

# Cognitive Distortions and Empathy in Adolescents Adjudicated for Sexual Offenses

Emma Fisher<sup>1</sup> and Kelli R. Thompson<sup>2</sup>

<sup>1</sup> Undergraduate Student, Department of Psychological Sciences, Auburn University

<sup>2</sup> Assistant Research Professor, Department of Psychological Sciences, Auburn University

This study examined the potential relationship between cognitive distortions and empathy in a sample of adolescents adjudicated for illegal sexual behavior (AISB). According to the U.S. Department of Justice, approximately 32% of arrests made for sexual offenses involve suspects identified as minors (Eastman, 2004). Improving efforts to understand the etiology of adolescent sexual offending benefits all other assessment, treatment, and policy efforts involving these youth and their families (Seto & Lalumiere, 2010). Two common treatment goals when working with this group are increasing levels of empathy and cognitive restructuring (Eastman, 2004). Cognitive distortions are ways by which people rationalize and excuse their illegal or otherwise socially inappropriate behavior through maladaptive thought patterns, beliefs, and ideas (McCrary et al., 2008). These distortions may block empathic responses by misinterpreting the sexual encounter without those moral feelings typically associated with abuse, such as remorse.

Data was collected from a pre-treatment interview of 732 male adolescents ages 12-17 in a court-mandated residential treatment facility. Cognitive distortions were measured using the Adolescent Cognition Scale, a 32-item forced choice (T/F) questionnaire describing a range of sexual attitudes, values, or behaviors (Hunter et al., 1991). A sample item may read, "A very young child can make a decision about having sex with me." An endorsement of "true" would indicate a cognitive error about socially appropriate sexual behavior. The total number of cognitive errors was entered as the predictive variable. Empathy was assessed using the Juvenile Sex Offender Assessment Protocol-II (JSOAP-II; Prentky & Righthand, 2003). The JSOAP-II is a 28-item clinician administered actuarial risk assessment designed for and widely used with AISB (Petersen, 2010). The JSOAP-II provides four scales of risk assessment and an overall risk score. The intervention scale (Factor 3), which looks at accepting responsibility, internal motivation for change, empathy, remorse, guilt, and cognitive distortions, was entered as the outcome variable in the current analyses.

Linear regression was performed to assess the relationship between cognitive distortions and a lack of empathy. The overall sample mean on the Adolescent Cognition Scale was 4.36 ( $SD=4.08$ ), with only 2% scoring 15 or more cognitive errors. A statistically significant positive relationship was found between the two variables indicating that those with higher levels of cognitive distortions shared higher levels of intervention-related risk factors such as lack of empathy,  $F(1, 731) = 10.33, p = 0.001$ . See Figure 1 for scatterplot of main study variables.

These results support previous findings on cognitive distortions and a lack of empathy, which may impede intervention efforts when working with AISB (Pithers, 1999, Varker et al., 2008). The clinical implications of these results cannot be denied, given that empathy building is used in 94% of treatment programs for AISB (Varker et al., 2008). Furthermore, the endorsement of cognitive distortions can distinguish treated from untreated juvenile offenders in risk evaluations (Eastman, 2004). Thus, reducing cognitive errors and increasing victim empathy together enhances the ability to feel moral emotions which can trigger motivation for change and engagement within the treatment process.

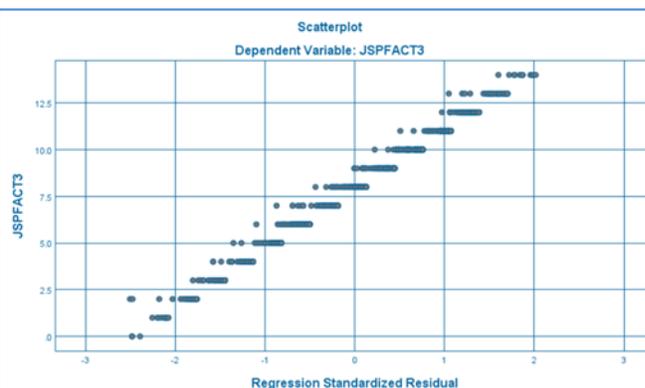


Fig. 1 JSOAP Factor 3 vs. Adolescent Cognition Scale

## Statement of Research Advisor

Emma's work was supported by a more than 20-year public-public partnership between the AU Juvenile Delinquency Lab and the AL Department of Youth Services. She initially presented this data at the 68<sup>th</sup> Annual Meeting of the Southeastern Psychological Association and will continue interests in this theme as the lab manager in the upcoming academic year.

-Kelli R. Thompson, *Psychology*

## References

Eastman, B. J. Assessing the efficacy of treatment for adolescent sex offenders: A cross-over longitudinal study. *The Prison Journal*, 84(4), 472–485.(2004).

Hunter, J. A., Becker, J. V., Kaplan, M., & Goodwin, D. W. Reliability and discriminative utility of the Adolescent Cognitions Scale for juvenile sexual offenders. *Annals of Sex Research*, 4(3–4), 281–286.,(1994).

McCrary F, Kaufman K, Vasey MW, Barriga AQ, Devlin RS, & Gibbs JC. It's all about me: a brief report of incarcerated adolescent sex offenders' generic and sex-specific cognitive distortions. *Sexual Abuse: A Journal of Research & Treatment*, 20(3), 261–271, (2008).

Petersen, J. *Validation of the Juvenile Sex Offender Assessment Protocol (JSOAP-II) for predicting sexual and non-sexual crimes*. Michigan State University, (2010).

Pithers, W. D. Empathy: Definition, enhancement, and relevance to the treatment of sexual abusers. *Journal of Interpersonal Violence*, 14(3), 257–284.,(1999).

Prentky, R. A., & Righthand, S. *Juvenile sex offender assessment protocol-II (J-SOAP-II) manual*. [electronic resource]. U.S. Dept. of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention,(2003).

Seto, M. C., & Lalumiere, M. L What Is so Special about Male Adolescent Sexual Offending? A Review and Test of Explanations through Meta-Analysis. *Psychological Bulletin*, 136(4), 526–575,(2010).

Varker, T., Devilly, G. J., Ward, T., & Beech, A. R. Empathy and adolescent sexual offenders: A review of the literature. *Aggression and Violent Behavior*, 13(4), 251–260.,(2008).

## Authors Biography



Emma Fisher was a senior year student who recently graduated with a B.A. in Psychology from Auburn University. She was a part of the Juvenile Delinquency Lab and has collected data to help with numerous research projects including her own. Her goal is to receive a PhD in Clinical Psychology. Her interests include personality psychology, recidivism risk, and mental health in forensic settings.



Kelli Thompson is an assistant research professor here at Auburn University. She is head of the Juvenile Delinquency Lab where she assist and guides students in the research process including creating presentations and publications.