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Empathic deficits in sexual offenders
An integration of affective, social, and cognitive constructs

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Abstract

A number of researchers have suggested that lack of empathy is a critical feature in the assessment and treatment of sex offenders. However, difficulties with definitions of empathy and corresponding measures of that construct have led to limited and disparate empirical findings supporting this claim. Such findings may be due to a definition of empathy that fails to incorporate other key factors related to sexual offending. Factors such as inaccurate social perceptions, cognitive distortions, deficits in interpersonal intimacy, maladaptive emotional regulation abilities, and other socio-cognitive deficiencies thought to contribute to sexually assaultive behavior also share a number of core developmental features with affect and emotional responding. As socio-cognitive abilities tend to develop simultaneously at times as humans mature, it is suspected that social, cognitive, and affective skills impact one another's development and ultimately dictate the expression of empathy in adulthood. Accordingly, deficits in social skills, interpersonal intimacy, and cognitive processes necessary to emotional stability and appropriate social interaction may be critical to the development and expression of empathic deficits and subsequent efforts to treat or reduce such deficits in sexual offenders. This paper will review and integrate literature examining the relationship of various socio-cognitive factors to empathic deficits in sexual offenders.

Keywords: Sexual offenders; Empathy; Cognitive distortions

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1. Introduction

The concept of empathy has become increasingly relevant in the assessment and treatment of sex offenders in the last decade. Indeed, it appears that most researchers and practitioners endorse the notion that sex offenders are deficient in their capacity for empathy (e.g., Hanson & Scott, 1995; Marshall, O'Sullivan, & Fernandez, 1996; Pithers, 1994; Williams & Finkelhor, 1990). However, partly as a result of conceptual ambiguity, research findings supporting this notion have been largely inconsistent. These inconsistencies have lead a number of researchers to explore theories of empathy as a more complex, multicomponent construct than previously considered (Davis, 1980; Marshall, Hudson, Jones, & Fernandez, 1995). For instance, both Davis (1980) and Marshall et al., 1995 advance four-component definitions of empathy that, in addition to the perspective taking and vicarious emotional responding of traditional conceptualizations of empathy, requires several other components, such as the ability to recognize the emotions of others, to focus on another's emotion (vs. one's own), and to determine an appropriate interpersonal response to that emotion. Although these theories may be more effective in the examination of empathic deficits, they may still be limited to examining the superficial nature of empathic deficits without examining their context, or the developmental processes in which they occur. This may limit treatment outcomes, or, in some cases, render current approaches irrelevant to their ultimate goal of inhibiting the offense process.

Knopp, Freeman-Longo, and Stevenson (1992) reported that their survey of treatment programs in North America revealed that 94% employ empathy training as a critical component of treatment. Unfortunately, many of these programs fail to provide clear descriptions operationalizing empathic deficits, how their programs address those deficits, or the ability of their treatments to adequately or significantly reduce those deficits. Addressing the etiology of empathic deficits may have a significant impact on the administration and structure of empathy training programs. Recent research has linked empathic deficits to a number of socio-cognitive factors thought to mediate sexually assaultive behavior. Such factors include deficits in social skills, interpersonal intimacy, and cognitive processes necessary to emotional stability and appropriate social interaction (Geer, Estupian, & Manguno-Mire, 2000; Ward, Keenan, & Hudson, 2000). This review examines the construct of empathy and evaluates the interaction between the development of empathy, social skills, and cognitive distortions in sexual offenders. Discerning the impact of these constructs on empathy development and expression may be key to a better understanding of these processes in sexual offenders. This understanding will likely help identify how fundamental deficits interact and suggest new areas to be addressed in treatment, as well as methods of individualizing treatment for offenders. Finally, integrating affective and socio-cognitive factors in treatment may be critical to preventing the very real threat of creating offenders who merely "act" empathic (Hilton, 1993; Roys, 1997). Such offenders do not truly incorporate attitudes and behaviors learned in traditional empathic training components outside of the treatment context.

2. Sex offenders and the problem of empathy

The importance of empathy to sex offender research is centered around the notion that aggression is inversely related to empathic response. It is thought that lack of victim empathy allows an offender to eliminate or avoid any "anxiety, guilt, or loss of self-esteem" (Abel et al., 1989, p. 136) as a result of his actions. For example, an inability to empathize with children in general may allow a child molester to abuse his particular victim (Finkelhor & Lewis, 1988). Implied in this statement is the notion that were the offender able to empathize with children, this ability would inhibit his abusive behavior. Similarly, Barbaree, Marshall, and Lanthier (1979) suggest that rapists are able to become sexually aroused during an assault because their arousal is not averted by recognition of or compassion for their victim's distress.

A number of empirical research findings support this conception of the role of empathy in the commission of sexually aggressive acts. Miller and Eisenberg (1988) reported that a meta-analysis of current empathy and aggression research indicated that empathy is inversely related to aggression and antisocial behavior. Further, training individuals to experience empathy has resulted in the reduction of aggressive behavior and hostile responses, and increases in the occurrence of prosocial behavior (Eisenberg & Fabes, 1990; Feshback, 1978; Iannotti, 1978). In a study by Pithers (1994) to assess multicomponent empathic deficits in sex offenders, pedophiles performed poorly on subscales measuring personal distress, or the degree to which one can share the negative emotions of another. This finding suggests that pedophiles may have an inability to discern their victims' discomfort and pain. Additional research in this area has found child molesters to be deficient in their ability to recognize emotional states of others (Hudson et al., 1993), to empathize with victims of sexual abuse in general, or to identify their own feelings with regard to their victims (Fernandez, Marshall, Lightbody, & O'Sullivan, 1999). Deficits in empathic ability have also been found for rapists, compared to nonoffender controls using various self-report measures of empathy (Hanson & Scott, 1995; Rice, Chaplin, Harris, & Coutts, 1994; Rice, Chaplin, Harris, & Coutts, 1990 [as cited in Marshall et al., 1995]).

However, some researchers have indicated an inability to find differences in empathic deficits between sex offenders and non-sex offender controls. In a moderate review of the recent literature measuring sex offender deficits, Marshall et al. (1995) found that many studies utilizing questionnaires to determine levels of empathy were unable to report significant differences. Pithers (1994) noted that although practitioners emphasize the limited empathic ability of sex offenders as a "fundamental deficit" (p. 566), there has been a dearth of empirical research to validate their observations. Marshall et al. describe several research studies (Langevin, Write, & Handy, 1988; Marshall & Maric, 1996; Seto, 1992 [as cited in Marshall et al., 1995]) that have reported similar difficulties in distinguishing sex offenders from other males on the basis of general empathic deficits.

2.1. An emerging definition of empathy

Recent literature suggests that the somewhat equivocal research findings examining empathy deficits in sex offenders may be due to inherent difficulty in precisely defining the

construct of empathy. Empathy has largely been understood as a fixed "trait" that is consistent over time and across individuals and situations, which has one or two components: a perspective-taking or cognitive component and/or an affective component. The perspective-taking component involves the ability to adopt the viewpoint of another person, while the affective component requires the "vicarious matching of another person's emotional state" (Marshall et al., 1995). In the above conceptualization, empathy is understood as a two-part phenomenon: the processing of the presented information, and the execution of the reaction deemed appropriate. Most assessments that identify and measure empathic ability, and treatments that utilize empathic factors, are usually based upon this uni- or dual-factor approach. Unfortunately, such measures have been shown to have limited clinical utility (Marshall et al., 1995) and related treatment approaches have had weak and differential outcomes among offenders (Borden, Karr, & Caldwell-Colbert, 1988 [as cited in Pithers, 1994]).

Current theoretic perspectives endorse a multifactor definition of empathy, in which only the "interplay of affective, cognitive and behavioral domains captures the essence of the phenomenon" (Pithers, 1994, p. 565). Several theorists have suggested such a view of empathy, wherein each aspect is essential to the formation of a complete and appropriate empathic reaction (Davis, 1983; Marshall et al., 1995). Similarly, Davis (1980, 1983) proposes that empathy consists of a set of four constructs that are responsive to one another, yet distinguishable from each other as well. These four constructs include: (a) Perspective Taking; (b) Fantasy; (c) Empathic Concern; and (d) Personal Distress. According to this model, a complete empathic response requires that an individual be able to: (a) put themselves "in the place" of another person and adopt their perspective; (b) vicariously experience the recognized experiences and emotional state of fictitious characters in entertainment media; (c) experience sympathy and concern for others in distress; and (d) avoid focus on personal experiences of anxiety and unease when experiencing another's negative emotion states.

Marshall et al.'s (1995) multicomponent theory of empathy is comprised of factors similar to the Davis model, but includes an understanding of empathy as a staged process that also necessitates recognition of emotions and an observable empathic response to another. In both models, a general empathic deficit could now be the result of a variety of factors (vs. only one or two). It is possible that different offenders have different patterns of empathic deficit, such that one offender may be extremely deficient on one factor (e.g., perspective taking) while another is extremely deficient on another factor (emotional concern), but both offenders show the same general deficit in empathy on current measures of this construct. Their different specific deficits may not be addressed in therapy, and this would, in turn, influence the overall effectiveness of treatments that aim to increase general empathic ability.

The view of empathy as a multicomponent construct may also account for offenders who appear to utilize empathy to facilitate offenses. For instance, pedophiles have frequently been noted to identify children that are isolated, outcast, or abused and in need of emotional support and approval, and then manipulate these needs so that the child will capitulate to a sexual assault (Abel et al., 1989; Marshall et al., 1994; Ward, Hudson, & Marshall, 1996). Rapists, particularly those of the acquaintance–assault variety, are thought to use similar

methods of victim selection and manipulation (Nichols & Molinder, 1996; Pithers, 1994). Such offenders may employ cognitive aspects of empathy, such as emotional recognition or perspective taking, to identify and exploit victims' weaknesses. In extreme cases (i.e., sadistic rapists), an offender may come to associate the expression of hostility and victim pain with deep satisfaction. This type of offender must be able to identify a victim's torment to achieve the feelings of control, power, and satisfaction sought in the commission of the offense (Nichols & Molinder, 1996; Rice, Chaplin, Harris, & Coutts, 1994). In these instances, although the offender may accurately discern the victim's emotional state and perspective, the offender is not experiencing an affective understanding of their victim's distress. It is suspected that this incomplete experience of empathic response allows such offenders to engage in sexually assaultive behavior.

Interestingly, recent research also suggests that empathy deficits may in fact be a context- or person-specific state, rather than a stable trait. For example, Abel et al. (1989) found evidence indicating that sex offenders lack empathy only towards a certain group of people (i.e., all women or all children), while Groth (1983) claims that pedophiles show deficits in relation to their specific victim. Indeed, a recent study by Marshall et al. (1996) reported that while child molesters were less empathic towards children who had been sexually abused by another, they were "extremely unempathic towards their own victims" (p. 96). There is also evidence to suggest that empathy deficits occur after a "triggering" event, where empathy is appropriate most of the time, and only becomes deficient in response to a specific event. For instance, Marshall et al. (1995) reported that in a previous unpublished study, they found that many sexual aggressors who have been confronted or angered by a woman show subsequent deficits in general empathy when none existed before. Abel et al. (1989) go even further to suggest that child molesters deliberately induce empathic deficits following an assault to prevent personal distress and perpetuate their belief that they did not harm their victim.

2.2. The relationship of empathy to other socio-cognitive constructs

Despite the importance that researchers and practitioners have placed on the role of empathic deficits in sexually aggressive behavior, few recent studies have focused on examining how such deficits occur. In particular, examining the development of empathic deficits within the context of several broad areas of deficits thought to contribute to sexual offending may be very relevant to ultimately understanding the nature of an offender's empathic deficit and his ability to improve empathic skills. For example, Davis (1983) reported that each factor of his empathy measure related to specific socio-cognitive characteristics that have been linked to sexual offending in other literature. Perspective-taking ability was consistently associated with better social functioning and higher self-esteem, while scores on the Fantasy subscale of Davis' measure indicate emotional vulnerability, sensitivity to others and increased anxiety in social settings, and introversion. Emotional concern was related to selflessness and concern for others, positive interpersonal style, and to emotional reactivity. Finally, high Personal Distress scores were indicative of impaired social functioning, low self-esteem, and a preoccupation with the impact of another's emotions on oneself.

Correspondingly, the theoretical literature has linked empathy to a variety of other factors that mediate sexually deviant behavior, such as social deficits including low self-esteem and/or poor interpersonal relationships (Lisak & Ivan, 1995; Marshall, Champagne, Brown, & Miller, 1997; McFall, 1990; Parke, Cassidy, Burks, Carson, & Boyum, 1992) and cognitive distortions including denial and/or justification (Hanson & Scott, 1995; Marshal et al., 1995; Ward, Hudson, & Marshall, 1995). Empathy has also been linked to poor impulse control and aggression, and this correlation has been carefully examined in previous literature (Eisenberg & Fabes, 1990; Johnson, Cheek, & Smither, 1982; Marshall et al., 1997). A discussion of social deficits, cognitive distortions, and their relationship to empathic deficits in the sequelae of the offense cycle follows.

3. Sex offenders and social deficits

3.1. Inaccurate social perceptions

The inability to establish and maintain a close interpersonal relationship with another, and females in particular, has been considered a key factor in sexual offending. This interpersonal deficiency has led to a considerable amount of research examining the social competence of sexual offenders (Stermac, Segal, & Gills, 1990). As seen with empathy, conventional social interaction appears to require a certain level of cognitive ability and emotional competence to produce appropriate interactions with others. Through an examination of the cognitive aspect of social skills, researchers posit that an information processing model of social skills may best account for related deficits observed in child molesters and rapists (Geer et al., 2000; McFall, 1990; Stermac et al., 1990). In this model, McFall (1990) differentiates between social competence, which refers only to an individual's performance in a single situation, and social skills, or the underlying processes that allow an individual's performance to be successful in that single situation. Social skills are comprised of three components: decoding skills, decision skills, and enactment skills. Decoding skills refer to the accurate "reception, perception, and interpretation" of another's cues. Decision skills require a complex analysis of an individual's possible responses to another's cues and the selection of a response. Decision skills can be influenced by transitory factors such as intoxication or mood states. Finally, enactment skills involve the commission of the response generated during the decision stage, and requires continuous dynamic relationship with changes in the interaction. In this model, a sex offender can fail at any stage of this process and produce an incompetent response.

In a study testing this model of deficits in sexual offenders, Lipton, McDonel, and McFall (1987) found deficits in offenders' decoding skills that produced inaccuracies in their ability to read women's cues, particularly those involving negative moods during a first-date scenario. Child molesters have also demonstrated a propensity toward inaccurate social perceptions in heterosexual interactions with adult females (Segal & Marshall, 1986), and show a marked tendency to misconstrue a child's normal behavior or fear response as seductive or initiating sexual contact (Stermac & Segal, 1989). While

available research on McFall's model has been largely limited to the decoding stage, findings so far suggest that examination of social skill deficits in sex offenders is far more complex than previously postulated. Further, skill deficits must be considered within environmental, situational, and historical contexts to truly understand its relationship to sexual offending (Geer et al., 2000).

Similarly, researchers examining empathic deficits in sex offenders have noted that offenders frequently fail to appropriately perceive or interpret emotional cues (Hudson et al., 1993; Lisak & Ivan, 1995). Deficits in emotional perception by sex offenders range from an inability to recognize facial expressions of emotions in individuals in general (Lisak & Ivan, 1995) to interpreting victims' expressions of fear or passivity during an assault as pleasure (McFall, 1990). Accordingly, Marshall et al. (1995) have developed an information processing theory of empathy, in which the accuracy of emotional recognition is seen as a key to overall empathic ability. In support of this notion, research examining the relationship between an individual's ability to empathize with others and discern their emotional states found that individuals who are considered empathic demonstrated emotion recognition skills superior to their unempathic counterparts (Feshback, 1987; Miller & Eisenberg, 1988). The striking similarity among offender perceptual deficits within the constructs of empathy and social skills indicate a reciprocal relationship between the two constructs.

3.2. Poor emotional regulation

Appropriate and rewarding social interaction also appears to require an understanding and regulation of emotional processes. Saarni (1999) noted that in order to achieve important interpersonal needs, such as companionship, support, and validation, individuals must "learn to modify their behavior, including their emotional responses, to maintain these interpersonal rewards" (p. 73). Learning to regulate one's own emotions allows an individual to attend to others, respond appropriately, and avoid unsociable behavior such as volatility, aggression, reactivity, and withdrawal. Gottman, Katz, and Hooven (1997) suggest that these emotional regulation skills are acquired from parental interaction and emotional responsiveness. Research in this area indicates that parents who are controlling, somewhat emotionally unengaged, and who use coercive and punitive discipline methods produce children who model these interaction styles with their peers, and are seen as socially unpopular (Denham, Mitchell-Copeland, Strandberg, Auerbach, & Blair, 1997; Parke et al., 1992). Interestingly, a study by Carson and Parke (as cited in Saarni, 1999) discovered that a father's negative emotional displays during play with their children was most correlated with poor peer relationships.

Ultimately, the ability to regulate one's emotions may relate directly to their development of empathic skills. Similar to empathy, these skills require that an individual be able to accurately perceive and appropriately respond to the emotions of others, as well as adequately monitor their own emotional reactions. In fact, development of adequate emotional regulation ability may be a key precursor to the acquisition of basic empathic skills, particularly as the mismanagement of or preoccupation with one's own emotional response may inhibit the

accurate perception, vicarious emotional experience, and adequate response to another's emotional expression (Davis, 1983). As research has linked poor emotional regulation to aggressive behavior (e.g., Saarni, 1999), the ability to appropriately manage one's emotions and the potential impact of this ability on the development of empathy may be relevant to the exhibition and scope of sexually aggressive behaviors.

Further, as the ability to regulate one's own emotions appears to be essential to establishing appropriate and supportive peer relationships, this skill is likely absent or deficient in many sexual offenders who have demonstrated social skills deficits. In light of research that suggests that poor social skills and impoverished interpersonal relationships may contribute to sexual assault (e.g., Stermac et al., 1990), establishing core emotional regulation ability may be necessary to the improvement of these deficiencies. Researchers have linked poor social skills (McFall, 1990; Parke et al., 1992) and lack of intimacy (Lisak & Ivan, 1995) to impoverished empathic ability, which suggests that these interpersonal deficits may inhibit empathic skills, and ultimately may even prevent the appropriate development of empathy in sexual offenders.

3.3. The development of meaningful interpersonal relationships

Marshall and Barbaree (1990) suggest that negative experiences in childhood, particularly poor parental attachment and domestic violence, contribute to the development of poor interpersonal relationships in many sexual offenders. Attachment theory postulates that the development of bonds between an infant and a caregiver provides a template on which all future relationships are based (Bowlby, 1973). The fundamental premise of attachment theory is that infants are biologically predisposed to maintaining proximity to a caregiver, and will engage in and modify behavior to accomplish this goal. Caregivers who demonstrate consistent and sensitive responses to their infant's emotional cues are thought to provide a point of safety from which the infant can explore its environment. It is thought that providing this sense of stability for the child allows it to explore a range of emotions, and tolerate otherwise scary situations and events. Through the empathic experience of emotions between caregiver and infant, the infant learns that emotions are acceptable and routine. Such infants are considered "securely attached," and tend to have high self-esteem, appropriately regulate their emotions, be emotionally expressive, and have positive peer interactions in childhood (Lamb, Ketterlinus, & Fracasso, 1992 [as cited in Saarni, 1999]). On the other hand, insecurely attached infants have often encountered a caregiver's rejection when seeking comfort from distress. These infants come to see some emotions as unacceptable and even threatening. Accordingly, the infant becomes wary and avoidant of its caregiver and learns to minimize the expression of its emotions in the presence of the caregiver. Such infants are thought to endure constant emotional vigilance and will tend to minimize negative emotions when experiencing personal distress in order to maintain the involvement of the caregiver (Saarni, 1999).

Indeed, a number of researchers have noted a tendency toward insecure parental attachments among sex offenders (Marshall, 1989, 1993; Marshall, Jones, Hudson, & McDonald, 1993; Meloy, 1992; Roys, 1997). Marshall and Barbaree (1990) reported that studies of rapists' relationships with their parents are characterized as hostile, aggressive, inconsistently

and severely punitive, unsupportive, and devoid of positive emotional experience or role models. Roys (1997) suggests that such experiences encourage dissociation "between feelings and their motives, between feelings and actions, and between self-experiences of the past and present memories" (p. 57). The need to minimize personal pain and emotionally preserve the self promotes emotional detachment and selective attention of positive present-oriented experiences in these individuals. Accordingly, these individuals do not learn to associate a variety of cognitive, situational, and interpersonal constructs with differing emotional states, which furthers rigid patterns of perception, interpretation, and behavior, particularly in coping mechanisms (Roys, 1997). Further, they are likely to display more frequent and intense bouts of negative emotion and fail to recognize or respond to emotional cues of others during social interactions, thus, encouraging peer censure and rejection. Seeing these experiences as humiliating, rejecting, and punishing, these individuals are more likely to withdraw from peers, or act out in an aggressive or coercive manner (Saarni, 1999).

Marshall and Barbaree (1990) further postulate that young males view these negative experiences as demasculating, and are likely to develop anxiety about future interactions, as well as anger with those involved, particularly if they are female. A study by Knight, Prentky, Schneider, and Rosenburg (as cited in Marshall & Barbaree, 1990) suggests that the resulting feelings of masculine and social inadequacy have been found to facilitate sexual offending. As such, these boys are increasingly likely to meet their appropriate needs for affection, intimacy, and sexual gratification through coercive means, as they never learned a more appropriate, prosocial approach. Further, their capacity to form intimate relationships in adolescence, and later adulthood, is markedly limited, which leads to alienation, limited empathy, and loneliness (Marshall, 1989). Significantly, these characteristics demonstrate strong relationships to hostility and aggression (Marshall, 1989).

The maladaptive interaction styles noted in offenders' childhood and adolescent relationships not only carry on into their adult relationships, but into their offense patterns as well. Ward et al. (1996) examined the relationship between attachment styles, intimacy, and sexual offending in adults, based on Bartholomew's (1990 [as cited in Ward et al. (1996)]) two-factor model (self-concept vs. other concept) of adult attachment. Their theory suggested that Preoccupied (self negative, others positive) individuals demonstrate a sense of unworthiness and continually seek approval from others. Ward et al. theorized that sex offenders with Preoccupied attachments would likely victimize children in a nonaggressive fashion, and would view his assaults as demonstrations of a mutually loving. Fearfully (self negative, others negative) attached sex offenders desire and seek intimacy, but their pervasive mistrust and fear of rejection induce them to keep others at bay. Such offenders will engage in impersonal sex acts to induce intimacy, but are relatively unconcerned about their victim's feelings, and may use force to achieve their goals. Dismissively (self positive, others negative) attached sex offenders are seen as fiercely protective of their autonomy, and will likely seek superficial levels of social interaction to maintain their independence. These individuals are expected to have "profound empathy deficits" (p. 20), to offend aggressively, and may even develop sadistic interests. Ward et al. found that rapists were more likely to be dismissive, while child molesters were more likely to be either preoccupied or dismissing. Further, high levels of aggression were associated with the Dismissive style. This complex

model of adult attachment provides a connection between interaction styles and the heterogeneity of offense characteristics among sexual predators, and within offense types.

3.4. The relationship between empathy and social skills

In addition to insecure parental attachment (Marshall & Barbaree, 1990; Meloy, 1992), reduced intimacy (Lisak & Ivan, 1995), loneliness, and poor self-esteem (Marshall et al., 1997), research findings indicate that empathic deficits also appear to be associated with social skills deficits (McFall, 1990; Parke et al., 1992). As these characteristics have also been related to sexual assault, the findings further support the significance of empathy to the commission of sexually assaultive behaviors, as well as suggesting methods of ultimately enhancing empathic ability in the treatment of sexual offenders (i.e., by improving self-esteem, social skills, etc.). Interestingly, Parke et al. (1992) reviewed a number of studies suggesting that children with greater "emotional knowledge" were more socially accepted and selected as friends by their peers. In this context, emotional knowledge is defined as " the ability to identify facial expressions of common emotions, to describe eliciting circumstances, and to connect emotional experience with expressive display" (Saarni, 1999, p. 71). These findings indicate that when caregivers facilitate a child's experience with various aspects of emotion, that child is better able to interact appropriately with their peers, as they are more capable of accurately discerning what others are feeling and why. Further, they have more adaptive social problem solving and coping responses, and are able to adjust their own behavior to the changing requirements of a given social situation, even when those situations are charged with negative emotion.

This research underscores the importance of parental attachment to the development of adaptive emotional regulation skills, and the significance of both parental attachment and emotional regulation to adequate social ability and enriched interpersonal relationships. In previous sections of this paper, the authors have discussed the relevance of these components to empathy, and it appears that the appropriate development of all three skills (i.e., social, emotional regulation and empathic) may not only occur in a simultaneous fashion, but that each skill is necessary to the successful utilization of each of the other skills. Finally, such a conceptualization may have a significant impact on the way clinicians and researchers assess and treat these deficits in sexual offenders by encouraging them to consider these deficits as an integrated set of features, rather than as distinct characteristics.

4. The role of cognitive distortions, offense-specific attitudes, and maladaptive beliefs in sexual assault

Various researchers examining the nature of sexual offending in the last decade appear to underscore the importance of distorted thoughts, maladaptive beliefs, and deviant attitudes in contributing to the commission of sexually assaultive behavior (Murphy, 1990; Segal & Stermac, 1990; Ward et al., 1995). This premise is often based on the assumption that an offender's general thinking style and beliefs contribute significantly to the etiology and

maintenance of assaultive behavior (Abel et al., 1989; Bumby, 1996; Murphy, 1990). However, a number of recent studies have pointed to a distinct lack of empirical findings to support this relatively intuitive notion (Geer et al., 2000; Murphy, 1990; Segal & Stermac, 1990; Ward et al., 2000). In fact, much of the available theoretical and empirical literature investigating these phenomena appears to refer to literature examining affective and relational deficits, as noted by Geer et al. (2000). For instance, Marshall et al.'s (1996) "staged-process" model of empathy and McFall's (1990) model of social skills deficits both incorporate a fairly similar information processing structure into their theories. Ultimately, knowledge concerning the precise nature and contribution of cognitive deficits in sex offense patterns is limited.

Clinical observations of distorted thinking patterns among sex offenders seem to agree that such distortions occur along relatively similar paths. In summary, these observations have determined that offenders incorporate a variety of methods to reduce their guilt and responsibility, including: minimizing the extent and consequences of the act (Nugent & Kroner, 1996); blaming external individuals and situations for the assault; espousing beliefs and attitudes supportive of sexual assault (Herman, 1990; Stermac et al., 1990); and citing some internal disinhibition, such as impulsivity or emotional problems (Ward et al., 1995). Bumby (1996) reports that while child molesters endorse significantly more beliefs than rapists about the acceptability of sexual behavior involving children, child molesters, and rapists did not differ on their endorsement of items supportive of the sexual assault of women. In a study assessing the use of denial by sex offenders, Nugent and Kroner (1996) found that child molesters tend to deny the extent of their offense, while rapists deny the degree of force used in their offenses. Further, child molesters were much more likely to engage in "impression management," in which cognitive distortions are used to elevate the impression one makes on others. Stermac and Segal (1989) found that child molesters reported more permissive beliefs regarding adult sexual contact with children, including the notion that children benefit from such contact, that the adult initiating the behavior bears limited responsibility, and that children are generally compliant in these activities. Significantly, both Bumby (1996) and Nugent and Kroner (1996) found that use of and number of cognitive distortions endorsed increased with time and number of victims (depending on the offense), suggesting that distorted beliefs are "embedded in their lifestyle, resulting in enduring characteristics that facilitate continued sexual offending" (Nugent & Kroner, 1996, p. 483). A number of researchers have also noted that sex offenders are likely to exhibit additional cognitive impairments such as rigid and simplistic thinking (Langevin, Handy, Day, & Russon, 1985), poor coping ability (Pithers, 1990), and impaired self-regulation (Baumeister, Heatherton, & Tice, 1994; Ward et al., 1995).

4.1. The theory of cognitive deconstruction

In response to differential and limited findings that support the impact of cognitive distortions in the etiology and maintenance of sexually deviant behavior, several researchers have developed new, more complex models of cognitive impairment. Significantly, these models incorporate empathic and social skills deficits to establish common under-

lying cognitive processes (Baumeister et al., 1994; Geer et al., 2000; Roys, 1997; Ward et al., 1995, 2000). A central feature of these models is the notion of "cognitive deconstruction," which suggests that self-regulatory processes that serve to inhibit deviant behavior can be temporarily suspended to facilitate and maintain such behavior. Following periods of stress, anger, or threats to self-esteem, an offender will narrow his attention in an attempt to escape from himself, and the negative emotional states that accompany normal self-evaluative processes, such as guilt, shame, and self-denigration for engaging in inept or unacceptable behavior. An offender in a deconstructed state will only focus on present-oriented goals and instant gratification of needs. Accordingly, behavior tends to be chronic, compulsive, and senseless as a result of rigid, irrational, and superficial thought processes. Specifically, cognitive deconstruction in a sex offender will allow him to avoid negative evaluation of himself and his deviant actions, disregard the long-term consequences of those actions, discount the welfare of his victim, prevent the use of more effective strategies of coping with negative emotions, and ultimately facilitate the sexual offense (Ward et al., 1995).

Ward et al. (1995) suggest that diverse offense styles incorporate cognitive deconstructionist defenses in different ways. For instance, offenders who display significant psychosocial deficits as a result of poor developmental experience are more likely to utilize cognitive deconstruction as a general method of cognitive processing. This process ultimately produces empathic deficits, impulsivity, poor coping and problem-solving ability, low self-efficacy, reduced intimacy, and despair (Ward et al., 1995). Alternatively, offenders with minimal or no deficits in these areas will only incorporate cognitive deconstruction with respect to their sexual offenses and will maintain normal functioning otherwise. However, these offenders will use denial, minimization, and justification subsequent to their offending and return to a deconstructed state to avoid negative self-evaluation and its consequences.

4.2. The relationship between empathy and cognitive deficits

Recently, conceptualizations of cognitive deficits in sex offenders have included an exploration of how this impairment impacts other constructs related to sexual aggression, such as lack of empathy. In particular, the "cognitive" component of empathy, which usually describes emotional recognition and perspective-taking ability, has received considerable attention (Hanson & Scott, 1995; Marshall et al., 1995; Ward et al., 1995). In addition to these abilities, the cognitive aspect of empathy is thought to require the cognitive acquisition of a "self" distinguished from others (Saarni, 1999). This aspect of empathy is thought to be critical for engaging in prosocial behavior and may be particularly relevant to sex offenders. Empathy requires identifying with another's emotional experience and projecting oneself into their specific situation to facilitate the vicarious experience of another's emotional state. However, in those with immature empathic skills, a failure to distinguish between self and others' emotion states can result in that individual's fixation on their own personal distress and an inhibition of the empathy process. This attentional preference to one's own aversive emotional state also encourages them to withdraw from interactions with others, who may come to be seen as the "cause" of the emotional

distress. For sexual offenders displaying cognitive and empathic deficits, taking the perspective of their victim may persuade the offender to become preoccupied with his own personal distress and prevent him from initiating the affective component of the empathy process that may have helped to inhibit his sexual aggression. In addition, the offender is likely to blame his victims for causing the distress, which may further justify and promote the deviant act.

5. Empathy training and sex offenders

The assertion that empathic deficits play a significant role in the disinhibition of sexually assaultive behavior has prompted widespread use of empathy training in the treatment of sex offenders. Almost all treatment programs execute their empathy training as a single component of a larger Relapse Prevention model of treatment. Relapse Prevention is cognitive–behavioral in theoretical orientation, and utilizes a multimodal and prescriptive approach designed specifically to help clients maintain behavioral changes by anticipating and coping with the problem of relapse (Pithers, 1990). Such programs are characteristic of the educational model, wherein a set of integrated foundation classes are presented to establish key concepts. These concepts then form the basis for acquiring a core group of skills that become increasingly specialized to successfully achieve some predetermined goal. In the case of sex offenders, that goal would be the effective management of their deviant behavior across a variety of situations and individuals.

Within the relapse prevention framework, however, the specific nature and implementation of empathy enhancement approaches can very widely. Many programs use didactic methods of instilling empathy in child molesters, in which they provide a lot of information about the consequences of sexual assault on children in general (Pithers, 1994). This approach has had little effect on enhancing empathy, and has been noted to be "singularly ineffective with adults who have acted abusively" (Pithers, 1994, p. 566). Other programs have chosen to focus on enhancing only the perspective-taking or affective responding abilities of its participants to increase levels of empathy. Techniques aimed at improving affective empathy may use videotapes depicting a variety of facial expressions, interpersonal situations, and victims describing their assault in order to facilitate appropriate emotional response training among sexual offenders. Programs often employ a single technique to produce this effect, such as (in addition to those already mentioned): role playing (Knopp, 1984); letters written from the victim's perspective (Hildebran & Pithers, 1989); if relevant, a discussion of offenders' own childhood abuses (Murphy, 1990); and confrontation of the offender by the victim.

A few programs take a more comprehensive approach to addressing empathic deficits in child molesters and employ techniques that address both affective and cognitive components of empathy. In these programs, training typically involves a clear description of known harmful effects on victims of sexual abuse, having the offender write a letter of apology to the victim explaining his responsibility for the offense, and having the offender read victim reports or view videotapes of victims describing their assault

(Maletzky, 1991; Marshall, 1993). The intent of each of these exercises is a clear reflection of more traditional conceptions of empathy. As such, defining the "harmful effects" of the crime is presumed to induce perspective taking on the part of the offender, while viewing or reading about victim suffering should simulate a vicarious or affective response. Writing the letter is believed to facilitate prosocial action and requires that the offender experience remorse, overcome denial, and accept accountability to make a sincere effort. Unfortunately, while numerous studies have reported the use of such approaches to the enhancement of empathy, there are almost none that examine the efficacy of the treatments proposed (Marshall et al., 1996; Pithers, 1994).

Future research should focus on the direct evaluation of empathy training components to generate empirical validation of these approaches. This suggestion is particularly relevant in light of findings by Hilton (1993), suggesting that empathy training components merely create "better" offenders, by teaching them "how to identify and 'mimic' other people's feelings" (p. 293). Through case study, Hilton noted that the awareness of victims' suffering does not automatically produce a vicarious emotional response, and further suggested that there is a subset of offenders who portray a "well-developed cognitive empathy" (p. 293) but lack a corresponding affective response. As this description is consistent with certain aspects of psychopathy (Hare, 1985), Hilton suggests that this feature may be an important and overlooked aspect of sexual offending and empathic deficits. Even so, current programs tend to emphasize the acquisition of cognitive aspects of empathy, rather than helping offenders learn to evoke emotional empathy. This is likely due to the fact that measuring a "felt" emotion, and further distinguishing it from the cognitive aspects that help define it is extremely difficult, particularly if offenders' self-reports are unreliable. These difficulties are further complicated by the fact that the role of empathy deficits in offending may be limited to specific situations and victims. Accordingly, even if an offender could be taught to experience emotional empathy with his previous victims and/or hypothetical victims, this ability may not inhibit future offenses. More alarming still is the distinct possibility that such treatment outcomes may increase an offenders' ability to "get close" to his victims and ultimately facilitate the offense process.

5.1. Sexual assault and the potential role of psychopathy

The concept of psychopathy involves a set of maladaptive personality characteristics and antisocial and/or criminal behaviors that are not psychotic or neurotic in nature and can be distinguished from Antisocial Personality Disorder (Cleckley, 1982). Hare (1996) asserts that psychopathy consists of two factors, where the first addresses the "performance of psychopaths on cognitive and emotional tasks" (Hare, 1996, p. 5), such as manipulation and grandiosity, while the second factor addresses behavioral characteristics commonly associated with Antisocial Personality Disorder, such as impulsivity and irresponsibility. Accordingly, the concept of psychopathy incorporates several of the key deficits discussed in this paper, including lack of empathy, shallow affect, impoverished interpersonal relationships, and insufficient social skills, which are thought to contribute to the

commission of sexually deviant acts. Research conducted by Forth and Kroner, and Prentky and Knight (as cited in Hare, 1998) found that between 5.4% and 45.3% of sexual offenders have been assessed as psychopathic, with a relatively higher proportion of these offenders having been convicted of rape (Hare, 1998). Hare (1998) observed that "it has long been recognized that psychopathic sex offenders present special problems for therapists and the criminal justice system" (p. 200). Sex offenders assessed as "psychopathic" (currently defined by a score of 30 or greater on the PCL-R) are found to be more violent during their offenses (Forth and Kroner, 1994 [as cited in Hare, 1998]), to reoffend more expediently and frequently (Quinsey, Rice, & Harris, 1995), and to be more resistant to treatment than nonpsychopathic sexual offenders (Quinsey, Harris, Rice, & Lalumiere, 1993). Successful management of this subset of sexual offenders has clinicians and researchers at a loss, as these offenders do not appear to respond traditional treatment approaches. In fact, as noted in the previous paragraph, these treatments may even enhance the ability of psychopathic sexual offenders to get closer to and/or isolate their victims by improving their capacity to superficially "sham" emotions. In response to findings by Rice, Harris, and Cormier (1992) that recidivism rates for treated psychopaths were higher than that of untreated psychopaths, Hare (1998) observed that "group therapy and insight-oriented programs may help psychopaths to develop better ways of manipulating, deceiving, and using people" (p. 202). Although similar findings and their causes have not been empirically established (Hare, 1998), they do suggest reason for caution regarding the implementation of current treatment programs with sexual offenders evidencing empathic deficits, particularly those assessed as psychopathic. However, establishing treatment programs that integrate skills training components to increase their impact may partially address this issue, as the increased level of ability involved in successful integration of certain skills (such as social, emotion regulation, empathic, etc.) may improve the impact of the overall treatment program, and decrease the ability of certain sexual offenders to convince treatment providers of significant progress.

Assessments and treatments that incorporate other key deficits related to sexual offending (in addition to empathic deficits) may enhance the acquisition and continuation of affective skills, such as recognition, experience, differentiation, and expression of simple and complex emotional states. Findings that support a relationship between intimacy, loneliness, self-esteem, cognitive distortions, and empathy also suggest that child molesters may not develop or retain significant enhancements in empathy if these other factors are not concurrently addressed. For instance, Beckett, Beech, Fisher, and Forham (1994) warned that "failure to enhance coping skills and self-esteem may leave some offenders feeling bombarded with the consequences of their sexually abusive behavior but without the emotional resources to cope. As a result, some offenders may intensify their cognitive distortions and justifications and become hardened in their attitudes to their victim as a defense strategy" (p. 139). Marshall et al. (1997) and Pithers (1994) also emphasize the importance of establishing a foundation of prerequisite empathic skills before implementing an empathy enhancement program. Accordingly, the Lucy Faithfull Foundation Residential Program for Sex Offenders in England (Eldridge & Wyre, 1998) implemented a new preintervention component to their treatment, which was designed to work on those deficits (such as low self-esteem and loneliness) that

were believed to inhibit the development of empathy. So far, the program has achieved a superior (short term) response than with previous sexual offenders and nonoffender controls, but conclusive results remain to be seen.

6. Conclusion

The widespread use of empathy training components in sex offender treatment programs underscores its relevance to researchers that examine factors that contribute to sexual offending and practitioners who treat offenders. This importance is centered around the notion that empathy-building interventions enhance abusers' cognitive and affective awareness of the harmfulness of their assaults, and further that such awareness will counter the previously self-perceived rewards of sexual violence. However, in lacking a precise definition of empathy that is universally agreed upon, and a comprehensive understanding of its role in sex crimes, present avenues of research have been limited and inconsistent.

Specifically, empathy has traditionally been defined as having one or two components consisting of an individual's ability to cognitively ascertain the emotion states of others and/or their ability to affective experience and respond to that state. More recently, theorists have proposed a conception of empathy that incorporates multiple components, including the ability to avoid imposing one's own emotions on another or subjectively experience the emotion states of fictional characters (Davis, 1980) and to experience a range of empathic ability that varies by person or situation (Marshall et al., 1995).

Because operational definitions that delineate the precise nature of empathy in previous research have been vague or incomplete, resulting determinations about the extent of empathic deficits are rendered questionable. Meanwhile, evaluations of the relationship between degree of deficit and sexually assaultive behavior are nearly impossible. As such, designing definitive assessment packages and comprehensive treatment programs based on such research, while essential, is difficult, to say the least. Further, researchers and practitioners continue to stress the importance of empathy training as a variable in the rehabilitation of sexual offenders; but the precise nature of that training and its effects are also unclear. As empathic deficits are not the only, or even the most significant factor contributing to the commission of sexual assault, incorporating and expanding upon interventions designed to address other aspects of sexual deviance (such as social skills deficits and cognitive distortions) may ultimately produce more effective empathy treatment components.

Recently, a number of theorists have suggested that this problem may be resolved by expanding the definition of empathy. Further, there is an ample amount of literature to suggest that empathic deficits are related to other core deficits in areas of social and cognitive functioning. In particular, Geer et al. (2000) and Ward et al. (2000) have suggested that features of empathy are related by underlying cognitive processes that mediate expressions of affect and interpersonal interaction. The conception of empathy presented in this paper further asserts that a closer examination of how such deficits develop

in sexual offenders may be the key to understanding the nature, expression, and, ultimately, the treatment of these deficits.

Defining, measuring, and treating empathy according to a variety of components or patterns, may help to alleviate some of the difficulties in research and inconstancies in current evaluation and treatment approaches. In particular, clinical interventions need to reflect multifactor definitions of empathy to account for individual differences in empathic deficits among offenders, and to ensure that empathic training provides offenders with a means to develop a complete empathic response vs. only the affective of cognitive components. This is especially important in light of empirical findings that indicate that empathy training may ultimately facilitate the commission of offenses, particularly for those offenders displaying traits of psychopathy. Accordingly, programs that aim to increase empathic ability in sexual offenders may not see a corresponding reduction in reoffense risk among sexual offenders.

Further, there are many empirical questions that need to be answered, not only as to the efficacy of this multidimensional approach in assessment and treatment, but questions as to the unique nature of empathy. This "unique nature" involves the probability that empathy may manifest different characteristics depending on the individual, such that deficits may not be generalized across contexts and people, but may be person or situation specific. Most importantly, identifying such patterns may have implications on the identification or differentiation of different types of offenders and their behaviors (profiling), predictability of aggressive behavior (risk assessment), specification of treatment (different focus of treatment for different patterns of deficit), and recidivism (not only whether or not deviant behavior will reoccur, but if it will occur in the same fashion).

There is also a need for research that examines how empathic deficits emerge in the first place. There is limited data suggesting that the development of empathy in children appears to be influenced by supportive parenting, particularly a caregiver's "communication of concern" and "altruistic administration" to their child (Miller & Eisenberg, 1988, p. 326). Conversely, children who are abused or neglected may have limited experience with this type of empathic responding, and therefore do not have the opportunity to learn to recognize and experience a variety of emotional states and expressional cues in others (Miller & Eisenberg, 1988). There are additional studies that suggest that abused children may become acutely sensitive to only the negative emotions of others, and their association to extreme consequences, such as punishment, anxiety, and loss. Such children are likely aware of anothers' negative affect, but tend to respond inappropriately (e.g., defensiveness, aggression, withdrawal) rather than in a nurturing or prosocial manner (Feshback, 1987). Establishing the reasons that sex offenders lack empathy may dictate important new avenues of future treatment and evaluation.

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