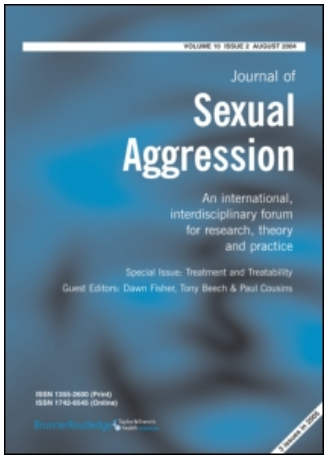

Journal of Sexual Aggression
An international, interdisciplinary forum for research, theory and practice
Publication details, including instructions for authors and subscription information:
http://www.informaworld.com/smpp/title~content=t713723837

Types of empathy and adolescent sexual offenders

Tracey Varker [a]; Grant J. Devilly [a]
[a] Brain Sciences Institute, Swinburne University of Technology, Victoria, Australia

Online Publication Date: 01 July 2007
To cite this Article: Varker, Tracey and Devilly, Grant J. (2007) 'Types of empathy and adolescent sexual offenders', Journal of Sexual Aggression, 13:2, 139 - 149
To link to this article: DOI: 10.1080/13552600701661573
URL: http://dx.doi.org/10.1080/13552600701661573

Journal of Sexual Aggression
(July 2007), Vol. 13, No. 2, pp. 139–149

Routledge
Taylor & Francis Group

Types of empathy and adolescent sexual offenders

Tracey Varker & Grant J. Devilly*
Brain Sciences Institute, Swinburne University of Technology, Victoria, Australia

Abstract *The purpose of this study was to examine general empathy, general victim empathy and own victim empathy in adolescent sexual offenders. Sixteen adolescent sexual offenders completed the Interpersonal Reactivity Index (IRI), the Personal Reaction Inventory, a "general sexual abuse victim" form of the Victim Empathy Distortions Scale (VEDS) and an "own victim" form of the VEDS. Sixteen non-offending, age-matched adolescents also completed the IRI. In summary, it was found that adolescent sexual offenders did not display general empathy deficits compared to age-matched non-offending controls. However, they displayed significant empathy deficits for their own sexual abuse victim compared to a general sexual abuse victim. Adolescent sexual offenders were found to have significantly lower scores on the perspective taking sub-scale of the IRI, compared to non-offenders. The findings of this study are discussed in terms of their theoretical and practical implications.*

Keywords *Adolescent sexual offender; general empathy; victim empathy*

Introduction

The development of empathy is commonly recognized as a central treatment goal for adolescent sexual offenders, with a national US survey finding that 94% of programmes treating male sexual offenders included a component of empathy training (Freeman-Longo, Bird, Stevenson & Fiske, 1995). However, empirical research into empathy and adolescent sexual offenders is limited. It has been found that empathy deficits in adult sexual offenders are victim-specific (e.g. Fernandez & Marshall, 2003; Fernandez, Marshall, Lightbody & O'Sullivan, 1999; Fisher, Beech & Browne, 1999). It has been proposed that the adolescent sexual offender is typically deficient in empathy (Knight & Prentsky, 1993; Lakey, 1994); however, relatively few studies have investigated these deficits, and the few studies that have been conducted have examined only general empathy. Although many current treatment programmes teach sexual offenders victim empathy, there is currently insufficient empirical support to argue for empathy training as a specific component in the treatment process (Burke, 2001; Pithers & Gray, 1996).

Marshall, Hudson, Jones and Fernandez (1995) conceptualize empathy as involving the following invariant stages: (a) emotional recognition—the ability to discriminate the

*Corresponding author: Professor Grant Devilly, Brain Sciences Institute, Swinburne University, PO Box 218, Hawthorn, Victoria 3122, Australia.

ISSN 1355-2600 print/1742-6545 online
DOI: 10.1080/13552600701661573

emotional state of another person; (b) perspective-taking—the ability to see situations from another's perspective; (c) emotion replication—vicarious reproduction of the observed emotion; and (d) response decision—outcome that is based on the feelings experienced. This process, therefore, involves both affective and cognitive empathic responses, requiring self-awareness and an ability to separate one's own experiences from that of the other person (More, 1996). However, as yet, no empirical support exists for Marshall et al.'s (1995) stage theory claim.

Marshall and Barbaree (1990) suggest that low empathy levels in rapists disinhibit sexual arousal, with the offenders unable to recognize or feel compassion for the distress of their victims. Similarly, it has been suggested that sexual offenders have little concern for their victims because they are either unable to understand accurately the experience of the victim or because they simply do not care (Regehr & Glancy, 2001). Those who advocate for empathy training argue that, by increasing empathy, the offender will have difficulty denying his own victim's pain (e.g. Hildebran & Pithers, 1989). Underpinning this argument is the implicit assumption that were offenders able to feel empathy, or greater levels of empathy, then this would inhibit their abusive behaviour through cognitive or affective dissonance.

Studies of adolescent sexual offender empathy levels, using general empathy measures, have produced mixed results. Several studies found that adolescent sexual offenders are deficient in general empathy (e.g. Burke, 2001; Knight & Prentky, 1993; Lindsey, Carlozzi & Eells, 2001). However, other studies have failed to find differences in empathy levels between adolescent sexual offenders and non-offender controls (e.g. Monto, Zgourides, Wilson & Harris, 1994; Moriarty, Stough, Tidmarsh, Eger & Dennison, 2001). This is paralleled by conflicting results in the research examining general empathy and adult sexual offenders (e.g. Langevin, Wright & Handy, 1988; Pithers, 1994; Rice, Chaplin, Harris & Coutts, 1990). Inconsistency in the types of offenders examined (e.g. child molesters versus rapists), and the types of measures used makes it difficult to draw meaningful conclusions.

Research concerning empathy and adult sexual offenders is focusing increasingly upon empathy for particular groups or specific situations. To assess such empathy, researchers have asked offenders to read vignettes of sexual interactions. Fernandez et al. (1999) found that adult child molesters were unable to experience emotions that matched those felt by their own victims; however, they were able to empathize with a child disfigured by a motor vehicle accident and thus experience general empathy. They also displayed significantly less empathy for their own victims than for a non-specific sexual abuse victim. This provides evidence that deficits may be person-specific and, in particular, specific to the offender's own victim where cognitive distortions are more embedded. Similarly, Fernandez and Marshall (2003) found that adult rapists demonstrated significant empathy deficits toward their own victim(s) yet, compared to non-sexual offenders, they actually demonstrated more empathy towards women in general and the same degree of empathy towards a woman who has been a victim of sexual assault by another male. The authors concluded that rapists may not suffer a generalized empathy deficit, but instead suppress empathy toward their own victim, and that this deficit may be considered more appropriately a victim-specific cognitive distortion. It has been suggested, therefore, that a lack of victim-specific empathy may have a self-serving bias, enabling the offender to overcome any emotional disturbance or internal inhibition s/he might otherwise experience (Marshall, Anderson & Champagne, 1997).

A recent study by Fisher et al. (1999) investigated general and victim-specific empathy in 140 child molesters in comparison to a non-offender sample. Using the Victim Empathy Distortions Scale (Beckett & Fisher, 1994), they found that the child molesters displayed victim-specific empathy deficits, but not general empathy deficits compared to the non-offender controls. Using a similar method, Hanson and Scott (1995) compared sexual and

non-sexual offenders using their own Empathy for Women Test, which consisted of 15 deviant and non-deviant vignettes. They found that sexual offenders tended to underestimate women's distress in the deviant vignettes. This finding suggests that sexual offenders have empathy deficits for victims of crime and contradicts the findings of Fernandez and Marshall (2003), who found that rapists did not display empathy deficits for a victim of crime. Such discrepancies in the literature highlight the need to research further the nature of victim empathy deficits, using consistent psychological measures.

Only one study has examined victim-specific empathy deficits in adolescent sexual offenders. Curwen (2003) examined empathy in 123 male adolescent sexual offenders, using the IRI to measure cognitive and affective empathy, and a therapist rating to measure victim empathy for a sub-group of 60 offenders. Significant negative correlations were found between victim empathy and the empathic concern (EC) and perspective taking (PT) subscales of the IRI, with those offenders who had the highest level of victim empathy scoring lower on EC and PT. Curwen noted that while the offenders were able to respond in an appropriate way to some of the general empathy (IRI) questions, they were unable to respond when questioned about their own victim's feelings. These results indicate that adolescent sexual offenders may possess empathy deficits specific to their own victim or to specific situations. Although Curwen noted that the inter-rater reliability was relatively poor ($r = 0.56$), this study produced valuable insights, and the current study seeks to extend the investigation of victim-specific empathy deficits in adolescent sexual offenders by using an empirically validated measure of victim empathy.

Ward, Hudson and Marshall (1995) suggest that a key factor in triggering a sexual offence is the engagement of the offender in a cognitively deconstructed state, during which concrete focus on sensation and movement leads to the suspension of appropriate self-regulation. Such simplistic thinking creates voids which offenders often fill with distortions. Higher-level thought is often avoided, meaning that offenders seldom consider abstract concepts such as the victims' psychological and emotional welfare. Ward, Hudson and Marshall suggest that, as a function of these features, the offender may view the victim as enjoying the experience and thus experience empathy deficits restricted to their specific victim. Such cognitive distortions may also influence offenders' scores on empathy measures as, for instance, they may not view their offences as harmful and consider their victims willing participants (Monto et al., 1994).

Researchers working with adult sexual offenders have suggested that by increasing empathy for the offender's own specific victim, there is a decreased likelihood of the offender committing further offences (Beech & Fisher, 2002). This same rationale may be used to teach victim-specific empathy to adolescent sexual offenders, if they are found to be deficient in empathy for their own victim. Unlike the adult literature, however, no study has ever used an empirically validated measure of victim-specific empathy. Furthermore, to our knowledge, no study has ever investigated the relationship between general empathy, victim empathy and own victim empathy within the same study. This holds true for both the adult and adolescent sexual offence literature.

It is proposed in this study that one can measure three types of empathy in adolescent sexual offenders: (a) general empathy—empathy for people in general (e.g. concerned feelings for people less fortunate); (b) general sexual abuse victim empathy—empathy for victims of sexual abuse (e.g. a woman that has been raped); and (c) own victim empathy—empathy for the specific victim of the offender's own crime. The purpose of the present study was to investigate the difference between general empathy, victim empathy and own victim empathy. Based on the findings of several studies which have examined general empathy in adolescent sexual offenders, it was hypothesized that (1) adolescent sexual offenders would display less

general empathy than adolescent non-offenders (as measured by the sub-scales of the Interpersonal Reactivity Index; IRI). Due to the lack of research examining victim empathy in adolescent sexual offenders, it was hypothesized that (2) adolescent sexual offenders would display no more and no less empathy for their own specific victim compared to a general victim.

Method

Participants

Participants were 16 male adolescent sexual offenders participating in two community-based sexual offender treatment programmes. As there was a small number of participants from one of the programmes, the two groups were combined in order to protect the identity of the participants. The age range of the offenders at the time of assessment was 13–20 years, with a mean age of 16 years (s.d. = 1.93). All participants had received secondary education, with two having completed 1 year of secondary education (8.7%), three having completed 2 years of secondary education (13%), five having completed 3 years of secondary education (21.7%), five having completed 4 years of secondary education (21.7%) and one having completed 5 years of secondary education (4.3%).

The behaviours/offences that led to these adolescents being placed in these programmes included indecent assault, attempted indecent assault, gross indecency, attempted rape and rape. The victims of these crimes included two siblings (11.8%), six step-siblings (35.3%), four friends (25.0%), three strangers (17.7%) and one was unknown (5.9%). Nine of the victims were male (52.9%) and seven female (47.1%), with an age range from 6 to 18 years of age, with a mean age of 9.5 years (s.d. = 3.83). Treatment time for the offenders ranged from 1 to 27 months, with a mean treatment time of 13.7 months (s.d. = 7.38). Both the treatment programmes used group therapy and some individual therapy, and empathy issues were addressed in any detail in just one of the programmes.

De-identified general empathy results (as measured by Davis' IRI) were also obtained for 16 age-matched non-offending adolescents. These raw data were provided by the authors of a project investigating emotional intelligence in adolescents (Moriarty et al., 2001). The ages of the non-offenders were recruited from a secondary school, and ranged from 14 to 17 years of age, with a mean age of 15.75 years (s.d. = 1.13). These control data points were chosen by matching the age and gender of each participant and then selecting randomly from the list of matches using a random number generator (Devilly, 2005).

An *a priori* power analysis suggested that if a large effect size existed (d = 0.8), then we should have an 80% chance of detecting such a difference, when one-tailed analyses are applied with a 95% significance level, if there are 20 people in each group. We obtained data from 16 adolescent sexual offenders and, due to the difficulties in obtaining a larger sample because of the ethical constraints on the research, we believe that this reasonably approximated the number needed to test the main hypotheses.

Measures

All survey instruments underwent minor changes to accommodate the young age of some of the participants, and to allow for the fact that some participants may be marginal readers. Sophisticated words were changed to words that were more familiar to Australian adolescent males (e.g. 'I am always courteous, even to people who are disagreeable' was changed to 'I am always polite, even to people who are nasty'). Pre-testing of the questionnaire with several

15-year-old Australian males (from a local sports team) resulted in the revision of several items and confirmed that young readers were able to comprehend the questions.

Social Desirability Scale: Personal Reaction Inventory. Based on items from Greenwald and Satow (1970), this 12-item scale is designed to overcome the problem of response bias. Participants respond to each item on a seven-point scale ranging from (1) "very like me" to (7) "very unlike me". Greenwald and Satow (1970) reported an internal consistency of 0.92 for the 12-item version of the scale. Beech (1998) reported the test–retest reliability to be 0.70 over 3–6 months in a group of 40 untreated child molesters.

General Empathy: Interpersonal Reactivity Index (Davis, 1980). This 28-item questionnaire measures general empathy using four seven-item sub-scales, which assess perspective taking, empathic concern, fantasy and personal distress. Perspective taking measures the cognitive ability to embrace another's point of view. Empathic concern measures the affective experience of feeling compassion for others experiencing distress. Fantasy measures the ability to identify with fictitious characters in creative works. Personal distress measures the degree to which one experiences anxiety or discomfort viewing another's distress. Responses are made on a five-point scale ranging from (0) "does not describe me well" to (4) "describes me very well". Davis (1980) reported that for males the internal reliability coefficients (standardized alpha) for each of the four sub-scales to range from 0.68 to 0.77. Test–retest reliabilities measured from 60 to 75 days revealed correlations ranging from 0.61 to 0.79 in males (Davis, 1983).

Victim-Specific Empathy: Victim Empathy Distortion Scale (Beckett & Fisher, 1994). This scale is designed to assess: (a) empathy for an offender's own victim; and (b) empathy for a victim depicted in a vignette. The scale contains 28 questions, each with five possible responses. Items measure the degree to which offenders believe the victim enjoyed or encouraged sexual contact, whether they believe the victim had the power to end it, their comprehension of the victim's emotional response to the abuse in terms of the amount of fear or guilt they experience and whether the victim would object to repeat experiences. The following two forms of this questionnaire were used in this research:

- *Own victim* (Form 1): required the adolescent offender to think about their own victim and then answer the 28-question scale.
- *General sexual abuse victim* (Form 2): required the offender to read a vignette about a victim of sexual abuse, and then answer the 28-item scale. This vignette was developed with the assistance of the offender's regular counsellors to ensure that it was a stereotypical scenario to which the offenders would be able to relate, was non-gender specific, and read as follows:

> Lee is a 7-year-old child. Lee's 15-year-old brother has been going into Lee's bedroom at night, when Lee is asleep, and getting into the same bed. He has had sex with Lee several times over the past few months.

High scores represent a high level of cognitive distortions and a low level of empathy. Low scores represent a low level of cognitive distortions and a high level of empathy. Beech (1998) reported an internal reliability of 0.89 in 140 untreated child molesters and a test–retest reliability of 0.95 in 46 untreated child molesters for the "own victim" version.

Procedure

Participants were recruited from two treatment programmes for adolescent sexual offenders. Participants were invited to participate in the study and informed that their participation was completely voluntary. They were advised that they may cease to participate at any time without any negative consequences, and that their involvement in the study would not effect their standing with the treatment programme in any way. Participants were also advised that their responses to the questionnaires would remain confidential. Each participant received a written information sheet which contained a brief description of the study. This information was also read aloud to participants before consent was obtained. For those participants under the age of 18, written consent was obtained from their guardian prior to involvement in the study, in addition to their own signed consent. Participants completed the questionnaire in groups during their regular counselling session, with the questionnaire taking approximately 40 minutes to complete. Due to cross-jurisdiction, and sensitivities to adolescent sexual offenders, ethics approval was obtained from six ethics committees and two research committees.

Counter-balancing. To ensure that there was not an ordering effect from questionnaire presentation, the questionnaires were counter-balanced. Eight (47.1%) of the adolescents completed the "Own victim" (Form 1) questionnaire followed by the "General sexual abuse victim" (Form 2) questionnaire, while nine (52.9%) adolescents completed the "General sexual abuse victim" (Form 2) questionnaire followed by the "Own victim" (Form 1) questionnaire. Analysis revealed that there was no significant ordering effect ($F < 1$) and the data were collapsed subsequently into one group.

Results

Screening

The data were screened for outliers, normality and homoscedasticity. No outliers were found and the assumption of homoscedasticity was met for all the variables. However, due to the small sample size, it was decided that non-parametric tests should be used for analyses where this was possible.

General empathy

In order to examine whether the adolescent sexual offenders had lower general empathy than non-offenders [as measured by the sub-scales of the IRI; hypothesis (1)], the scores of the adolescent sexual offenders for the sub-tests of the IRI were compared to the IRI sub-test scores of age-matched non-offending adolescent males. A series of Mann–Whitney *U*-tests were performed for each of the sub-tests. These results are summarized in Table I.

As expected, the adolescent sexual offenders displayed significantly lower levels of perspective taking compared to the non-offending controls ($Z(16) = -2.19$, $p < 0.05$; Hedges' $g = -0.86$: 95% CI: -1.58, -0.13); however, there was no significant difference between the two groups for empathic concern ($Z(16) = -1.71$, n.s.). Adolescent sexual offenders were also found to display significantly higher levels of fantasy compared to non-offending adolescent controls ($Z(16) = -2.15$, $p < 0.05$; Hedges' $g = 0.71$: 95%CI: 0.01, 1.42). Both these analyses displayed large effect sizes. Hedges' g (Hedges & Olkin, 1985) was used as an estimate of effect size, as this statistic corrects for small samples sizes. Contrary to

Table I. *Mann–Whitney tests comparing the IRI subtest scores of adolescent sexual offenders and adolescent non-offenders.*

		Group				
		Sex offenders		Non-offenders		
Scale	Factor	M	s.d.	M	s.d.	Z
IRI	Perspective taking	13.56	3.98	16.75	3.23	−2.19*
	Empathic concern	16.25	4.36	14.13	3.40	−1.71
	Fantasy	16.06	5.76	12.69	3.16	−2.15*
	Personal distress	10.63	4.41	12.56	2.61	−1.53

*p <0.05; n = 32 (16 sex offenders, 16 non-offenders).

expectation, there was no significant difference between the groups for personal distress ($Z(16) = -1.53$, n.s.).

Victim empathy

A Wilcoxon signed-rank test was conducted to examine whether a difference existed between the level of empathy for a general sexual abuse victim compared to the level of empathy for the offender's own victim [hypothesis (2)]. It was found that adolescent sexual offenders had significantly less victim empathy cognitive distortions for a general sexual abuse victim (M = 17.17; s.d. = 10.44) than for their own victim (M = 25.57; s.d. = 13.96). Less cognitive distortions mean that the offenders had greater empathy for a general sexual abuse victim than for their own victim. A medium to large effect size was found ($Z = -2.53$, $p < 0.05$, Hedges' $g = -0.66$, 95% CI: −1.38, 0.05). If one were to replicate this result with the same size sample, an *a priori* power analysis would suggest a value of 0.66. While this power is under the theoretically desired level of 0.8, a power of 0.66 is probably acceptable for a forensic sample, due to the inherent difficulty of accessing these populations.

Reliable difference

In order to assess if the individual difference scores which occurred between the general victim empathy questionnaire and the own victim empathy questionnaire was greater than that which would be expected due to measurement error, a reliable difference score was calculated. This score was calculated using the Reliable Change Generator (Devilly, 2007), which employs those methods suggested by Jacobson and Traux (1991). These results are presented in Table II.

Table II. *Percentage of offenders who reliably changed between the general victim empathy distortion scale and the own victim empathy distortion scale.*

	Reliable change			
		68%	95%	99%
	No change	(S_{diff} = 7.68)	(S_{diff} = 15.06)	(S_{diff} = 19.79)
n	7	5	1	3
%	43.75	31.25	6.25	18.75

In effect, four of the offenders displayed reliably higher cognitive distortions in relation to their own victim, compared to a general victim, with at least 95% CI. Five other participants displayed this same trend at the 68% (1 s.d.) CI. More than 47% of the sample displayed decreased empathy for their own victim (greater than 1 s.d.) in comparison to a general victim.

Subsidiary analyses

To examine further the relationships between the various measures and the independent variables for the adolescent sexual offenders, two-tailed Spearman correlations (r_s) were conducted. Due to the relatively large number of correlations performed, to protect against Type 1 and Type 2 error the significance level of alpha was set at 0.01. Significant correlations were found between own victim empathy distortion and general victim empathy distortion (r_s $(14) = -0.63$, $p < 0.01$), and the empathy distortion difference score (r_s $(14) = -0.64$, $p < 0.01$). A significant correlation was also found between empathic concern and fantasy (r_s $(14) = 0.63$, $p < 0.01$). Analysis did not reveal significant correlations between social desirability, or the offender's age, and any of the empathy measures.

Discussion

Although several studies have investigated the different types of empathy in adult sexual offenders, this is the first study to examine if adolescent sexual offenders score differently in relation to three types of empathy. This research sought to investigate the differences between general empathy, general victim empathy and own victim empathy in adolescent sexual offenders. It was found that adolescent sexual offenders did not display general empathy deficits for the empathic concern and personal distress sub-scales of the IRI, compared to age-matched non-offending controls. They were, however, found to have significantly lower scores on the perspective taking sub-scale of the IRI compared to the non-offenders. Significantly higher scores for the fantasy sub-scale were also found for the adolescent sexual offenders compared to the non-offenders. They displayed significant empathy deficits for their own sexual abuse victim compared to a general sexual abuse victim.

The adolescent sexual offenders scored significantly lower on the perspective taking sub-scale of the IRI compared to the non-offenders, suggesting a deficiency in the ability to adopt another's perspective. This finding is consistent with research conducted with adult offenders which has shown adult offenders to be deficient in perspective taking ability (e.g. Hanson & Scott, 1995; Marshall et al., 1995). Keenan and Ward (2000) suggest that such a finding may indicate a possible deficit in the offender's "theory of mind". The theory of mind refers to a person's understanding that they and other people have a mind that represents mental states (i.e. desires, intentions, emotions and beliefs), and that they use these mental states to both predict and explain the behavior of themselves and others. A deficit in theory of mind leads to a bias or distortion in the way an individual views and processes information about their own and other's mental states, and as such an individual fails to appreciate the subjectivity of other people's desires and beliefs (Keenan & Ward, 2000). Thus, such a distortion is likely to result in a reduced ability for perspective taking.

Conversely, adolescent sexual offenders scored more highly on the fantasy sub-scale of the IRI than the adolescent non-offenders. A possible explanation for this may be that empathy can be seen as mediated by narcissism. Narcissistic personality traits can provide an explanation for the significantly higher fantasy level that was observed in the adolescent

offenders as compared to the non-offenders, with narcissistic people often preoccupied with fantasies of brilliance, success or power. A key feature of narcissism is a lack of perspective taking ability, which was also demonstrated by the adolescent offenders. This inability to "put oneself in the shoes of another" is also a central feature of general empathy deficits and, as such, future empathy research should also investigate whether narcissism is a possible covariate for empathy. For the current study, however, neither fantasy nor perspective taking were found to correlate with the main outcome measures.

Adolescent sexual offenders displayed significantly less cognitive distortions for a general victim of sexual abuse than for their own victim. This finding is consistent with those of Fernandez and Marshall (2003) and Hanson and Scott (1995). As the existing adult literature suggests, this lack of empathy for the offenders' own victim may have a self-serving bias, enabling the offender to overcome any emotional disturbance or internal inhibition s/he might otherwise experience (Marshall et al., 1997). Of course, this state could occur due to the adolescent offenders' engagement in a cognitively deconstructed state, resulting from a deficit in theory of mind, as has been suggested for adult offenders. When adult offenders are asked to describe their offences they typically provide a variety of cognitive distortions and biases. This is represented by examples such as: seeing "children as sexual beings"; the "uncontrollability of sexuality"; a "sexual entitlement bias"; and the "nature of harm" and "dangerous world" implicit theories (Ward, 2000). These cognitive distortions can sometimes lead to the offender viewing the victim as enjoying the experience (Ward et al., 1995). The nature of cognitive distortions in adolescent sexual offenders has not been examined previously in any detail and, therefore, we suggest that future research should investigate this area. We believe that such a focus can only improve the specificity of adolescent sexual offender treatment programmes.

The findings of this study were limited by the small number of participants. It may also be said that the findings were limited by a lack of a specific measure for the amount of empathy training that the offenders had received previously as part of their treatment programme. Length of treatment time, however, was not found to be associated with any of the empathy measures. Worryingly, it could be argued that the amount of training (including empathy training) that the offender's had received previously did not appear to have a significant impact upon the offenders' empathy levels. However, considering that the level of individualized (victim-specific) empathy training conducted with the participants was very low, this might not be so surprising.

The findings of this study are important, as this is a previously uninvestigated area. This research has important implications for adolescent sexual offender treatment programmes, indicating that adolescent offenders require not only general empathy development, but also targeted development of empathy for the offenders' own specific victim. Such treatment will require counsellors to be intimately familiar with each offender's own offences, and to provide offenders with individual counselling, in which specific details of the offence can be discussed and cognitive distortions challenged. The current study requires replication, with the inclusion of a narcissism measure. As a consequence of the current results we suggest that any future studies conducted to assess empathy in adolescent sexual offenders should examine own victim-specific empathy deficits.

Acknowledgements

We would like to thank the staff and participants from the South East Centre Against Sexual Assault and the Male Adolescent Programme for Positive Sexuality, who helped us to

complete this research, and also Professor Con Stough for providing data on the IRI from his previous research (Moriarty et al., 2001).

References

Beckett, R. C. & Fisher, D. (1994). Assessing victim empathy: A new measure. Paper presented at the Conference of the Association for the Treatment of Sexual Abusers, November, San Francisco, USA.

Beech, A. R. (1998). A psychometric typology of child abusers. *International Journal of Offender & Comparative Criminology*, *42*, 319–339.

Beech, A. R. & Fisher, D. D. (2002). The rehabilitation of child sex offenders. *Australian Psychologist*, *37*, 206–214.

Burke, D. M. (2001). Empathy in sexually offending & nonoffending adolescent males. *Journal of Interpersonal Violence*, *16*, 222–233.

Curwen, T. (2003). The importance of offense characteristics, victimization history, hospitality, and social desirability in assessing empathy of male adolescent sex abuse. *Sexual Abuse: A Journal of Research and Treatment*, *15*, 347–364.

Davis, M. H. (1980). A multidimensional approach to individual differences in empathy. *JSAS Catalog of Selected Documents in Psychology*, *10*, 85.

Davis, M. H. (1983). Measuring individual differences in empathy: evidence for a multidimensional approach. *Journal of Personality and Social Psychology*, *44*, 113–126.

Devilly, G. J. (2007). *ClinTools Software for Windows: version 4.1* (computer program). Melbourne, Australia. Available at: www.clintools.com.

Fernandez, Y. M. & Marshall, W. L. (2003). Victim empathy, social self-esteem, and psychopathy in rapists. *Sexual Abuse: A Journal of Research and Treatment*, *15*, 11–26.

Fernandez, Y. M., Marshall, W. L., Lightbody, S. & O'Sullivan, C. (1999). The child molester empathy measure: Description and examination of its reliability and validity. *Sexual Abuse: A Journal of Research and Treatment*, *11*, 17–31.

Fisher, D., Beech, A. & Browne, K. (1999). Comparison of sex offenders to nonoffenders on selected psychological measures. *International Journal of Offender Therapy and Comparative Criminology*, *43*, 473–491.

Freeman-Longo, R. E., Bird, S., Stevenson, W. F. & Fiske, J. (1995). *1994 Nationwide Survey of Treatment Programmes and Models: Serving Abuse Reactive Children, Adolescent and Adult Sex Offenders*. Brandon, VT: The Safer Society Programme and Press.

Hanson, K. & Scott, H. (1995). Assessing perspective taking among sexual offenders, nonsexual criminals and nonoffenders. *Sexual Abuse: A Journal of Research and Treatment*, *7*, 259–277.

Hedges, L. & Olkin, I. (1985). *Statistical Methods for Meta-Analysis*. New York: Academic Press.

Hildebran, D. & Pithers, W. D. (1989). Enhancing offender empathy for sexual-abuse victims. In D. R. Laws (Ed.), *Relapse prevention with sex offenders* (pp. 236–243). New York: Guilford Press.

Jacobson, N. S. & Traux, P. (1991). Clinical significance: A statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology*, *59*, 12–19.

Keenan, T. & Ward, T. (2000). A theory of mind perspective on cognitive, affective, and intimacy deficits in child sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, *12*, 49–60.

Knight, R. A. & Prentky, R. A. (1993). Exploring characteristics for classifying juvenile sex offenders. In H. E. Barbaree, W. L. Marshall & S. M. Hudson (Eds.), *The Juvenile Sex Offender* (pp. 45–83). New York: Guilford Press.

Lakey, J. F. (1994). The profile and treatment of male adolescent sex offenders. *Adolescence*, *29*, 755–761.

Langevin, R., Wright, P. & Handy, L. (1988). Empathy, assertiveness, aggressiveness and defensiveness among sex offenders. *Annals of Sex Research*, *1*, 533–547.

Lindsey, R. E., Carlozzi, A. F. & Eells, G. T. (2001). Differences in the dispositional empathy of juvenile sex offenders, non-sex offending delinquent juveniles and nondelinquent juveniles. *Journal of Interpersonal Violence*, *16*, 510–522.

Marshall, W. L. & Barbaree, H. E. (1990). An integrated theory of the etiology and maintenance of sexual offending. In W. L. Marshall, D. R. Laws & H. E. Barbaree (Eds.), *Handbook of Sexual Assault: Issues, Theories, and Treatment of the Offender* (pp. 257–275). New York: Plenum Press.

Marshall, W. L., Anderson, D. & Champagne, F. (1997). Self-esteem and its relationship to sexual offending. *Psychology, Crime & Law*, *3*, 161–186.

Marshall, W. L., Hudson, S. M., Jones, R. & Fernandez, Y. M. (1995). Empathy in sex offenders. *Clinical Psychology Review*, *15*, 99–113.

Monto, M., Zgourides, G., Wilson, J. & Harris, R. (1994). Empathy and adolescent male sex-offenders. *Perceptual and Motor Skills*, *79*, 1598.

More, E. (1996). Empathy as a hermeneutic practice. *Theoretical Medicine*, *17*, 243–254.

Moriarty, N., Stough, C., Tidmarsh, P., Eger, D. & Dennison, S. (2001). Deficits in emotional intelligence underlying adolescent sex offending. *Journal of Adolescence*, *24*, 1–9.

Pithers, W. D. (1994). Process evaluation of a group therapy component designed to enhance sex offenders' empathy for sexual abuse survivors. *Behaviour Research and Therapy*, *32*, 565–570.

Pithers, W. D. & Gray, A. S. (1996). Utility of relapse prevention in treatment of sexual abusers. *Sexual Abuse: Journal of Research and Treatment*, *8*, 223–230.

Pithers, W. D., Martin, G. & Cumming, G. F. (1989). The Vermont treatment programme for sexual aggressors. In D. R. Laws (Ed.), *Relapse Prevention with Sex Offenders* (pp. 292–310). New York: Guilford Press.

Regehr, C. & Glancy, G. (2001). Empathy and its influence on sexual misconduct. *Trauma, Violence & Abuse*, *2*, 142–154.

Rice, M. E., Chaplin, T. E., Harris, G. E. & Coutts, J. (1990). *Empathy for the Victim and Sexual Arousal Among Rapists*. Research Report No. 7. Ontario: Penetanguishene Mental Health Centre.

Ward, T. (2000). Sexual offenders' cognitive distortions as implicit theories. *Aggression and Violent Behavior*, *5*, 491–507.

Ward, T., Hudson, S. M. & Marshall, W. L. (1995). Cognitive distortions and affective deficits in sex offenders: A cognitive deconstructionist interpretation. *Sexual Abuse: A Journal of Research and Treatment*, *7*, 67–82.