Adolescent Sexual Offenders: The Role of Cognitive and Emotional Victim Empathy in the Victim-to-Victimizer Process

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This study clarifies and enhances the social work profession's interventions with adolescent sexual offenders. The rationale for undertaking this research is to intervene in the cycle of violence and help protect children from suffering harm through being sexually abused.

Statement of the Research Problem

Studies of children referred for sexual victimization indicate that 23 percent to 26 percent of these molestations are committed by adolescents (Allard-Dansereau et al., 1997; Dubé & Hébert, 1988; Dubowitz et al., 1992). A majority (56 percent) of abused boys are assaulted by an adolescent (Showers et al., 1983; Rogers & Terry, 1984). While males represent 25 percent to 33 percent of sexually abused children (Rogers & Terry, 1984; Sedlack & Broadhurst, 1996), they represent 95 percent of sexually assaultive adolescents (Fehrenbach et al., 1986; Wasserman & Kappel, 1985).

Without appropriate intervention, sexually assaultive adolescents are at risk to continue their behavior. Between 50 percent and 62 percent of adult male sexual offenders report they first acted out sexually as teens (Abel et al., 1993; Groth et al., 1982; Prentky & Knight, 1993, Rubinstein et al., 1993). Thus, intervention with adolescent sexual offenders is critical to prevent further victimization and trauma for children and prevent adolescent sexual offenders from progressing into more entrenched adult sexual offending.

Perpetrators' lack of empathy for those they victimize is a key, but understudied, concept in intervention with sexual offending (Hanson, In press; Marshall & Barbaree, 1990). Researchers and clinicians emphasize the need to measure *victim* empathy (situational empathy) rather than *general* empathy (dispositional empathy), in sexual offenders (Marshall et al., 1996; Marshall et al., 1995; Roys, 1997). Strengthening *victim empathy* has been identified as critical to

relapse prevention (National Task Force, 1993; Pithers, 1999).

Empathy is now recognized as a multi-dimensional construct (Davis, 1983; Williams, 1990). Theorists argue that strengthening *cognitive* empathy, typically addressed in sexual offender treatment, is not adequate to prevent recidivism (Hilton, 1993; Roys, 1997). *Emotional* empathy has been hypothesized as the more critical component of relapse prevention (Hilton, 1993). Existing studies of empathy in adolescent sexual offenders have measured general empathy only. The present study is the first to examine *victim empathy* in adolescent sexual offenders.

Research Questions

This study tested the role of victim empathy in victim-to-victimizer theory of male adolescent sexual offending (Ballantyne, 1993; Ryan et al., 1987). This theory posits that abused male children who do not resolve negative psychological effects of being abused (including reduced empathy for others), and who develop ineffective coping patterns (including externalizing behavior problems), may attempt to resolve their prior victimization by sexually offending against other children.

The present study tested the validity of this model for male adjudicated adolescent sexual offenders who had molested a child and/or assaulted a peer/adult. The study addressed the following research questions:

(1) Is childhood maltreatment associated with victim empathy in adolescent child molesters/adolescent sexual offenders?

(2) Are childhood maltreatment characteristics associated with victim empathy in adolescent child molesters/adolescent sexual offenders?

(3) Are cognitive and emotional victim empathy associated with externalizing behaviors in adolescent child molesters/assaulters?

(4) Is childhood maltreatment directly and indirectly (as mediated by victim empathy) associated with externalizing behaviors in adolescent child molesters/assaulters?

Methodology

As part of a larger research study, ninety-six adolescent sexual offenders in specialized outpatient and residential treatment (ages 13-20) were interviewed, and

they completed: (1) Childhood Trauma Questionnaire (CTQ, Bernstein & Fink, 1998), a measure of childhood maltreatment history; (2) Levinson Victim Empathy Scale (LVES, Levinson, 1994), a measure of victim empathy; and (3) Balanced Inventory of Desirable Responding (BIDR, Paulhus, 1991), a measure of social desirability response bias. Parents/therapists completed: (1) Child Behavior Checklist (CBCL, Achenbach, 1991), a measure of child and adolescent behavioral functioning.

The LVES (Levinson, 1994) is the only measure of victim empathy in sexual offenders that distinguishes cognitive and emotional empathy as separate factors. However, the original scale also proposed a third factor, which is not hypothesized by empirical or theoretical literature (Davis, 1983; Hilton, 1993; Pecukonis, 1990; Roys, 1997). Therefore, the scale's items were re-analyzed prior to analysis of this study hypotheses.

First, decision criteria were developed for designating an item as measuring: (1) cognitive victim empathy, or (2) emotional victim empathy, based on the theoretical literature. The scale's items were then re-categorized, and the resulting subsets of items were subjected to: (a) exploratory factor analysis, (b) item analysis, and (c) multiple groups confirmatory factor analysis (Nunnally & Bernstein, 1994). These analyses clearly supported a two-factor solution rather than the three-factor solution as originally proposed by Levinson (1994).

A second measurement problem was that asking adjudicated criminals to self-report their level of empathy for victims introduces a huge risk for biased responses, or social desirability response bias (Paulhus, 1991). Prior to analysis of study hypotheses, this bias was tested, following procedures recommended by Saunders (1991).

Results

The study found a differential relationship between response bias and type of victim empathy. Higher response bias (a tendency to present oneself in a positive light) was associated only with higher emotional victim empathy, and only for respondents in the outpatient settings. As recommended by Saunders (1991), these empathy scores were adjusted for this bias, and the adjusted scores were used in the remainder of the analyses.

There was a high rate of childhood maltreatment for this sample (88.5%). The maltreatment self-reported by these respondents took multiple forms, began at an early age, was severe, chronic, and frequently occurred at the hands of multiple

perpetrators. Burgess et al. (1987) contend that children who have not acknowledged and dealt with their own pain will not be able to experience empathy for others.

Few previous studies of adolescent sexual offenders have examined differences for offender subgroups. This study found a number of differences between adolescent offenders who had molested a child (termed *child molesters*) and those who had assaulted a peer and/or adult (termed *assaulters*), and between those in residential and outpatient treatment programs. Child molesters in this study were younger, more likely to have been sexually abused, more likely to have experienced multiple abuse, and less likely to have been neglected. Those in outpatient settings were younger, less likely to be assaulters, and more likely to have experienced no maltreatment. Demographic variables were entered into hierarchical regression models to control for these differences.

Hierarchical regression analyses showed that higher *cognitive* victim empathy was associated with longer time in treatment, after controlling for demographic characteristics, while there was no relationship between length of time in treatment and *emotional* victim empathy. This suggests that failure to control for time in treatment would misspecify these relationships.

The study detected few relationships between childhood maltreatment and victim empathy levels, and no relationship between victim empathy and externalizing behaviors. It may be that there was not enough variance in maltreatment history severity, nor in victim empathy levels to detect relationships.

Utility for Social Work Practice

The study's findings suggest that future research on adolescent sexual offenders should include analysis of subgroup differences; control for demographic characteristics, including time in treatment; measure childhood maltreatment in greater detail; and test for response bias when measuring socially desirable responses. The current study's limitations also provide direction for future research with this population, including recruiting a larger, younger sample; using a more reliable, less transparent measure of victim empathy; comparing abused and nonabused adolescent sexual offenders; recruiting a comparison group of abused non-offender adolescents; and measuring family and systemic responses to respondents' childhood maltreatment.

This study's findings have implications for intervention with abused children and adolescent sexual offenders. Intervention with abused male children should include assessment and intervention (as needed), for empathy development, anger

management, relationship skills, and acting out behaviors.

The primary goal of sexual offender treatment is to reduce the risk of further assaultive behavior. The high rate of childhood maltreatment found in this study suggests that to achieve that primary goal: (1) treatment with adolescent sexual offenders needs to include resolution of traumatic childhood experiences, (2) clinicians need to have skill and knowledge in treatment issues for abused and neglected children as well as intervention with sexual offending, and (3) longer treatment may be required to address both current offending and childhood history.

Practitioners may need to examine whether their treatment programs are adequately addressing development of both cognitive and emotional victim empathy. More research is needed on whether and how each type of empathy increases through treatment. Offenders' potential to increase emotional empathy for others may be bounded by their ability to experience and recognize their own feelings. There is no current research on whether there are inherent limits to how much an offender's emotional empathy can increase through treatment.

Conclusion

In conclusion, the current study addressed a number of methodological weaknesses of prior studies of empathy in adolescent sexual offenders, and provides direction for further research on this population. The findings suggest direction for intervention with abused children and adolescent sexual offenders. Intervention with adolescent sexual offenders is critical to preventing harm for children, and for interrupting the victim-to-victimizer process.

References

Abel, G.G., Osborn, C.A., & Twigg, D.A. (1993). Sexual assault through the life span: Adult offenders with juvenile histories. In H.E. Barbaree, W.L. Marshall, & S.M. Hudson (Eds.), The juvenile sex offender (pp. 104-117). New York: The Guilford Press.

Achenbach, T.M. (1991). Manual for the Child Behavior Checklist/4-18 and 1991 Profile. Burlington, VT: University of Vermont, Department of Psychiatry.

Allard-Dansereau, C., Haley, N., Hamane, M., & Bernard-Bonnin, A-C. (1997). Pattern of child sexual abuse by young aggressors. Child Abuse and Neglect, 21, 965-974.

Ballantyne, W. (1993). A cognitive coping model to explain the victim-offender phenomenon in the sexual abuse of males. Unpublished doctoral dissertation, Antioch University, Keene, New Hampshire.

Bernstein, D.P., & Fink, L. (1998). Childhood Trauma Questionnaire: A retrospective self-report. Manual. San Antonio, TX: The Psychological Corporation.

Brothers, L. (1989). A biological perspective on empathy. American Journal of Psychiatry, 146, 10-19.

Burgess, A.W., Hartman, C.R., & McCormack, A. (1987). Abused to abuser: Antecedents of socially deviant behaviors. American Journal of Psychiatry, 144, 1431-1436.

Davis, M.H. (1996). Empathy: A social psychological approach. Boulder, CO: Westview Press.

Davis, M.H. (1983). Measuring individual differences in empathy: Evidence for a multidimensional approach. Journal of Personality & Social Psychology, 44, 113-126.

Dubé, & Hébert, M. (1988). Sexual abuse of children under 12 years of age: A review of 511 cases. Child Abuse and Neglect, 12, 321-330.

Dubowitz, H., Black, M., & Harrington, D. (1992). The diagnosis of child sexual abuse. American Journal of Diseases of Children, 146, 688-693.

Fehrenbach, P.A., Smith, W., Monastersky, C., & Deisher, R.W. (1986). Adolescent sexual offenders: Offender and offense characteristics. American Journal of Orthopsychiatry, 56, 225-233.

Groth, A.N., Longo, R.E., & McFadin, J.B. (1982). Undetected recidivism among rapists and child molesters. Crime and Delinquency, 28, 450-458.

Hanson, R.K. (In Press). Assessing sexual offenders' capacity for empathy. Psychology, Crime, and Law, In Press.

Hilton, N.Z. (1993). Childhood sexual victimization and lack of empathy in child molesters: Explanation or excuse? International Journal of Offender Therapy and Comparative Criminology, 37, 287-296.

Levinson, B.S. (1994). The development and validation of an instrument to measure victim empathy in a male sex offender population. Unpublished doctoral dissertation, The University of Texas at Austin.

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

Marshall, W.L., & Barbaree, H.E. (1990). An integrated theory of the etiology 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., O'Sullivan, C., & Fernandez, Y.M. (1996). The enhancement of victim empathy among incarcerated child molesters. Legal and Criminological Psychology, 1, 95-102.

National Task Force on Juvenile Sexual Offending. (1993). The revised report from the national task force on juvenile sexual offending, of the National Adolescent Perpetrator Network. Juvenile and Family Court Journal, 44, 1-120.

Nunnally, J.C., & Bernstein, I.H. (1994). Psychometric theory (3rd ed.). New York: McGraw-Hill, Inc.

Paulhus, D.L. (1991). Measurement and control of response bias. In J.P. Robinson, P.R. Shaver, & L.S. Wrightsman (Eds.), Measures of personality and social psychological attitudes. Vol 1(pp. 17-25). New York: Academic Press, Inc.

Pecukonis, E.V. (1990). A cognitive/affective empathy training program as a function of ego development in aggressive adolescent females.Adolescence 25, 59-76.

Pithers, W.D. (1999). Empathy: Definition, enhancement, and relevance to the treatment of sexual abusers. Journal of Interpersonal Violence, 14, 257-284.

Prentky, R.A., & Knight, R.A. (1993). Age of onset of sexual assault: Criminal and life history correlates. In G.C.N. Hall, R. Hirschman, J.R. Graham, & M.S. Zaragoza (Eds.), Sexual aggression: Issues in etiology, assessment, and treatment (pp. 43-62). Washington, DC: Taylor & Francis.

Rogers, C., & Terry, T. (1984). Clinical interventions with boy victims of sexual abuse. In S. Greer & I.R. Stuart (Eds.), Victims of sexual aggression: Men, women, and children (pp. 91-104). New York: Van Nostrand Reinhold.

Roys, D.T. (1997). Empirical and theoretical considerations of empathy in sex offenders. International Journal of Offender Therapy and Comparative criminology, 41, 53-64.

Rubinstein, M., Yeager, C.A., Goodstein, C., & Lewis, D.O. (1993). Sexually assaultive male juveniles: A follow-up. American Journal of Psychiatry, 150, 262-265.

Ryan, G., Lane, S., Davis, J., & Isaac, C. (1987). Juvenile sex offenders: Development and correction. Child Abuse and Neglect, 11, 385-395.

Saunders, D.G. (1991). Procedures for adjusting self-reports of violence for social desirability bias. Journal of Interpersonal Violence, 6, 336-344.

Sedlack, A.J., & Broadhurst, D.D. (1996). Third national incidence study of child abuse and neglect. Washington, D.C.: U.S. Department of Health and Human Services.

Showers, J., Farber, E., Joseph, J., Oshins, L., & Johnson, C. F. (1983). The sexual victimization of boys: A three-year survey. Health values: Achieving high-level wellness, 7, 15-18.

Wasserman, J., & Kappel, S. (1985). Adolescent sex offenders in Vermont. Burlington, VT: Vermont Department of Health..

Williams, C.A. (1990). Biopsychosocial elements of empathy: A multidimensional model. Issues in Mental Health Nursing, 11, 155-174.