

Empathy Deficits as a Predictor of Sexual Offenses beyond Abuse Experiences

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The importance of empathy to sexual offenders lies in the notion that sexual aggression is *inversely* related to empathic response. It has been thought that poor parenting practices such as persistently abusive acts would influence the normal development of empathy. While the association between abuse experiences from primary caregivers and lower level of empathy is apparently present, it is still inconclusive whether empathy deficits could account for violent offending such as sexual offending as a mere effect up above the abuse experiences. Therefore, the present study examined if empathy deficits predicted violent offenses (sexual and nonsexual) when abuse experiences from primary caregivers were controlled for. In general, empathy deficits significantly predicted violent offenses (sexual and nonsexual offenses) of sexual offenders after controlling for physical and sexual abuse that they experienced from primary caregivers. When looking into the independent role of empathy and abuse experiences, empathy and physical abuse significantly predicted violent-nonsexual offenses, while empathy and sexual abuse significantly predicted violent-sexual offenses. The implication about these findings were discussed in conjunction with empathy training program in clinical settings for sexual offenders.

Key words : sexual offenders, empathy deficits, empathy training

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Empathy Deficits in Sexual Offenders

Many theorists have argued that sexual offenders are deficient in empathy(Becker, Skinner, & Abel, 1983; Hildebran & Pithers, 1989; Marshall & Barbaree, 1990; Williams & Finkelhor, 1990). For instance, Finkelhor and Lewis(1988) suggested that an inability to be empathic toward children in general allows child molesters to be able to sexually abuse their victims. Barbaree, Marshall, Lanthier(1979) suggested that rapists are able to become sexually aroused during an assault because their arousal is *not* averted by recognition of or compassion for the victim's distress.

The importance of empathy to sexual offenders lies in the notion that sexual 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) as a result of his actions. Many 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. In a study by Pithers(1994) to assess multicomponent empathic deficits in sexual offenders, pedophiles performed poorly on subscales measuring personal distress, or the degree to which one can share the negative

emotions of another.

However, some researchers have indicated an inability to find differences in empathy deficits between sexual offenders and non-offender controls. For instance, in a review of the literature measuring empathy deficits in sexual offenders, Marshall and his colleagues(1995) found that many studies utilizing questionnaires to determine levels of empathy were unable to report significant differences. They suggested that sexual offenders may not be deficient in empathy toward all people, nor even to the class of potential victims(i.e., women and children); the empathy deficits of sexual offenders may be primarily toward their own victims. In subsequent studies, Fernandez and Marshall group(Fernandez & Marshall, 2000; Fernandez, Marshall, Lightbody, & O'Sullivan, 1999) have confirmed that sexual offenders(particularly, child molesters) are, indeed, most particularly deficient in empathy toward their own victim, although they also display less empathy than do other subjects toward the sexual abuse victims of other offenders.

Construct of Empathy

Recent somewhat equivocal findings examining empathy deficits in sexual offenders may be due to 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 component: a perspective-taking or cognitive component and/or an affective component (Goldstein & Michaels, 1985). The perspective-taking component involves the ability to adopt the viewpoint of another person (Feshbach, 1975), while the affective component, often referred to as empathic concern, can be defined as the tendency to experience feelings of sympathy and compassion for others (Davis & Oathout, 1987). Current theoretical 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). 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 four-stage process that is dependent upon at least some of the characteristics of the observed person. The four stages are: (1) recognition of the emotional state of the observed person; (2) viewing the world from the observed person's perspective; (3) experiencing the same (or nearly the same) emotional state as the target person; and (4) deciding to respond, or not, in a way that terminates the cause of the other's distress or that consoles the other person. It is possible that different offenders have different patterns of empathic deficit, such that one offender may be extremely deficient on one factor (i.e., perspective taking) while another is extremely deficient on another factor (i.e., empathic concern), but both offenders show the same general deficits on current measure of this construct (Covell & Scalora, 2002). Indeed, Marshall et al. (1995) found that child molesters have problems with 'emotional' recognition and with either feeling distress for victims of sexual abuse, or with identifying their feelings toward victims.

Empathy and Parenting Practices

Psychologists have long been interested in the developmental origins of empathy. A number of psychological findings suggest that parenting practices may influence the development of empathic response. The family environment frames each child's first experiences with its own and others' distress, and how these distresses are

handled(Zahn-Waxler & Radke-Yarrow, 1990). Barnett et al.(1987) proposed that the development of empathy is most likely to occur in a family environment that (a) satisfies the child's own emotional needs and discourages excessive self-concern, (b) encourages the child to experience and express a broad range of emotions, and (c) provides opportunities for the child to observe and interact with others who encourage emotional sensitivity and responsiveness.

Research on the associations between parenting practices and empathy level does not yield a uniform picture. Some studies indicate that more empathic parents have more empathic children (Zahn-Waxler & Smith, 1991), but others do not accept it(e.g., Strayer & Roberts, 1989). The search for developmental antecedents of empathy should take into account a variety of parenting practices that include how parents handle children's negative, as well as, positive emotions and behaviors(Zahn-Waxler & Radke-Yarrow, 1990). For example, Koestner, Franz & Weinberger(1990) found that adult levels of empathic concern were most strongly related to the parenting dimensions such as paternal involvement in child care, maternal inhibition of child's aggression. In their study, surprisingly, the influence of paternal involvement in child care on later empathic concern was greater than expected(p.713). Contrary to what they predicted, adult levels of empathic concern were unrelated to parental affection toward the child.

The most important thing in their study seems to be that maternal inhibition of aggression is related to empathic concern. Zahn-Waxler & Radke-Yarrow(1990) argued that parental efforts to prevent aggression include attempts to explain to the child the negative outcomes for others of his/her harmful acts, which is a form of perspective-taking or role-taking(i.e., helping the child to imagine being in the place of other). Apparently, this kind of parental attempt to inhibit aggression will lead a child to internalize the negative impact of aggression and thus play a buffering role against aggressive impulse afterwards.

The Present Study

Although recent research of Marshall and his colleagues on the empathic skills of sexual offenders appear to support both the staged sequence and the person-specific nature of their empathy deficits, it is still inconclusive about the nature and level of empathy deficits of sexual offenders. Thus, the present study first intended to confirm whether general trait-empathy deficits are present in sexual offenders, comparing to non-offender controls. It was hypothesized that sexual offenders would significantly differ from non-offender controls in general empathy level, which was opposed to the recent research finding that Marshall group displayed. Furthermore, the present study intended to investigate the specific nature of state-like

empathy deficits in subtypes of sexual offenders. It was hypothesized that while rapists would have more general empathy deficits, child molesters would display more state-like empathy deficits.

Meanwhile, the deviant patterns of empathy that abused children show are closely related to empathy deficits shown in sexual offenders. Many incarcerated sexual offenders are reported to receive parental maltreatment or abuse, either physical or emotional, in different studies. Presumably, experience of physical/sexual abuse or maltreatment in childhood would be associated with lower empathy level in later life. Abuse experiences during childhood might affect the normal development of empathy in combination with poor parenting practices that abusive caregivers would display. Considering the strong association between empathy deficits and

abuse experiences, however, there remains the possibility that empathy deficits would account for the variance of violent offenses up above the abuse experiences. Therefore, the present study examined whether empathy deficits per se would predict violent (sexual and nonsexual) offenses when the abuse experiences (physical and sexual abuses) are controlled. It was hypothesized that empathy deficits would predict violent offenses when controlling for abuse experiences.

Method

Participants

Archival records of 529 incarcerated male sexual offenders and 168 community adults were examined. Participants that were used in this

Table 1. Demographic Features of Incarcerated sexual offenders and Community Controls

	Incarcerated sexual offenders	Community controls
Age	36.6 (14.02)	34.77(13.20)
Last grade completed	11.09 (2.09)	12.24 (1.87)
Annual Salary ⁺	0.33 (0.95)	3.59 (1.65)
Race		
Black	17.0%	0.6%
Asian	0.4%	-
Caucasian	71.2%	97.6%
Hispanic	4.0%	-
Native Americans	4.2%	-
Others	3.2%	1.8%

⁺Note. Annual salary: 0(no salary, unemployed), 1(less than \$5,000), 2(between \$5,000 and \$10,000), 3(between \$10,000 and \$25,000), 4(between \$25,000 and \$40,000), 5(between \$40,000 and \$50,000), 6(greater than \$50,000).

study were originally collected during Knight & Prentky's various studies on sexual offenders. All of them were administrated the Multidimensional Assessment of Sex & Aggression(MASA, Knight & Prentky, 1994). Some characteristics of these two samples are described in Table 1.

The 529 adult sexual offenders were incarcerated in prisons in three states-Massachusetts, Minnesota, and New Jersey. The penal facilities for the adult sexual offenders ranged from generic prisons to treatment programs for committed sexual offenders. The male adult sexual offenders ranged in age from 20 to 68 years($M = 36.61$, $SD = 14.02$). About 70% of the entire sexual offenders were arrested less than 7 times, but 53 offenders (10%) were arrested more than 17 times($M = 7.87$, $SD = 15.10$).

Adult sexual offenders sample comprised four groups-rapist(all victims 17 years of age or older); child molesters(some extrafamilial victims, with all victims 16 years old or younger); incest

offenders(all intrafamilial victims, with all victims 16 years old or younger); and mixed-age offenders(victims both above and below 17 years of age). The distribution of four groups within this sample is presented in Table 2.

168 community controls were sampled from the Mummies, a male club in Philadelphia, Pennsylvania. A large portion of the club volunteered because their payment for participation, \$25.00 each, was donated to the organization. The community controls ranged in age from 17 to 71 years($M = 34.77$, $SD = 13.20$). In age and years of education, these community controls did not differ significantly from the adult criminal sample. The distribution of races in this sample was, however, limited-97.6% Caucasian(see Table 1). This was considerably different from adult sexual offenders' sample, which had significantly more African-Americans, Hispanics, and Asians.

In the sample of community control groups, 38% was sexually coercive. Their sexual coercive behaviors included having threatened to use physical force on a woman or a girl or used some physical force to attempt or complete sexual intercourse. However, since most community adults in this sample have never been arrested or incarcerated, specific data was not provided as to which group these sexually coercive men fell on. 62% of this sample reported performing no sexual coercive behaviors on a woman or a girl in their entire life.

Table 2. Distribution of Types of Sexual Offenders in Incarcerated Adult Sexual Offenders

Subgroup	Number (%)
Rapists	186 (35.2%)
Child molesters	158 (29.9%)
Incest offenders	129 (24.4%)
Mixed-age offenders	28 (5.3%)
Others(not classified)	28 (5.2%)
Total	529 (100%)

Procedure

All of participants were administered the MASA(Multidimensional Assesment of Sex & Aggression, Knight & Prentky, 1994) during Knight & Prentky's original studies. In the adult criminal sample, all participants were administered either Version 3, 4, or 5 of the MASA. Selection of all offenders for testing involved a two-step process. Potential volunteers were identified and approached by on-site institutional personnel. In some prisons, this involved advertising, and in other prisons participants were contacted directly by program personnel. When the research team arrived at the prison to administer the MASA, interested participants gathered in groups of 6 to 15 participants. They were informed in detail about the nature of the study, about the kinds of questions they would be asked, about the protection of confidentiality that they were guaranteed, about the Certificate of Confidentiality that was awarded by the National Institute of Mental Health, and about the fee they would be paid for their participation(\$18). Participants were not asked to put their name or their prison identification number on any part of MASA. Only a randomly assigned research identification number was used. A master list linked the research numbers to names to provide a link to supplemental information that was abstracted from their criminal records and for purposes of payment. After the information

abstraction and payment, the master list was destroyed. A strong plea was made for honesty, and the potential future benefits of improved assessment for sex offenders were emphasized.

After informed consent statements had been explained and signed both by the offender and a member of the research team, either a computerized or a paper-and-pencil version of the MASA was distributed and a standard set of instructions was given or the participant was seated at a computer, which provided a tutorial on how to answer the MASA, a check that the participant understood the directions, and a brief fourth grade level reading test. The MASA Versions 3, 4, & 5 have been written for a 4th grade reading level. For those offenders who had difficulty reading and/or comprehending the questions, a member of the research team read the inventory to them in a private room. The MASA measures response latency to individual items. Extensive testing with college students has yielded estimates of the minimum amount of time required to read items. Participants, whose response latencies indicated they were not spending adequate time to read the questions or who gave improbable answers to specially created items, were eliminated from the data analysis.

In the community control sample, all participants were administered the paper-and-pencil version of the MASA in groups of 12-25 participants. As in the testing of the adult sexual offenders, the participants were assured that all of their responses were completely

anonymous. Respondents did not put their names on any test forms. Moreover, a Certificate of Confidentiality from NIMH protected the assurance of confidentiality and anonymity.

Measures

The MASA(Multidimensional Assessment of Sex and Aggression, Knight & Prentky, 1994)

The MASA is an extensive, contingency based inventory containing over 3600 items and multiple scales that assess various domains related to sexual aggression. Contingency-based programming allows respondents to be administered only those items that are relevant to their developmental history and circumstances. The domains tested include among others social competence, juvenile antisocial behavior, adult antisocial behavior, pervasive anger, sexualization, sexual aggression, offense planning, and defensiveness. These domains in turn consist of several scales, such as Persistent Anger, Sexual Preoccupation, and Hostility Toward Women. All scales have reported coefficient alphas for adults above .7, with 80% of the scales reaching above .8. Concurrent validity was initially established through correlations with comparable scales assessed using archival files(Knight et al., 1994). The MASA has since been revised several times to increase its usefulness in broader populations, including juveniles and college student populations. Various versions of the inventory have been administered to over 3000

individuals and extensive validity data have been generated for its scales(see MIDSA, 2008).

Out of the entire items, items that were hypothesized to be critical in the present study were extracted to specifically examine the empathy-relevant components.

Empathy

Empathy has been considered to comprise largely two components--cognitive & emotional. For cognitive component(perspective taking), 4 items(0 to 4 scale) were used and a mean score of them was calculated. The examples for this are: I try to understand my friends better by putting myself in their shoes for a while; I find it difficult to see things from the other guys' point of view. For an emotional component of empathic response(empathic concern), 9 items(0 to 4 scale) were extracted and its mean score was also calculated. The examples are: I think it is weird that some people cry during a sad movie or while reading a sad book; seeing someone who is crying makes me feel like crying. Total empathy scores were calculated by summing scores of these two components (minimum: 0, maximum; 8). This total empathy score was used to investigate general, trait-like empathy.

For state-like empathy, items were extracted to measure empathy level specific to certain potential victims(i.e., women, children) under sex-related context. For instance, 6 items were extracted to evaluate child-specific empathy level

under sex-related context for child molesters, and 6 items were extracted to evaluate woman-specific empathy level under sex-related context for rapists. Examples are as follows, respectively: many children who are sexually assaulted do not have any major problems because of the assaults; since prostitutes sell their bodies for sexual purposes anyway, it is not as bad if someone forces them into sex.

Abuse Experiences

Abuse experiences were measured as follows. First, the temporal frequency of sexual and physical abuses that participants experienced before age 17 were measured as a likert scale ranging from 0(never) to 5(very often, several times a week). Second, the severity of the abuse was measured as a likert scale ranging from 0(never) to 5(very severely). Thus, abuse experience variables were calculated by multiplying values of temporal frequency into values of severity.

Violent Offenses

Sexual and nonsexual offenses were measured by answering all the items relating to the criminal charges or convictions that were taken above age 17. The scales were likert scales ranging from 0(never), through 1(once), 2(sometimes, 2-10 times), 3(often, 11-50 times), to 4(very often, more than 50 times). Violent-sexual offenses included items relating to sexual offending with females or males above or

below age 16. Violent-nonsexual offenses included items relating to completed or attempted forms of murder, manslaughter, assault, battery, domestic abuse and kidnap. Mean ratings of violent-sexual and violent-nonsexual offenses were calculated.

Results

Trait and State Empathy

Comparison of two samples(incarcerated adult sexual offenders vs. community controls) revealed that general empathy level *did differ* significantly, $F(1, 695) = 9.25, p < .01$. This was opposed to Marshall and his colleagues' argument that sexual offenders(in their study, particularly, child molesters, 2001) were equally able to exhibit general empathy responses with non-sexual offenders.

Since the community control sample comprised of sexually coercive and non-coercive men, it was attempted to compare empathy levels between those two groups. Although sexually non-coercive men showed slightly higher empathy scores, the differences between two groups were not significant, $F(1, 167) = 1.20, p > .05, ns$. Table 3 describes the summary data for the measures of empathy level in two samples.

Since rapists were hypothesized to have more general empathy deficits, compared to other types of sexual offenders, Contrast test between

Table 3. Empathy Scores of Each Sample (Minimum: 0, Maximum: 8)

Sample	Means of Empathy Scores
Incarcerated Adult Sexual Offenders	5.13 (1.57) *
Community Controls (CC)	5.54 (1.57) *
Sexually Coercive Men (CC)	5.48 (1.07)
Sexually Non-coercive Men (CC)	5.61 (1.24)

Note. * indicates that differences between these two groups are significant at the .01 level.

rapists and other groups was run. Unlike what was expected, rapists' general empathy level was not significantly lower than other types of sexual offenders, $t = -.495, p > .05, ns$. Regarding state-like empathy, rapists and child molesters showed different patterns. Rapists did not show any significant difference in women-specific empathy level under sex-related context, compared to other groups. Contrast test revealed that rapists' women-specific empathy scores did not significantly differ from other types of sexual offenders, $t = 1.17, p > .05, ns$. However, child molesters *did* show significant differences in child-specific empathy level from other types of sexual offenders. Contrast test showed that child-specific empathy level of child molesters was significantly lower than other groups, $t = 4.75, p < .001$. Post-hoc test(Games-Howell) also showed that child-specific empathy level of child molesters was particularly lower than rapists.'

Effects of Empathy beyond Abuse Experiences to Violent Offending

First, bivariate correlations between abuse experiences and empathy were examined. Physical abuse frequency multiplied by maximum severity indicated that physical abuse was significantly correlated with empathy level, $r = -.15, p < .001$. Sexual abuse frequency multiplied by maximum severity was also significantly correlated with empathy level, $r = -.10, p < .01$.

For the hypothesis regarding the sole predictive effects of empathy to the offense after controlling for abuse experiences, regression analysis was conducted. Two series of regression analysis were made. Since it is possible that the present age of sexual offenders could affect the number of offenses that they committed, age was entered in the 1st set. Physical and sexual abuse experiences from primary caregivers were entered in the 2nd set, and then empathy(trait empathy) was entered into the 3rd set. The result is summarized in table 4.

In violent-nonsexual offending, offender's age

Table 4. Summary of Results of Hierarchical Multiple Regression of Offender Age, Abuse Experiences, Trait Empathy on Sexual and Nonsexual Offenses

Predictors	Criminal Activity	R^2	$F(\text{change})$	Beta	t
Violent-Nonsexual					
Age		.00	.06	.05	1.37
Physical Abuse				.14	3.28**
Sexual Abuse		.05	14.5***	.10	2.36
Empathy		.08	13.2***	-.15	-3.64***
Violent-Sexual					
Age		.01	4.65*	.10	2.45*
Physical Abuse				.04	.93
Sexual Abuse		.03	4.71**	.09	2.19*
Empathy		.04	5.75*	-.10	-2.39*

did not account for the variance. Abuse experiences explained a further 5% of the variance in the violent-nonsexual offending, $F(2, 523) = 14.5$, $p = .000$. Trait empathy explained a further 3% of the variance in the violent-nonsexual offending, $F(1, 522) = 13.2$, $p = .000$. In the violent-sexual offending, the explainable magnitude of the independent variables was smaller. Offenders' age accounted for the 1% variance, and abuse experiences explained a further 3% variance. Trait empathy explained a further 1% of the variance in the sexual offending, $F(1, 511) = 5.75$, $p < .05$. Whereas physical abuse ($B = .14$, $p < .01$) and empathy ($B = -.15$, $p < .001$) made significant univariate contributions to the violent-nonsexual offending, sexual abuse ($B = .09$, $p < .05$) and empathy ($B = -.10$, $p < .05$) significantly

contributed to the violent-sexual offending.

Discussion

Many researchers posit that lack of empathy is problematic in sexual offenders. The most critical aspect of empathy deficits in sexual offenders seems to be that a potential role of empathy, that is, its cognitive-emotional buffering capacity against making persistent acts of sexual aggression ends up being inhibited. Empathy is considered either trait or state, and many researchers argue that its general deficit seems to be obvious in sexual offenders, not alone its deficit in specific situations, or toward certain groups of potential victims. It was inconclusive whether certain types of sexual

offenders lack overall empathetic ability, but at least, it seemed to be accepted that certain types of sexual offenders *does* have state-like empathy deficits only toward their own victims, not trait-like empathy. For instance, Marshall and his colleagues(1995) have consistently argued that child molesters do not lack general empathetic capacity. They proposed that child molesters only have empathy deficits toward their victims.

The present study, however, showed that incarcerated sexual offenders would lack general level of empathetic ability unlike Marshall group argued. Sexual offenders *did* show general empathy deficits, compared to community controls. One interesting thing was that in a community control group, there was no significant difference in empathy level between sexually coercive men and non-coercive men. This means that only incarcerated sexual offenders, not community individuals with a history of sexually aggressive acts, are likely to be deficient in general empathy skills. This suggests that persistent disruption of empathetic ability is associated with commission of criminal acts.

Since their frequencies of sexual coercion or the severity of their aggressive behaviors were hypothesized to be greater than other subgroups, it was expected that rapists would have overall lower empathetic ability than other subgroups. However, it was not supported in this study. Regarding state-like empathy, it turned out that

rapists did not have empathy deficits specific to women under sex-related context. Only child molesters *did* have empathy deficits *specific to* children under sex-related context. Although the empathy deficits toward their own victims were not measured in this study, this supports Marshall and his colleagues'(1995, 2001) argument that child molesters have empathy deficits specific to children under specific context(i.e., toward child victims of sexual abuse or toward their own victims).

Many sexual offenders do not have stable caregivers, nor they receive secure nurturance from caregivers. They are even victims of physical and sexual abuse in many cases. This suggests that excessive parental aggression that is manifested through such abusive acts is detrimental to developing normal empathetic ability. As it was expected, physical and sexual abuse were negatively correlated with empathetic ability in this study. It was hypothesized that empathy deficits would predict violent offending after controlling for abuse experiences. The present study confirmed that empathy deficits significantly predicted violent offending(sexual and nonsexual) after controlling for abuse experiences. This suggests that empathy per se is a significant predictor of the commission of violent acts.

The findings of present study shed lights on the importance of empathetic ability in the inhibition of antisocial acts. It also suggests that empathy is a fragile ability that can be impaired

without the abuse experiences from primary caregivers, and thus can contribute to making violent offenses. Batson et al.(1991) have said that empathy, that is our concern for others, is a fragile power, easily crushed by self-concern in people. It is easily crushed by egoistic concern in normal people, but in people with some psychopathologies, or deviant motivational and behavior patterns such as sexual aggression, empathy is even more fragile because its genesis and ontogenetic development themselves were thwarted during their lives.

This also highlights the importance of empathy training in the treatment program for sexual offenders. Empathy has long been treated a very tricky component in the treatment program for sexual offenders because it was not easy to be precisely self-reported. Assessment of empathy problems in sexual offenders may need to account for both individual and situational factors(Smallbone, Wheaton, & Hourigan, 2003). In spite of the measurement issue of empathy, the present study supports the notion that sexual offenders are deficient in empathetic ability compared to non-offender controls. Furthermore, the lack of empathy contributed to making violent offenses beyond the abuse experiences that sexual offenders had. Therefore, empathy should be considered one of the most important components in the treatment program for sexual offenders. In order for the treatment containing empathy-enhancing component to be more effective, its ongoing effect should be taken into

account. That is, intervention program should be geared to enforce empathetic ability as a personality trait in sexual offenders. Additionally, empathy training for child molesters should focus on enforcing state-like empathy, particularly toward their own child victims.

There are a few limitations in this research. Because its measure is only self-report, it does not guarantee its construct validity or even participants ' honesty to their responses. For future direction, experimental work to be able to grasp empathetic ability under sex-related stimuli instantly may be recommended. Parenting practices such as attachment, discipline attitude should be also further explored in more detail to associate them with empathetic ability. These will all contribute to understanding how empathy relates to sexual aggression in a multidimensional fashion.

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공감능력 결핍의 성범죄 예측력: 학대경험 통제시

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공감 능력은 성범죄와 부정적 상관관계에 있는 것으로 알려져 왔다. 즉, 정상적인 공감능력의 발휘는 성범죄를 억제할 수 있는 요인으로 작용한다. 또한 학대 행위와 같은 부정적인 양육 관행이 공감능력의 정상적인 발달에 영향을 미칠 것으로 알려져 왔다. 비록 공감능력과 일차 양육자로부터의 학대경험에 사이에 분명한 상관관계가 존재하지만, 공감능력이 학대경험을 넘어서 성범죄를 설명할 수 있을 지는 여전히 확실치 않았다. 본 연구는 공감능력의 결핍이 일차 양육자로부터 학대경험이 통제된 후에도 폭력범죄(sexual vs. nonsexual offending)를 예측할 수 있는지를 살펴보았다. 연구결과, 신체적 학대와 성적학대를 통제한 이후에도 공감능력의 결핍은 폭력 범죄를 예측하였다. 공감능력과 학대경험을 독립적으로 봤을 때, 공감능력과 신체학대는 폭력범죄 중 비성범죄(nonsexual offending)를, 공감능력과 성적학대는 성범죄(sexual offending)를 예측하였다. 또한 성범죄자는 통제집단에 비해서 일반적 공감능력이 유의미하게 낮은 것으로 나타났다. 이것은 성범죄자가 일반적 공감능력은 부족하지 않되 자신의 피해자에 대한 공감능력만 부족하다는 Marshall group의 연구결과와 다소 차이가 나는 부분이다. 성범죄자의 하위유형을 분석해 본 결과 성인대상 성범죄자와 달리 아동성범죄자의 경우만이 피해자(아동)층에 대한 공감능력이 유의하게 낮은 것으로 나타났다. 종합해 보면, 성범죄자의 공감능력 결핍은 학대경험 통제시에도 성범죄를 예측하는 주요 변수로 확인되었으므로, 성범죄 치료 프로그램에서 공감능력의 신장은 더욱 강화되어야 할 것으로 보이며, 피해자 공감뿐만 아니라 전반적 공감능력을 확장시켜주는 것이 성범죄를 비롯한 폭력범죄 예방에 기여할 것으로 생각된다.

주요어 : 성범죄, 공감능력 결핍, 공감능력 훈련 프로그램