SEXUAL OFFENDER EMPATHY DEFICITS

Question: Do sexual offenders lack empathy for their victims?

Background: Effective interventions with sexual offenders require knowing what needs to change. One common explanation for sexual offending is that perpetrators lack empathy for their victims. This assumption is so widespread that victim empathy is addressed in almost all sexual offender treatment programs. There is considerable debate, however, about what is meant by “empathy” and how it may be related to reoffending. In studies of children, there is a reliable association between lack of empathy for others and various forms of antisocial behaviour (e.g., bullying, disrupting classrooms). Although sexual offenders obviously lack concern for their victims during their offences, research has found little or no relationship between measures of victim empathy and the risk of reoffending. Consequently, there is a need to better understand the potential importance of empathy in the offending patterns of sexual offenders.

Method: The research literature on empathy was reviewed, with a focus on the relationship between empathy deficits and antisocial behaviour. Based on previous theory and research, a model of empathy was developed that could potentially guide effective treatment.

Answer: Many sexual offenders know what their victims feel, but this is not enough to stop them from offending. Although “empathy” has diverse meanings, those working with sexual offenders are primarily concerned about the offenders’ lack of compassion or sympathy for victims. Such uncompassionate responses are most likely when a) individuals are in adversarial or indifferent relationships, b) they fail to understand the other’s point of view, and c) they use inappropriate methods for dealing with the perceived distress of others (e.g., anger, fear). Different sexual offenders have deficits in different domains. Many rapists, for example, fully understand the harm they are inflicting on their victims, but
this does not stop them because they have hostile intentions. Other offenders truly fail to appreciate the harm they caused. Still other sexual offenders know their offences are hurtful, but are too ashamed to admit it. Each type of empathy deficit requires different forms of interventions.

Policy Implications:

1) Sexual offender treatment programs should target the specific empathy deficits of each offender.

2) It is important to ensure that offenders do not harbour hostility toward their victims before providing training on how to understand the suffering inflicted by sexual abuse.

3) Therapists should carefully consider the value of their existing empathy treatment programs. Misdirected interventions would be expected to have no effects, or detrimental effects, on the offenders’ ability to generate sympathetic, compassionate responses to victims.


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