

**IS VICTIM EMPATHY AN ESSENTIAL, IMPORTANT,  
UNNECESSARY OR DANGEROUS COMPONENT OF  
TREATMENT TO REDUCE SEXUAL OFFENDING?**

Georgia Barnett  
Evidence-Based Practice Team  
HMPPS

# VICTIM EMPATHY REVIEW

Main question: Should victim empathy work play a role in efforts aimed at reducing reoffending in men convicted of sexual offences?

- Does it do harm?
- Does it do any good?
- Is it linked to sexual offending? If so, how?

# DOES IT DO HARM?

Large meta-analysis indicated that the presence of a victim impact component was significantly associated with worse outcomes (smaller reductions in reoffending) (Landenberger & Lipsey, 2005)

- BUT - What sorts of interventions were included? How were they delivered?

Service-user studies indicate it causes participants distress

- BUT – participants say it is one of the most important parts of their rehabilitative treatment

# DOES IT DO HARM?

Ward (2010) argues treatment that meets the definition of punishment can be ethically legitimate

- Has to respect the dignity of the individual
- Has to be an opportunity for redemption, rather than punishment

Some evidence of a *boomerang effect* in primary prevention programmes (Malamuth, Huppert & Linz, 2018)

## **Conclusion**

Some forms of VE work have the potential to do harm.

VE work is distressing, but if delivered in the right way, in the right context, with the right aims, it could fit into rehabilitative work.

# DOES IT DO ANY GOOD?

There is no evidence that victim empathy interventions reduce rates of sexual reoffending

BUT – difficult to isolate the impact of one component of a larger treatment programme and would not expect this to have an impact on its own.

What about restorative justice and restorative practices?

Good evidence that face-to-face RJ conferences reduce recidivism with people convicted of property crime and violence, particularly those who have a higher risk, and history, of offending (e.g., Sherman et al., 2015).

BUT – we don't know why. Research isn't at a stage where able to determine the cause of RJ's success: Increase in victim empathy? Enhancing moral support for the law? Positive influence on social capital by strengthening bonds with the community? Public commitment to positive action? Or some combination of all of these things?

No robust evaluations of RJ interventions' impact on sexual recidivism (Gang, Duff, Naylor and Kirkman, 2019).

# DOES IT DO ANY GOOD?

MCSOs value victim empathy work and think it is an important part of treatment, even though they find it distressing

BUT – are they just telling us what they think we want to hear? Are they repeating the message that this is the most important part of treatment? Could this be linked to mode of delivery rather than content?

## **Conclusion**

VE can be motivational, at least in the short-term. No evidence that this is sustained over time or translates to desistance from sexual offending

# IS IT LINKED TO SEXUAL OFFENDING?

Meta-analytic studies suggest victim empathy is not related to risk of sexual reconviction (Hanson & Morton-Bourgon, 2004), and has only a weak relationship with aggression generally (Vachon, Lynam and Johnson, 2014)

Systematic review of studies indicated not clear whether there is any relationship between juvenile sexual offending and empathy (Baly & Butler, 2017)

Neuroimaging studies of young people who have sexually offended suggest no differences in engagement of brain regions associated with empathy between this group and non-offending controls (Jones et al, 2018)

BUT – problems with **what** was being measured, **how** it was measured, and **when** it was measured (Mann & Barnett, 2012)

## Conclusion

Need a clearer understanding of the theoretical link between empathy and sexual offending before we dismiss this as irrelevant

# WHAT IS EMPATHY?

*“Empathy is an emotional response (affective), dependent upon the interaction between trait capacities and state influences. Empathic processes are automatically elicited but are also shaped by top down control processes. The resulting emotion is similar to one’s perception (directly experienced or imagined) and understanding (cognitive empathy) of the stimulus emotion, with recognition that the source of that emotion is not one’s own”*

*Cuff, Brown, Taylor & Howat (2016), pp. 150.*

# WHAT IS EMPATHY?

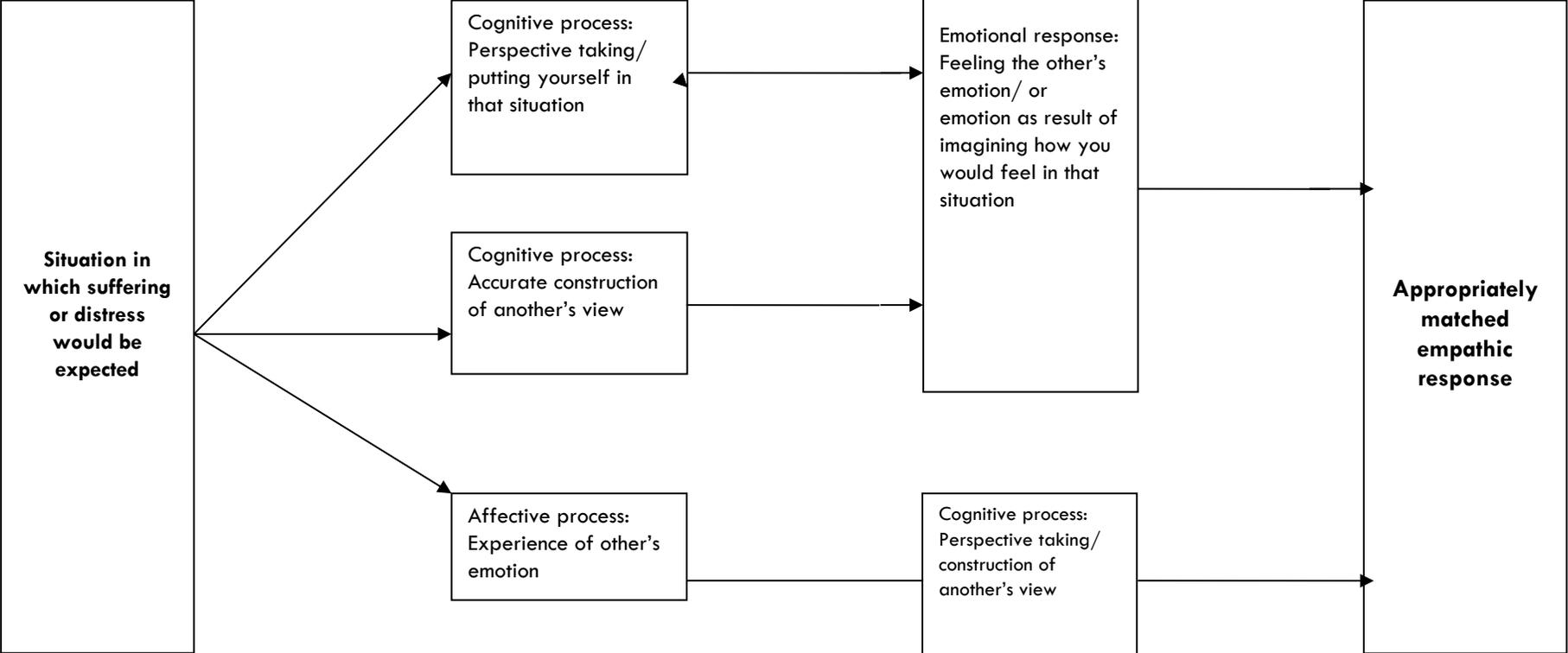
*“A cognitive and emotional understanding of another’s experience, resulting in an emotional response that is congruent with a view that others are worthy of compassion and respect and have intrinsic worth”*

Five factors/components associated with experience of empathy

- Emotional contagion/ ability to experience emotion
- Perspective taking/ theory of mind
- Belief that others are worthy of compassion and respect (Menschenliebe)
- Situational factors
- Management of personal distress

Barnett and Mann (2013)

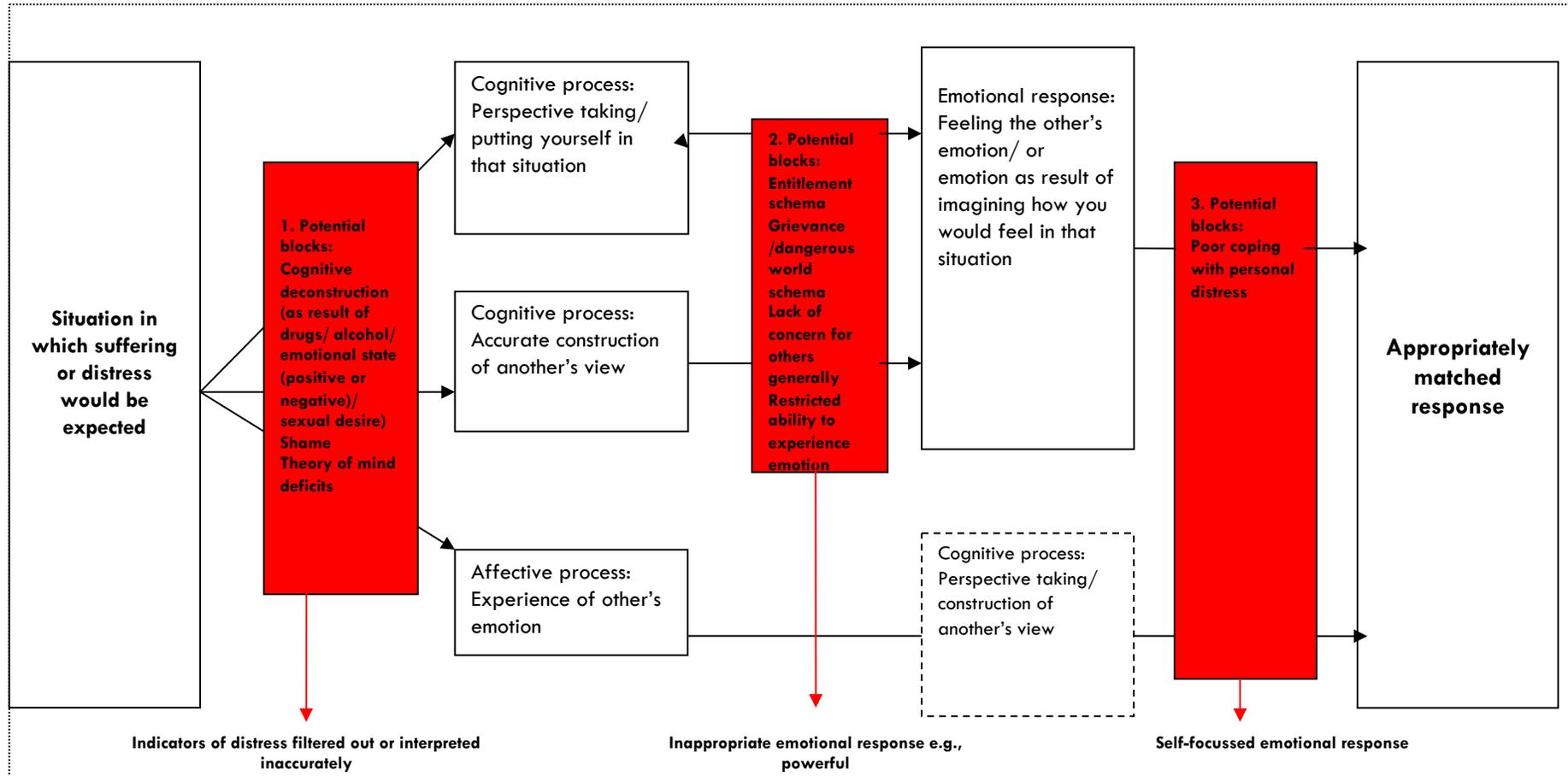
# MODEL OF THE EMPATHIC PROCESS



**Internal (Person) variables**  
 Belief that others should be treated with respect and compassion  
 Ability to experience emotion  
 Ability to tolerate/manage self-referring emotions/ personal distress  
 Theory of mind/ Perspective taking ability  
 Absence of implicit theories that would bias interpretations of sufferer's experience  
 Caring relationship with individual

**Situational/Contextual factors**  
 Stable mood (absence of extreme positive or negative emotion)  
 Cognitive lucidity (absence of intoxication through drugs/alcohol)

# POTENTIAL BLOCKS TO EMPATHY



# WHAT DOES THIS MEAN FOR TREATMENT?

1. Focus on addressing the underlying blocks to empathic concern in general - deficits leading to a lack of empathy *at the time of the offence* should become the targets
2. Tailor treatment to an individual's blocks to empathy - different people will need different things
3. Deliver this work this in a way that is creative and engaging
4. Recognise that VE work causes suffering and has the potential to be harmful. Commit to careful consideration of whether it is appropriate, and if this is suited to an individual's needs, to delivering this in a way that respects the rights and dignity of those being treated



# THANK YOU

[Georgia.Barnett@justice.gov.uk](mailto:Georgia.Barnett@justice.gov.uk)