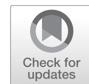

13 Empathy and Sexual Offending: Theory, Research and Practice

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Empathy has been a focus of theory, research, and practice since the beginning of the modern period of work with sex offenders (Laws & Marshall, 2003; Marshall & Laws, 2003). In particular deficits in empathy have been invoked to explain how sex offenders can persist in their abusive acts in the face of their victims' evident suffering. We will refer to this idea as the "empathy deficit hypothesis," although it has rarely been viewed as such; it has mostly been accepted as fact. Treatment providers have assumed that sensitizing sex offenders to victim suffering will begin a process that will lead to the development of empathy which will, as a result, inhibit future offending. The logic of this has typically been seen to be compelling by treatment providers. The more general psychological literature views empathic responses as an initial step in an unfolding process that leads to a compassionate response such as offering reassurance to people who are clearly distressed. In the case of sex offenders, this process is expected to result in either the termination of ongoing abuse or, more hopefully, a desistance in the propensity to sexually offend.

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Within the sex offender field, difficulties in empathy have been conceptualized by theorists, researchers, and treatment providers, as restricted only towards the victims of sexual abuse. These deficits have been viewed as either applying to all sexual abuse victims or as being limited only to the offenders' own victims. This restricted focus seems rather odd since a deficit in generalized (i.e., trait) empathy would be evident toward all people, not just the general category of victims of sexual abuse. Since problems in forging and maintaining intimate relationships with adults have been shown to predict sexual reoffending, building the skills involved in these relationships has been seen as a critical target of sex offender treatment (Hanson & Morton-Bourgon, 2005). Since both Saarni (1990) and Brehm (1992) have shown that empathy is a critical feature of the skills involved in intimate relationships, empathy enhancement might be included in this segment of sex offender treatment. Unfortunately, we could not locate any article on intimacy skills training for sex offenders that included an empathy enhancement component. Perhaps it is assumed that the prior efforts to instill empathy at the beginning of treatment will automatically generalize to this component of treatment.

In order to examine the empathy deficit hypothesis, we need to identify the components of empathy and its related concepts. Empathy has

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W. T. O'Donohue and P. A. Schewe (eds.), *Handbook of Sexual Assault and Sexual Assault Prevention*,
https://doi.org/10.1007/978-3-030-23645-8_13

been a focus of research in general psychology for many years so an examination of that literature may help to place our consideration of the empathy deficit hypothesis in a broader context. After identifying how empathy has been conceptualized in the broader literature, we will then examine how theorists in the sex offender field have considered its role, what the research has revealed about this presumed lack of empathy, and how therapists have gone about enhancing empathy in their attempts to reduce reoffending.

The Features of Empathy and Related Concepts

In the broader psychological literature, empathy is viewed as initiating a sequence of responses that may, or may not, result in action intended to avert or reduce the suffering of another person. When empathic feelings are experienced, they may trigger sympathetic feelings which may, in turn, initiate a compassionate response aimed at ameliorating the observed person's suffering. There have been numerous attempts to define each of these steps but there is sufficient commonality to justify a brief summary.

Zhou, Valiente, and Eisenberg (2003) define empathy as "a state of emotional arousal that stems from the apprehension or comprehension of another's affective state" (p. 269). This view of empathy acknowledges that the observer must recognize the other person's distress (i.e., a cognitive component) and experience feelings in response to that recognition (i.e.., an emotional component). Sympathy, according to Zhou et al. is triggered by the experience of empathy and involves an "other-oriented, emotional response… (that may include)… the desire to alleviate the other's negative emotion" (p. 269. section in parentheses added). Compassion, according to Cassell (2009), is an action that is directed outward and transcends any "preoccupation with the centrality of the self" (p. 397). In this view compassion, initially provoked by an empathic response, involves actions aimed at reducing another person's discomfort. Thus, a set of interconnected responses intervenes between the initial recognition of distress in another person and actions that are intended to ameliorate that distress. In the general literature it is typically assumed that the observer is not the instigator of the distress. This, of course, is not the case when we are considering sex offenders but nevertheless it seems reasonable to assume that the processes involved are the same.

Despite the general implication that an empathic recognition of grief will lead to sympathetic feelings and perhaps to compassionate action, there are situations where distress in another person, far from generating empathy, produces feelings of satisfaction. When a villain in a movie or novel gets his due desserts, the reader or viewer is not expected to feel sympathy; quite the contrary she is expected to feel satisfaction. Furthermore, when an observer has an angry or hostile relationship with a clearly distressed person, it is unlikely that empathy, sympathy, and a compassionate response will ensue (Batson, Fultz, & Schoenrade, 1987). This point is, of course, relevant in the case of some sex offenders such as rapists and sexual sadists who in the course of their offenses, appear to intend to cause distress. Thus, sensitizing these particular offenders to distress in their victims would seem to be counterproductive. Nevertheless this is the way in which most programs have addressed the assumed deficits in empathy and theorists and researchers have, for the most part, accepted the assumptions of treatment providers.

Empathy in Sex Offenders

Theory

While treatment programs had been attempting to enhance empathy among sex offenders for some years, it was not until the mid-1990s that a theory was outlined in an attempt to encourage more specific research aimed at elucidating the nature of this presumed deficit. Marshall, Hudson, Jones, and Fernandez (1995) proposed a model that viewed the recognition of distress in another person as the first stage in an unfolding process that finally results in an attempt to alleviate the

observed person's suffering. This model included the steps outlined in the previous section: empathic responding leading to feelings of sympathy which in turn produce compassionate action. Marshall et al. suggested that sex offenders might have deficits at any, or all, of these stages. They suggested that research efforts should be directed at determining the capacity of sex offenders to experience each of the three unfolding processes rather than being limited to an evaluation of empathy alone. Both research and treatment, they suggested, should shift from what was seen as a narrow focus on empathy to a broader conceptualization of the issues. Furthermore, if treatment was to be effective, Marshall et al. declared, this range of skills (empathy, sympathy and compassion) would have to be implemented by the offender during the stage at which he was contemplating an offense. Once an offense was initiated, they said, the possible inhibitory processes of empathic feelings and compassionate responding would be unlikely to occur. Practitioners, for the most part, ignored these suggestions.

Not surprisingly, Marshall and colleagues' theory did not go unchallenged. Both Barnett and Mann (2017) and Polaschek (2003) pointed out that the concept of empathy does not include a sympathetic and compassionate response. While this is an appropriate criticism, these critics did not take up the implications that empathic responses alone will not necessarily inhibit abusive behavior. In elaborating their alternative view, Barnett and Mann (2017) suggested that the notion of empathy involves four responses: (1) the ability to take the perspective of another person; (2) a respectful view of other people; (3) the capacity for an emotional response that is manageable; and (4) the application of these skills to a specific situation. Barnett and Mann identified a series of blocks that could forestall an empathic response to a victim of sexual abuse, including particularly the failure of an offender to apply his capacity in the offense circumstances. This same concern was identified earlier by Polaschek (2003) in her chapter on theories of empathy.

Polaschek (2003) in fact questioned whether empathy is even possible during an offense. She pointed out that empathy may be present in sex offenders when they are not contemplating an offense or after an offense is completed, but she thought it unlikely that empathy could occur during the narrowing of the offender's focus that occurs when he is enacting the abuse. Among her many cogent points, Polaschek suggested that the simplest explanation is that sex offenders simply suspend any capacity they might have for empathy in order to offend. She claimed there is a problem with the plausibility of empathy acting as an inhibitor once an offense is initiated. Sex offenders, Polaschek said, either disregard signs of distress in their victim or these signs serve to enhance their arousal.

Many sex offenders, Polaschek notes, rarely acknowledge during assessment, or in the early stages of treatment, that their offense caused harm. Some may even acknowledge observing distress in their victim but feel no sympathy because, as we noted earlier, this distress serves to further excite them. Given that rapists typically express anger toward their victim (Groth, Burgess, & Holmstrom, 1977), and seek to humiliate them (Darke, 1990), we would expect evidence of distress to enhance rather than impede the assaults of these offenders. Similar issues would apply to sexual sadists who clearly seek to inflict pain and suffering during their offense (Nitschke & Marshall, 2018). Thus, Polaschek does not simply criticize the views expressed by Marshall et al., she calls into question the relevance of empathy as either an explanatory concept or as a legitimate target of treatment. Two plausible alternative explanations are consistent with Polaschek's simple idea.

Noting that sex offenders must initiate a series of steps prior to offending in order to access a victim, Ward, Hudson, and Marshall (1995) invoked Baumeister's (1991) notion of "cognitive deconstruction." Cognitive deconstruction describes a process whereby people avoid self-awareness when they intend to engage in a forbidden behavior. Baumeister suggested there are hierarchical levels of meaning which we attach to our actions. When people engage in acceptable behaviors, Baumeister says, they operate at a high level of meaning involving full awareness of

what they are doing and the implications of their behavior for their view of themselves. However, when they intend to engage in behaviors that are otherwise unacceptable to them, and that have potential negative consequences for them, they deliberately operate at a more concrete level of awareness. In such circumstance the focus is narrowed to just the steps required to satisfy their immediate desires. In this state, the needs and well-being of others are disregarded, as are the potential judgments of other people, and the possible consequences to themselves. Ward et al. claimed that when sex offenders decide to offend, they deliberately enter a cognitively deconstructed state which effectively suspends all concerns about the effects on their victim. In this state they ignore the possibility of subsequent prosecution and conviction and their likely fall from grace among family and friends. This cognitively deconstructed state continues into their abusive act making them unresponsive to their victim's distress. Unfortunately this appealing proposal has not received the research attention it deserves nor has it, along with Polaschek's suggestion, had any impact on treatment.

Accepting that sex offenders do not display empathy for their victims during assessment or treatment (Bumby, 2000; Bumby, Marshall, & Langton, 1999) suggested that this is simply another aspect of their well-established "cognitive distortions" (Murphy & Page, 2014). Bumby does not suggest that these distortions arise during the abusive act. He is more concerned to explain why it is that sex offenders resist, at the points of assessment and treatment, the idea that their victim suffered during the abuse. O'Shaughnessy (2009) has similarly proposed that sex offenders "are very effective at rationalizing their conduct to believe that their behavior is not harmful to their victims" (p. 150). In fact, Bumby (2000) views all cognitive distortions as strategies by which sex offenders attempt to protect their sense of self-worth and to avoid feelings of shame. Sex offenders, he says, are acutely aware of the harm they have caused and that their cognitively distorted way of presenting themselves during prosecution and trial, and at assessment and treatment, is simply a way to avoid any further erosion of their sense of self-esteem. Support for Bumby's idea comes from studies showing a significant relationship between empathy deficits and cognitive distortions among sex offenders (Marshall, Champange, Brown, & Miller, 1997; Marshall, Hamilton, & Fernandez, 2001), as well as by evidence that sex offenders experience strong feelings of shame concerning their offenses (Sparks, Bailey, Marshall, & Marshall, 2003).

As we have seen, the accounts of Marshall et al. (1995) and Barnett and Mann (2017) do not question the empathy deficit hypothesis. Ward et al. (1995), Polaschek (2003), and Bumby (2000) on the other hand, consider the apparent lack of empathy among sex offenders to be better understood in terms of other processes. For Ward et al., this apparent deficit is viewed as essentially irrelevant since the offenders, by narrowing their focus, are not in a position to recognize distress in their victims. Polaschek's explanation is the most parsimonious. She dismisses the empathy deficit hypothesis by maintaining that sex offenders simply deliberately withhold any capacity for empathy they may have in order to offend. Bumby's idea is that apparent empathy deficits are simply one aspect of the tendency of sex offenders to present in various distorted ways in order to avoid further increases in shame. Both Bumby's and Polaschek's views imply that research attempts to identify empathy deficits in sex offenders are misplaced and that treatment aimed at enhancing empathy among sex offenders is unnecessary. Indeed, in Bumby's view such treatment, in so far as it depends on successful attempts to sensitize offenders to the harm they have caused, will further increase the offenders' feelings of shame, which is almost certain to be counter-productive. In view of these various views on the nature of empathy in sex offending, we need to consider what the research tells us about the occurrence and nature of empathy deficits among sex offenders.

Research

As we have seen, ideas about how it is that sex offenders are able to abuse others despite the evident suffering of their victims has been that these offenders are bereft of empathy. Several early authorities (Araji & Finkelhor, 1985; Hildebran & Pithers, 1989; Salter, 1988) advanced this empathy deficit hypothesis, although they stated it as an obvious fact rather than a theory. Because of their status in the field, the empathy deficit hypothesis came to be widely accepted. However, there were some discrepancies in the application of this idea to research and practice. These disagreements centered on whether the presumed deficit was in the offenders' capacity to feel empathy toward all victims of sexual abuse or only toward their own victims. These differences in the scope of the hypothesis came to be described as deficits in either general (or trait) empathy or a victim-specific deficit in empathy.

The idea of more general empathy deficits appeared to be supported by the results of a meta-analysis conducted by Miller and Eisenberg (1988). They found that deficits in trait empathy were associated with displays of aggression. Vachon, Lyman, and Johnson (2014) later replicated these findings. In both cases, however, this relationship was quite small. While Jolliffe and Farrington (2007) also found a lack of empathy to be related to violent offending, this relationship was not evident in their assessment of sexual offending. Consistent with this latter observation, Smallbone, Wheaton, and Hourigan (2003) found that while empathy deficits were predictive of criminal versatility among sex offenders, these deficits were unrelated to the offenders' sexual crimes.

Research examining the notion of a general empathy deficit among sex offenders, while not extensive, failed to clarify the issue. For example, three reports assessing sex offenders (Chaplin, Rice, & Harris, 1995; Marshall & Maric, 1996; Rice, Chaplin, Harris, & Coutts, 1994) identified deficiencies in trait empathy while two other studies (Langevin, Wright, & Handy, 1988; Marshall, Jones, Hudson, & McDonald, 1993) found no such apparent deficits. While the results of a recent meta-analysis by Morrow (2018) offer some perspective on the issue, it is hard to know what to make of his findings. Morrow found that 67.87% of the studies failed to show any differences in trait empathy between sex offenders and matched samples from the general population. While 25% of the studies entering Morrow's analysis found sex offenders to have lower levels of general empathy, 7.14% of the reports revealed higher empathy among sex offenders compared to the comparison subjects. It may be that these observed discrepancies are due to problems with the measures used to identify empathy.

For example, Serran's (2002) review of the psychometric status of the measures of general empathy used in these various studies, revealed serious flaws in each of the assessment procedures. Two of the most commonly employed measures, the *Hogan Empathy Scale* (Hogan, 1969) and Mehrabian and Epstein's (1972) questionnaire, were both shown to be multifactorial and thus appeared to be measuring a variety of features that may or may not be related to empathy. In addition both these measures failed to meet acceptable standards for validity and reliability. Serran found that the other measure of trait empathy employed in a small number of studies of sex offenders fared rather better in terms of its psychometric status. She reported that Davis' (1983) *Interpersonal Reactivity Index* appeared to meet reasonable psychometric standards. This measure has subscales that are meant to be viewed as assessments of four aspects of empathy: perspective taking, fantasy, personal distress, and empathic concern. In one often-cited study of sex offenders using this scale (Pithers, 1994), scores on these four concepts were collapsed to produce an overall estimate of empathy. This may be a questionable strategy since each of these features appears to be measuring different, and perhaps independent, aspects of empathy.

Given the confusing results and the problems with measurement in the assessment of trait empathy, as well as a growing disenchantment with the idea that sex offenders lack such generalized empathic skills, some researchers began to consider the possibility that the presumed deficits

may be victim-specific. Beckett and Fisher (1994) were the first to voice to this idea. As a result of their idea, Beckett and Fisher developed a measure aimed at evaluating "victim-specific" empathy deficits in sex offenders. This assessment procedure was later employed by Beech, Fisher, and Beckett (1998) and was shown to be sensitive to changes in victim empathy arising from treatment.

Following this original idea, Fernandez and her colleagues (Fernandez, Marshall, Lightbody, & O'Sullivan, 1999) developed a unique measure that assessed three potential categories of empathy deficits: (1) toward all people, (2) toward all victims of sexual abuse, and (3) toward only their own victim. Studies employing this measure (Fernandez & Marshall, 2003; Marshall et al., 1997, 2001; Marshall & Moulden, 2001) showed that sex offenders did not lack empathy toward people in general but were somewhat deficient in empathy toward all victims of sexual abuse. However, their most marked deficits were shown to be toward their own victims.

Taken together with Beech and colleagues' findings, the results using Fernandez's measure appear to indicate that it is a lack of empathy toward their own victims that characterizes sex offenders. However, these results could also be perhaps more parsimoniously construed in terms of Bumby's (2000) suggestion that apparent victim-specific deficits among sex offenders simply reflect a strategy adopted to avoid shame and to reduce any further erosions of self-worth. Nevertheless, these findings on victim-specific deficits served to encourage treatment providers to target the enhancement of victim empathy among sex offenders.

Treatment

In the treatment of all types of offenders, Andrews and Bonta (2010) point to a broad range of evidence indicating that for such treatment to be effective, it must adhere to what they call *The Principles of Effective Offender Treatment*. These principles were originally derived from a pair of meta-analyses of a large number of reports of treatment outcomes (Andrews et al., 1990; Andrews, Bonta, & Hoge, 1990). Some years later, Hanson, Bourgon, Helmus, and Hodgson (2009) demonstrated that these principles also applied to the treatment of sex offenders.

These ideas involve three subordinate principles described as Risk, Needs, and Responsivity. However, it is only the Needs Principle that concerns us here. This principle states that in order for treatment to be effective it must address those features of sex offenders that are both potentially modifiable and that have been shown to predict reoffending. These problematic aspects of offenders are known as "criminogenic factors." Andrews and Bonta (2010) additionally note that targeting non-criminogenic features, takes away time that might otherwise be spent on the more appropriate issues, and might, therefore, reduce the effectiveness of treatment. It follows from these ideas that in order to justify addressing empathy deficits in sex offender treatment, these deficits must be shown to be criminogenic. Unfortunately, the evidence does not support the idea that empathy is a criminogenic factor.

Hanson and Morton-Bourgon (2005), for example, reported the results of a comprehensive meta-analysis of various features of sex offenders that had, up to that point, been targets of treatment. Hanson and Morton-Bourgon found that empathy deficits did not predict reoffending. Mann and Barnett (2012) took issue with this conclusion. They correctly pointed out that the assessments of empathy in the five reports entering the meta-analysis were based on therapist ratings conducted after treatment was completed. As Mann and Barnett pointed out, such ratings are notoriously unreliable so cannot, therefore, serve as a basis for inferences about the criminogenic status of empathy. Mann and Barnett might also have noted that the ratings were completed after treatment was complete which, if treatment was effective, would necessarily have markedly reduced the range of potential scores. As a consequence this would have rendered these ratings unsuitable to serve as a basis for any predictions. While these considerations are important, the results leave the criminogenic status of empathy deficits unclear. However, it is important to be

clear that there is, to this date, no evidence indicating that empathy deficits are, in fact, criminogenic.

Mann and Barnett (2012) provided the most comprehensive analysis up to that time, of the treatment implications of the empathy deficit hypothesis. In their attempt to be fair to the persistent efforts by treatment providers to address empathy, Mann and Barnett pointed to the results of three reports of sex offender treatment (Garrett, Oliver, Wilcox, & Middleton, 2003; Levenson & Prescott, 2009; Wakeling, Webster, & Mann, 2005). In each of these studies sex offenders were asked to identify the feature of treatment they considered to be the most important. In each case the offenders declared the empathy component to be the most helpful and enlightening. In particular, these clients said that addressing empathy for their victim helped them take responsibility for their crimes.

In considering the relevance of these remarks by offenders, we note again that empathy deficits have not, as yet, been shown to be criminogenic nor has the offenders' failure to accept responsibility for their crimes. Perhaps of equal importance, there was no indication that these positive evaluations by clients had any impact on their subsequent risk to reoffend. In fact Maruna (2001) has shown that offenders who readily take responsibility for their crimes have higher post-release recidivism rates than do offenders who deny having committed an offense. Thus the fact that sex offenders find the empathy component to be helpful is irrelevant to the consideration of what needs to be addressed in the treatment of these clients.

Approaches to the Enhancement of Victim Empathy

Given the evidence presented in the previous section, it may seem redundant to provide details of how therapists have gone about enhancing sex offenders' empathy for their victims. However, for the sake of completeness, and given that almost all current programs continue to address this issue (see survey by McGrath, Cumming, Burchard, Zeoli, & Ellerby, 2010), we will provide an account of the strategies that have been employed.

Salter (1988) outlined several procedures she considered essential and the majority of programs have followed her suggestions. Sex offenders, she said, should be required to engage in discussions with survivors of sexual abuse or their advocates, with the aim of making it clear to the offenders that victims of sexual abuse typically display extensive signs of distress. Salter also recommended that offenders be required to read literature detailing these negative consequences and then write hypothetical letters of apology to their victims. Salter believed these procedures would not only enhance the empathy of sex offenders for their victims, it would also lead the offenders to accept responsibility for their crimes both of which she declared were essential before treatment could be fully engaged. Some variations on Salter's proposals were almost immediately thereafter incorporated into the majority of treatment programs for sex offenders (Knopp, Freeman-Longo, & Stevenson, 1992) and have been retained as a component in current programs (McGrath et al., 2010).

Many programs added to Salter's proposed methods, a requirement that sex offenders write hypothetical letters from their victims indicating what these victims might say regarding the suffering they experienced during and after the crime. In response to these letters, offenders have typically been required to write another note that not only acknowledges the harm they have done, but that also offers an apology to their victims. Furthermore, it has been common to require the clients to engage in role-plays where they take the part of the offender and then reverse role-play their victim. These additional components are apparently meant to further sensitize the offenders to the harm they have done. While Pithers (1994) showed that this combination of procedures resulted in enhancements of victim empathy, he later discovered to his dismay these role-plays are fraught with problems and can readily lead to civil law suits filed by the offenders against their therapists and program managers (Pithers, 1997). Furthermore, Webster, Bowers,

Mann, and Marshall (2005) showed that role-plays added little to any of the observed changes in empathy.

Aside from these issues, we (Marshall & Marshall, 2017) have expressed concerns regarding the typical current strategies aimed at enhancing empathy along with the concurrent requirement that these clients acknowledge the veracity of the official version of their crimes. Aside from the issue of the dubious criminogenic status of these two factors, we also questioned the wisdom of the location of these strategies. Typically it is considered necessary to address these two factors at the onset of treatment, because it is assumed that treatment cannot proceed prior to the offenders taking full responsibility for their crimes. There is, however, no empirical basis for this assumption and it seems entirely reasonable that these clients could overcome well-established criminogenic factors in the absence of acknowledging their guilt. For example, the skills involved in effective intimate relationships are not dependent upon an acknowledgement of guilt, nor are the capacities necessary to overcome sexual preoccupation, or to develop more effective ways to cope so that impulsiveness can be diminished. We also pointed to concerns about the de-motivational effects of aggressively challenging clients at the very beginning of treatment. There is clear evidence from both the sex offender literature (Prescott, 2014) and the more general treatment literature (Miller & Rollnick, 2002), that the early establishment of motivation is critical to subsequent engagement and completion of treatment.

None of these concerns is meant to imply that sex offender treatment is so effective as to not require further development. The potential for further development, however, must rely on evidence not on the common sense intuitions of therapists. While there is evidence as we have seen indicating that sex offenders' empathy for their victims can be enhanced (Beech et al., 1998; Marshall, O'Sullivan, & Fernandez, 1996), Landenberger and Lipsey (2005) demonstrated that the inclusion of a victim empathy component in the treatment of non-sex offenders was associated with poorer, not better, outcomes.

If treatment providers are to persist in their attempts to enhance empathy and have their clients accept responsibility for their crimes, then it is incumbent upon these clinicians to demonstrate that these factors are, indeed, criminogenic. Otherwise treatment providers will be in danger of committing what Gendreau, Smith, and Therault (2009) derisively call "correctional quackery" by which they meant treatment based on common sense rather than on evidence. Mann and Barnett (2012) echoed this sentiment when they concluded, after their thorough review, that although empathy has been, and continues to be, considered an important treatment target with sex offenders "such enthusiasm is not founded on empirical evidence" (p. 297).

Conclusions

In this chapter, we initially identified what we have called the "empathy deficit hypothesis." This hypothesis, although not stated as such in the literature, proposes that sex offenders suffer from an inadequate capacity for empathy and that this incapacity is what allows them to abuse their victims despite the evident suffering of these unfortunate people. In order to set a framework for considering the implications of this hypothesis, we described the ways in which empathy has been viewed in the general psychological literature. In this literature, empathy is seen as a necessary first step in an unfolding process that leads to sympathy for the distressed person and to compassionate action to ameliorate that person's suffering. We noted that in the sex offender literature, these two subsequent issues of sympathy and compassion have received no direct attention, it being apparently assumed that once an empathic response occurs, ameliorative action will automatically follow.

From the mostly unqualified acceptance of the empathy deficit hypothesis, theories of the nature and relevance of empathic difficulties among sex offenders have been elaborated. Only two theo-

rists, Bumby and Polaschek, called into question the idea that sex offenders actually suffer from a lack of the capacity to feel empathy. Ward et al. (1995) dismissed any consideration of empathy by suggesting that when a sex offender decides to abuse someone, he deliberately enters a state where he sets aside all other concerns and focuses only on those actions needed to offend.

Research efforts have proceeded on the acceptance of the empathy deficit hypothesis, again without actually articulating it as such. Studies examining the idea that sex offenders lack empathy toward all people (i.e., a trait deficit) have produced equivocal results, whereas those addressing the idea that sex offenders have more limited victim-specific deficits, have generated more consistent findings.

Treatment efforts meant to address these presumed problems have mostly followed strategies derived from Salter's (1988) original proposals despite the fact that these deficits have yet to be shown to be criminogenic (i.e., predict reoffending). Furthermore, there is no evidence demonstrating that effectively enhancing empathy has any impact on reducing subsequent re-offense rates. On the face of currently available evidence, then, we do not believe that continued efforts directed at theorizing, researching, and treating assumed deficits in empathy among sex offenders is justified.

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