual (n=12), violent (n=24), property (n=34), other (n=28)

Setting: Not reported

Measures used:

Measure of shame: None

Measure of guilt: An Icelandic translation of the Gudjonsson Blame Attribution Inventory (BAI). A 42-item questionnaire determining attribution of blame for crimes (Gudjonsson & Singh, 1989). The inventory has three subscales measuring external, mental element, and guilt feeling attributions. *Guilt feeling attribution* appraises the extent to which the offender reports feelings of guilt, remorse or regret.

Measures or denial: *The BAI external attribution* scale, which assesses the extent to which

offenders seek external justifications for their offences (e.g., social circumstances, the victim, or society) and the *mental element attribution scale*, which measures the extent to which the offender blames their offence on mental factors such as mental illness, low mood, or loss of self control.

Outcome data:

[redacted]

Data reported: The authors report the mean and Standard Deviation scores for the three attribution subscales among the 4 offender groups. Of interest to the current systematic review is the relationship between participants' scores on the measure guilt and measures of denial. However, for this part of the analysis, the researchers combine all of the participants so that the sexual offenders are merged with participants of other offence types. Nevertheless, they indicate that the mental element attribution (a measure of denial) correlated significantly with guilt feeling attribution (as measure of guilt) ($r=.51$, $p<0.001$) and negatively with external attribution ($r=-.22$, $p<0.05$).

There is no discussion of shame in this study.

[redacted]

Data Extraction Sheet

General Information:

Author(s): E. Moore & G. Gudjonsson

Article title: Blame attribution regarding index offence on admission to secure hospital services

Date published: 2002

Type of publication: Peer reviewed journal (Psychology, Crime & Law)

Country of origin: UK

Study Characteristics:

Aims/objectives of study: The authors aimed to survey attitudes towards participants' index offences (including blame attribution)

Hypotheses: The authors predicted that higher levels of external blame attribution would be associated with personality disorder and that higher levels of guilt would be associated with more deviant/associated offences. They further hypothesised that higher mental element scores would be associated with mental illness diagnosis.

Study Design: The researchers employed between subjects analysis (Analysis of Variance) in order to explore differences in GBAI scores for participants of different index offence types. They ran further between subjects analysis to examine GBAI score differences between participants with mental illness and those with Personality Disorder.

[redacted]

Participant recruitment procedure: All potential participants with capacity to consent were approached and asked to complete measures relevant to the study. Although the measures can be self-administered, participants were offered to have them read out.

Sample size: 178

Participant Characteristics:

Age: Mean age from one setting = 30.75 (SD = 9.7), mean age from second setting = 31.65 (SD = 9.7)

Sex: Male (n=143) & female (n=35)

Offence type: Homicide (n=42), interpersonal violence (n=61), sexual offences (n=19), arson (n=17), robbery (n=13), other (n=12), no index offence (n=14).

Setting: 2 institutions in England – a high security hospital and a medium secure unit

Measures used:

Measure of shame: None

Measure of guilt: Revised Gudjonsson Blame Attribution Inventory (BAI). A 42-item questionnaire determining attribution of blame for crimes (Gudjonsson & Singh, 1989). The inventory has three subscales measuring external, mental element, and guilt feeling attributions. *Guilt feeling attribution* appraises the extent to which the offender reports feelings of guilt, remorse or regret.

Measures or denial: *The BAI external attribution* scale, which assesses the extent to which

offenders seek external justifications for their offences (e.g., social circumstances, the victim, or society) and the *mental element attribution scale*, which measures the extent to which the offender blames their offence on mental factors such as mental illness, low mood, or loss of self control.

Outcome data:

Data reported: While the authors conducted a series of analyses to explore their data, there were limited findings in relation to the questions of interest in the current systematic review. While the researchers report a non-significant trend towards lower external attribution scores (a measure of denial) for sexual offenders in comparison to other offender types. They do not however run correlational analyses to assess relationships between the measure of guilt and measure of denial.

It is noted that 5 participants specifically refused to complete the GBAI, with complete denial of offending being cited as the reason for this.

[redacted]

Data Extraction Sheet

General Information:

Author(s): L. Newton, D. Coles & M. Quayle

Article title: A form of relapse prevention for men in a high security hospital

Date published: 2005

Type of publication: Peer reviewed journal (Criminal Behaviour and Mental Health)

Country of origin: UK

Study Characteristics:

Aims/objectives of study: The authors proposed to describe and evaluate a relapse prevention programme for patients with complex and chronic problem behaviours.

Hypotheses: The authors to explicitly state any specific experimental hypotheses

Study Design: The researchers employed a naturalistic within subjects design, comparing results of participants' measures pre and post-treatment.

Participant recruitment procedure: Participants were selected on the basis of their involvement in a relapse prevention programme for patients with repetitive problematic behaviour linked with offending behaviour and/or mental illness. All had previously engaged with group work.

Sample size: 9

Participant Characteristics:

[redacted]

Age: (At start of relapse prevention programme) Mean = 38.1 (Range = 28-52)

Sex: Male

Offence type: Homicide/non-fatal violence (2), Arson (1), Sexual (6)

Setting: The Forensic Addictive Behaviour Unit in a high security hospital

Measures used:

Measure of shame: None

Measure of guilt: Revised Gudjonsson Blame Attribution Inventory (GBAI). A 42-item questionnaire determining attribution of blame for crimes (Gudjonsson & Singh, 1989). The inventory has three subscales measuring external, mental element, and guilt feeling attributions. *Guilt feeling attribution* appraises the extent to which the offender reports feelings of guilt, remorse or regret.

Measures or denial: *The GBAI external attribution* scale, which assesses the extent to which

offenders seek external justifications for their offences (e.g., social circumstances, the victim, or society) and the *mental element attribution scale*, which measures the extent to which the offender blames their offence on mental factors such as mental illness, low mood, or loss of self control.

This study also used the Psychological Inventory of Criminal Thinking Styles (PICTS; Walter, 1995), which contains a subscale that could be considered measures of denial.

[redacted]

‘Mollification’ assessed rationalizing and justifying offending through minimisation or blaming others.

Outcome data:

Data reported: Significant changes (in the desired direction of change) were found for the overall sample on guilt and acceptance of responsibility (measured using the GBAI) as well as on the total PICTs score, but not on the mollification subscale.

However, given its pre-post treatment design, this study did not explore any relationships between the various subscale scores for the participants. Therefore, there is no analysis of any correlation between guilt measures and denial measures.

[redacted]

Data Extraction Sheet

General Information:

Author(s): Adam Saradjian and Dany Nobus

Article title: **Cognitive Distortions of Religious Professionals Who Sexually Abuse Children**

Date published: 2003

Type of publication: Peer reviewed journal article (in Journal of Interpersonal Violence)

Country of origin: UK

Study Characteristics:

Aims/objectives of study: This study sets out 3 aims: 1. to identify the cognitive content of
the distortions religious child molesters hold that facilitate their sexual abuse of children, 2. to identify the role of cognitive processes in forming the cognitive distortions, 3. to identify the role of the religious beliefs themselves within the cognitive distortions of religious child molesters

Hypotheses: Given the qualitative and exploratory nature of the study, no hypotheses are set.

Study Design: The data were collected from the "pro-offending thinking" section of participants' assessment and therapy work folders. These folders incorporated

[redacted]

independent work that the participants completed to reflect on their group sessions. The data were subject to ‘Grounded Theory’ analysis.

Participant recruitment procedure: Participants attending the treatment centre who were known to have has a Christian religious career were involved in this study. However, there was no specific recruitment process as data were generated from existing information and participants had previously given informed consent for the information produced in treatment to be used for such purposes.

Sample size: 14

Participant Characteristics:

Age: Adults aged 34-74 years.

Sex: Male

Offence type: Sexual offences against male and female children up to the age of 17 years old

Setting: A residential treatment centre for men who had abused children

Measures used:

Measure of shame: No specific measures were used in this study. Data were generated from existing treatment programme materials.

Measure of guilt: No specific measures were used in this study. Data were generated from existing treatment programme materials.

[redacted]

Measures or denial: No specific measures were used in this study. Data were generated from existing treatment programme materials.

Outcome data:

Data reported: Ten categories of cognitions were found to be used by religious professionalsto facilitate the initiation of the sexual offenses and to maintain the offending behaviour once it had been established. Of these ten categories, and of interest to this review, 5 were found to refer to the concepts of guilt and/or denial. These were defined as: Beliefs that make sex with children socially and morally acceptable; Beliefs related to reducing inhibitions against initiating a sexual act with a child; Beliefs related to denial of any potential harm in acts related to the process of choosing a child and rehearsal of sexual acts with children in fantasy; Beliefs that minimise the seriousness of the actual offences; and Beliefs that minimise the perpetrator's self-image as a culprit.

While not tested specifically, the researchers propose a model of how the categories of cognition are related sequentially.

Shame is not discussed in relation to the findings of this study.

[redacted]

Data Extraction Sheet

General Information:

Author(s): Donna M. Vandiver, Kelly Cheeseman Dial and Robert M. Worley

Article title: A Qualitative Assessment of Registered Female Sex Offenders: Judicial Processing Experiences and Perceived Effects of a Public Registry

Date published: 2008

Type of publication: Peer reviewed journal article (Criminal Justice Review)

Country of origin: USA

Study Characteristics:

Aims/objectives of study: The study aimed to explore the unintended consequences of registry and the extent that reintegration or stigmatization has occurred. Specifically, it aimed to assess information concerning the respondents' judicial processing characteristics (experiences with their legal representatives and the sentences imposed) and the effect that the registry has had on their lives in terms of obtaining and maintaining employment, housing, and interpersonal relationships.

Hypotheses: Rather than setting hypotheses to test, this study aimed to generate hypotheses to be tested by further research.

Study Design: Data were generated by semi-structured interviews incorporating closed and open questions guided by the aims of the study. The data were subject to qualitative data analysis.

[redacted]

Participant recruitment procedure: The names of 55 registered female sex offenders across two states were obtained from public registries. Each of these was invited by letter to participate in the study. All nine women who agreed to take part were interviewed in person.

Sample size: 9

Participant Characteristics:

Age: 31 to 64 years (average = 44)

Sex: Female

Offence type: Contact and non-contact offences against children (ages and sex of victims not specified for all participants).

Setting: Participants were interviewed in their home environment

Measures used:

Measure of shame: No specific measure employed – data generated via semi-structured interview.

Measure of guilt: No specific measure employed – data generated via semi-structured interview.

Measures or denial: No specific measure employed – data generated via semi-structured interview.

Outcome data:

[redacted]

Data reported: The results claim to support the shame and stigma associated with being labelled a sexual offender. They note the small circles of friends reported by participants and link this to increased levels of shame. In terms of denial, one of the subcategories arising from the deductive analysis of the data was ‘denial or acceptance of wrongdoing’. Evidence is also provided to support the participants’ tendency to minimise their offending.

The study does not discuss the concept of guilt.

[redacted]

Data Extraction Sheet

General Information:

Author(s): S. Xuereb, J. Ireland & M. Davies

Article title: Development and preliminary assessment of a measure of shame, guilt, and denial of offenders

Date published: 2009

Type of publication: Peer reviewed journal (The Journal of Forensic Psychiatry & Psychology)

Country of origin: UK

Study Characteristics:

Aims/objectives of study: The authors propose to address gaps in the associated literature by describing the development of an assessment of shame, guilt and denial specifically for use with offenders. They aim to present validation data for the use of the tool with various types of offenders.

Hypotheses: The authors predicted that:

i. Sexual offenders would score higher on shame, guilt and denial than violence and other types of offenders
ii. Participants who agreed with their offence charge would score lower on denial
iii. Participants who agreed with their offence charge would score higher on shame and guilt

[redacted]

Study Design: Study 1: The initial part of the study employed a Delphi method in order to achieve an expert consensus on the constructs of shame, guilt and denial. Results were subject to thematic analysis in order to develop the measure used in Study 2.

Study 2: A factor analysis approach was used in order to confirm the three-factor model (that proposed that shame, guilt and denial are distinct concepts). ANCOVAs (Analyses of Variance with age as a covariate) were conducted to establish whether factors identified from the factor analysis were associated with offence type.

Participant recruitment procedure: Study 1: Participants were identified through literature reviews, researcher's knowledge of relevant experts and professional societies' websites. They were then invited to participate and those who consented completed questionnaires relevant to the study.

Study 2: Potential participants were handed questionnaires while they were locked in their prison cells or when they were collecting their meals. They were collected back in when the cells were unlocked

Sample size: Study 1: 39 (17% of 230 invited to participate)

Study 2: 339 (41.6% of 815 invited to participate)

Participant Characteristics: (Study 2)

Age: Mean for total sample = 37.9 (SD = 11.3)

Sex: Male

Offence type: Sexual (n=132, 38.9%), violent (n=104, 30.7%), general (n=82, 24.2%), unknown (n=21, 6.2%)

[redacted]

Setting: A medium secure English prison

Measures used:

The measure of shame, guilt and denial used in Study 2 was generated from the findings of Study 1. It comprised 56 shame, 40 guilt, and 30 denial items, to which participants were required to rate the extent of their agreement on a 5-point Likert scale.

The measure is broken down into 6 sections examining stable factors, perception of the index offence, experience of shame and guilt in relation to the offence (while thinking about it as well as afterwards), the functions served by denial and chronic shame and guilt.

Outcome data: (Study 2)

Data reported: The proposed three-factor model structure was not supported by the factor analysis. The authors therefore generated an alternative model driven by the factor analysis. The new factors were subject to correlational analysis, a number of which were of relevance to the current systematic review: 'minimisation of harm' (which could be considered a measure of denial) was negatively correlated with 'chronic self-blame' (which could be considered a measure of shame) ($r=-.32$, $p<.001$) and 'responsibility and self-blame' (which could represent shame and/or guilt) ($r=-.47$, $p<.001$). Furthermore, minimisation of harm correlated positively with 'lack of negative emotion' (which could be considered an absence of shame/guilt) ($r = .50$, $p<.001$). However, it is important to note that these results reflected findings for the whole sample (which incorporated non-sexual offenders).

[redacted]

Further analyses (ANCOVAs) showed that sexual offenders scored higher than violent offenders on ‘chronic distress and self-worth’, ‘emotional capacity and respect’ and ‘distress and rejection’. Sexual offender participants further scored higher than general offenders on ‘emotional capacity and rejection’, ‘responsibility and self-blame’ and ‘distress and rejection’. Sexual offenders scored lower than violent and general offenders on ‘lack of negative emotion’.

Again, based on the overall sample, the authors found that higher agreement with charges (a measure of denial) predicted greater levels of ‘responsibility and self-blame’ (a measure of shame/guilt) and less ‘minimisation of harm’ (a further measure of denial).

The authors propose that their findings do not support the shame-guilt distinction.

[redacted]

Appendix 4. Birmingham University Ethical Approval

From: [redacted]]
Sent: 12 May 2011 14:51
To: Miles, Cerys [redacted]
Cc: 'Leigh Harkins'
Subject: RE: Application for Ethical Review [redacted]

Dear Cerys

Re: Application for Ethical Review [redacted]

Many thanks for your response below, and for your amended participant documentation. On behalf of the Committee, I confirm that the conditions of ethical approval for this study have now been met.

Kind regards

[redacted]

[redacted]
Research Ethics Officer
Research Support Group

Institute of Research and Development

Birmingham Research Park

University of Birmingham
Edgbaston
Birmingham B15 2SQ
Tel: [redacted]
Email: [redacted]

Web: www.rcs.bham.ac.uk

Appendix 5. National Research Council Ethical Approval

Miss Cerys Miles

Telephone:

Email:

:

Research Title: Exploring the Function that Denial Serves for Sexual Offenders: Considering the role of shame and guilt

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Dear Miss Miles,

Further to your application to undertake research . The NRC is pleased to grant approval in principle for your research. Thank you for providing the information that we requested and confirming compliance with the terms as stated in our previous letter.

Yours sincerely

[redacted]

Appendix 6. Information Sheet

Information sheet: How the feelings of men convicted of sexual offences relate to their disclosures about offending.

Why is this study being done?

I would like men convicted of sexual offences to participate in this study to explore the relationship between their proneness to experience various emotions, their tendency to avoid certain emotions and the degree to which they accept responsibility for their sexual offending. This is intended to inform developments in sex offender treatment programmes to ensure that they are more responsive to individuals' needs.

Why am I being asked to take part?

You have received this information because you are a prisoner convicted of a sexual offence, who 1. Is starting/Has recently completed a Core Sex Offender Treatment Programme (SOTP) or 2. Is not currently accessing such treatment.

What will I be asked to do?

If you are starting or have recently completed Core SOTP, you will be asked to complete two additional questionnaires alongside your pre or post-programme questionnaires. If you are not currently accessing treatment, you will be asked to complete the same two questionnaires along with two of the questionnaires used in the SOTP assessment battery.

What are the benefits of taking part?

You will have a part in informing developments in SOTPs to ensure that they are accessible to more men convicted of sexual offences, and more responsive to their individual needs.

Do I have to take part?

No, you do not have to take part. If you choose not to take part, this will not affect the services that you receive in any way. If you do decide to take part you can also pull out of the study up to one month after completing the questionnaires, by writing to the researcher at the address provided.

What do I do if I want to take part?

If you are starting or have recently completed Core SOTP and want to take part all you need to do is complete the consent form and complete the two questionnaires alongside your pre or post-programme questionnaires. You will need to put your national SOTP number (available from your facilitator), not your name on the research questionnaires. Your facilitator will then forward these to the researcher. If you have any questions relating to the research, please direct these to your facilitator, who will pass them on to the researcher if they cannot answer them themselves.

[redacted]

If you are not currently accessing SOTP and you want to take part, you will have received the consent form in an envelope with this information sheet. Please sign the consent form, seal it in the envelope addressed to the researcher and hand it to a member of Programmes/Psychology staff. You will then be sent the questionnaires for completion. If you have any further questions about the research, you can note this on your consent form (without having to sign up to participate). The researcher will then respond either in person or in writing, as appropriate.

Will all the information be kept confidential?

Yes it will. I will not be using your name. The only time when someone will need to know who you are is if you tell me you intend to harm yourself/someone else, provide specific details of an offence for which you have not been convicted or provide information that threatens prison security. As per Prison Service policy, such information would be shared with the relevant authorities. All information collected will be kept in a locked cabinet and/or in computer files accessible to the researcher only.

What are the possible disadvantages or risks of taking part?

Completing the questionnaires for this research will take up your time, which might be viewed as a disadvantage. Completing the questionnaires should not cause you to be upset, but will require you to reflect on the offence you have been convicted of and your experience of emotions. If you do find the material upsetting, please use your usual sources of support, e.g. Listeners, Inreach staff, Personal Officer, etc.

What happens when the research stops?

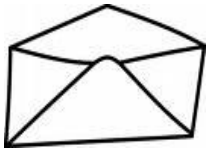
I will send a summary of the findings of the study to all establishments involved and ask that they are displayed in an accessible place. If you leave prison before this, you can contact the researcher via email (see address below) requesting the summary of the findings. The findings may be published in a journal, but your names will not be used and no-one will be able to tell who you are.

Who is organising and funding the research?

This study is organised and funded by The University of Birmingham.

Thank you for your time

Address: School of Psychology, University of Birmingham, Edgbaston, Birmingham, B15 2TT
Email: [redacted]



[redacted]

Appendix 7. Consent Form

Consent Form

I agree to take part in research being carried out by Cerys Miles as part of a doctoral thesis in forensic psychology in association with the University of Birmingham.

I have been informed in writing of the nature and purpose of the study and have had the opportunity to discuss these with a member of staff/the researcher.

I understand that I do not have to take part in this study and, if for any reason I am unhappy about participating, I can withdraw from the study up to one month after completing the questionnaires without explaining my decision.

I understand that if I am participating in SOTP, then my questionnaires completed pre/post-programme will be used for this research, along with the questionnaires specific to the project.

I understand that taking part in this study (or withdrawing from the study) will not affect the care or treatment I receive in the prison.

My name (and prison number) will not be shown on any published work relating to this study.

I understand that all details I provide will be treated as confidential as far as possible. Confidentiality will be limited if I provide information which suggests there is a threat to the security of the prison and/or the safety of myself or any other person, or if I disclose specific details of an offence for which I have not been convicted. As per Prison Service policy, such information would be shared with the relevant staff.

The information I give will be kept securely and safely for ten years when it will be destroyed. I understand that I can ask the information I give to be destroyed at any time and I can have access to this information at any time.

Please feel free to ask any questions if you have any concerns about taking part in this study.

I, _____(*your name here*) consent to participate in the study conducted by Cerys Miles in association with the University of Birmingham.

Signed: _____ Prison Number: _____ Date: _____

[redacted]

Appendix 8. SOAQ (Hogue, 1994)

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

Appendix 9. TOSCA-SP (Tangney, undated)

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

Appendix 10. ShARQ (Schoenleber & Berenbaum, 2010)

[redacted]

Appendix 11. *Graph to Illustrate Distribution of Denial Index Scores*