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### Moral development and juvenile sex offending

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# Chapter 5: The Relation between Psychopathy and Moral Development in Young Sex Offenders<sup>6-7</sup>

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6 Van Vugt, E.S. , Asscher, J.J. , Hendriks, J., Stams, G.J.J.M., Bijleveld, C.C.J.H. & Van der Laan, P.H. *The relationship between psychopathy and moral development in young sex offenders*. *Psychology, Crime & Law*, (2011), Advance online publication. doi: 10.1080/1068316X.2010.533177.

7 This study was converted into American English for this dissertation

## **Abstract**

This study examined the relation between psychopathic traits and moral development (moral judgment and empathy) in 85 Dutch male sex offenders between 13 and 23 years of age. Questions were asked about general life situations, sexual situations with morally relevant features, and questions about the offender's own abuse victim. A weak negative association was found between psychopathy and mature moral judgment, but only when questions involved the offender's own abuse victim. Weak to moderate negative associations were found between psychopathy and cognitive and affective empathy in general and sexual situations, but not in the own abuse victim situations. Further analysis revealed moderate negative associations between psychopathy and affective empathy in the own abuse victim situations, but only when an unfamiliar victim was involved. This is the first study, to our knowledge, showing that juvenile sex offenders with high levels of psychopathy have context specific moral deficits, and that in this group both cognitive and affective empathy are related to psychopathy.

## **Psychopathy and Moral Development in Young Sex Offenders**

There is an ongoing debate about the moral development of individuals with psychopathic traits. Where some claim psychopaths have no moral conscience due to diminished emotional and cognitive capacities and deficiencies (Blair, Jones, Clark & Smith, 1995), others argue that even psychopaths are able to make moral decisions, and show empathic concern within particular contexts (Levy, 2008; Vargas & Nichols, 2008). It is important to establish whether psychopathic juvenile delinquents are able to make moral decisions, as the ability to do so may affect the course and goals of treatment. The present study focuses on the relation between psychopathy and moral development in young sex offenders.

Research on psychopathy in children and adolescents has identified psychopathy as a persistent trait throughout adulthood (Frick, Cornell, Barry, Bodin, & Dane, 2003; Lynam, Caspi, Moffitt, Loeber & Stouthamer-Loeber 2007). Furthermore, psychopathy has been shown to predict juvenile delinquency and repeated offending in adolescents and adults (Frick et al., 2003; Gretton, McBride, Hare, O'Shaughnessy & Kumka, 2001; Salekin, 2008).

The criteria for psychopathy best fit the criteria that meet antisocial personality disorder (ASPD), ASPD and psychopathy, however, cannot be regarded as fully interchangeable. The ASPD DSM-IV-TR (American Psychiatric Association, 2000) criteria primarily focus on behavior problems and less on affective and interpersonal traits (Cunningham & Reidy, 1998; Hare, Hart & Harpur, 1991), characteristics that are traditionally seen as the core dimensions of psychopathy (Salekin, Rogers & Sewill, 1996). In addition, affective traits, such as cold and egocentric behavior, cunning, and the manipulation of others and interpersonal traits, characterized by lack of remorse/empathy, callousness and shallowness have been found to remain stable throughout the life span in individuals with psychopathic traits (Hare, 1993). Behavior problems, such as impulsivity, risk taking, thrill seeking, and irresponsible (anti-social) behavior, on the other hand are usually less stable (Harpur & Hare, 1994). It is thus important to distinguish psychopathy from antisocial personality disorder in (juvenile) delinquents, as the unique characteristics of these might have different causes and develop differently and therefore ask for different treatment modalities. Nevertheless, caution should be exercised in labeling juveniles as psychopathic as psychopathy measures also include more normative traits of adolescence such as impulsive and egocentric behavior, which may result in false positive evaluations (Seagreave & Grisso, 2002). Furthermore, labeling juveniles as psychopathic has been suggested to lead to negative sentencing decisions in that these are more punitive and less care based (Edens, Skeem, Cruise & Cauffman, 2001; Zinger & Forth, 1998).

The vast majority of research studies on psychopathy in relation to moral development has focused on emotional problems (lack of empathy), whereas the moral cognitive development (moral judgment) of psychopathic individuals is still an under researched area, especially in the case of young delinquents. It is, however, important to study these two aspects in juveniles, as research indicates that they are interconnected in daily functioning (Gibbs, 2010). Moreover, there are indications that delays in moral cognitive development are associated with psychopathy. Chang (2001), for example, found that moral judgment, the ability to define right from wrong, measured with the sociomoral reflection measure, was negatively related to psychopathy in a young adult sample. Chandler and Moran (1990) found similar results for a juvenile delinquent population. Stams et al. (2006) conducted a meta-analysis of moral development and delinquency, and found lower stage moral judgment in juvenile delinquents with psychopathic traits. Moreover, Trevathan and Walker (1989) found juvenile delinquents who were identified as psychopathic, compared to non-psychopathic juvenile delinquents, to show lower stage moral judgment on real life dilemmas, which are dilemmas about personal experiences, but not hypothetical dilemmas. However, the results do not all point into the same direction. Recently, Holmqvist (2008) analyzed the relation between ratings on a psychopathy checklist with ratings on a moral maturity measure in a juvenile delinquent sample, but did not find significant correlations. A possible explanation for these opposite results could be the heterogeneity of their offender sample, hampering the detection of important relations that are hypothesized to exist between moral development and (correlates of) delinquency (see van Vugt et al, 2008).

Another issue that arose in previous research on the relation between psychopathy and empathy was the exclusive focus on affective empathy, the ability to feel with others, whereas cognitive empathy, the ability to recognize others' emotions, might be equally important. Chang (2001), Holmqvist (2008) and Kimonis et al. (2008) found a significant inverse relation between psychopathy and affective empathy. None of these authors, however, assessed cognitive empathy. Jolliffe and Farrington (2006) explained this focus on affective empathy by suggesting that interpersonal traits of psychopathic individuals, like superficial charm, imply that cognitive (role-taking) abilities are well developed, whereas the neglect of another person's feelings is often thought to be the result of deficiencies in affective empathy (Strayer, 1987; Tangney & Stuewig, 2004). The selective attention for affective empathy does not seem to be warranted given that the capacity to feel other people's emotions (affective empathy) is closely related with the understanding of their emotions (cognitive empathy) (e.g., Hoffman, 1987; Marshall, Hudson, Jones, & Fernandez, 1995; Strayer, 1987), which supports the need to examine both cognitive and affective structures in moral development.

Research on the relation between psychopathy and cognitive empathy is rare and the limited research available was based on community samples only. For example, Nelson, Salekin, and Leistico (2006) examined both cognitive and affective empathy by using, respectively, the perspective taking and empathic concern scales of the Interpersonal Reactivity Index (IRI) (Davis, 1983), but found only a significant inverse relation between psychopathy and empathic concern (affective empathy). Contrarily, Dadds et al. (2009) did find children high on psychopathic traits to show lower cognitive empathy. Interestingly, these cognitive empathy deficits diminished during adolescence in the male group, suggesting these males were either able to improve their cognitive empathic skills or able to learn to cover up these deficiencies.

The present study aims to overcome the shortcomings of previous research by focusing on the relation between psychopathic traits and moral development in a specific, more homogenous group of delinquents, namely, juvenile sex offenders. The present study is one of few studies examining the relation between psychopathy and moral development by means of self-report of psychopathy. It is believed that self-report is a more adequate way to examine psychopathy in adolescence and early adulthood than parent or teacher report are, especially because young people may suppress antisocial tendencies and attitudes openly in interaction with parents or (significant) others (Frick, Barry & Bodin, 2000; Poythress et al, 2006). Moreover, this study examines psychopathy in relation to moral development in terms of both moral cognition (moral judgment) and moral emotion (empathy), since moral emotions are especially important for moral signaling and the motivation for moral action (Pizarro, 2000).

It has been shown that Sex offenders are not deficient in empathic responding toward all people or in all situations, but lack empathy in sexual and own abuse victim situations (Fernandez, Marshall, Lightbody & O'Sullivan, 1999; Fernandez & Marshall, 2003). Furthermore these empathy deficits are mainly visible in cognitive empathy, the ability to understand others' emotional states, rather than in affective empathy, the ability to share another's emotional state (Cohen & Strayer, 1996; Jolliffe & Farrington, 2004; Marshall, Hamilton & Fernandez , 2001). In addition, Van Vugt et al. (2008) showed juvenile sex offenders to be deficient only in moral judgment (a cognitive capacity) with regard to their own abuse victim. Altogether these results indicate that in particular cognitive structures of moral development may play an important role in the initiation and continuation of sex offending and that these may differ dependent on the situation. Therefore, the measures used in this study were extended with domain specific and context sensitive items that pertain to sexual situations and the offenders' own abuse victim.

We hypothesize that psychopathy will be related to both moral cognition (moral judgment) and moral emotion (empathy). We expect stronger associations

for questions involving sexuality and questions in which the juvenile sex offender's own abuse victim is considered (Fernandez et al., 1999; Fernandez & Marshall, 2003; Marshall, Hamilton & Fernandez, 2001; Marshall et al., 1995; Van Vugt et al, 2008).

## Method

### *Sample*

A total of 85 male sex offenders between 13 and 23 years of age ( $M = 17.54$ ;  $SD = 2.22$ ) from three juvenile correctional facilities and six forensic outpatient treatment centers in the Netherlands participated in this study. The majority of the participants attended special education schools (22.4%) or vocational education schools (61.2%), which prepares students for careers in (non-academic) manual labor jobs. Most participants (77.6%) were Caucasian white. We classified the sex offender group according to typologies that are used in clinical practice and scientific research. Most offenders were classified as solo sex offenders (87.1%), as they committed the sexual offense alone. Only 2.4% of the sample could be designated as group sex offenders, while 7.1% of the sample committed both solo and group sex offenses. For 3.4% of the total sample this information was unavailable. Approximately 65.9% of our sample was classified as child abusers, meaning the victim was at least five years younger than the offender. Twenty four point seven percent of our sample was identified as peer abusers, meaning the victim differed less than five years with the offender or was older than the offender. The smallest group (9.4%) was treated or sentenced for both child and peer abuse offenses or for hands-off offenses (exhibitionism). The offender knew his victim – being a family member, neighbor or classmate – in 71.8% of the cases. Fifty five point three percent abused female victims only, 20% had only male victims, and 24.7% of the offenders had both female and male victims.

### *Measures*

Moral judgment was measured with the *Sociomoral Reflection Measure– Short Form (SRM-SF)*, which is a structured interview that contains 11 questions about a set of core values that are considered important in most societies: contract and truth, affiliation, life, property and law, and legal justice (Gibbs, Basinger, Grime & Snary, 2007; Gibbs, Basinger & Fuller, 1992). For the purpose of this study, we added four questions with sexual content. An example is: "Imagine two people kissing. How important is it that someone stops kissing if the other person says no? Could you explain why?" Another set of four questions was designed to measure the offenders' evaluations about situations that concern their own abuse victim(s). For example: "How important is it that your own abuse victim receives help?" (see Van Vugt et al, 2008). The answers to these questions were scored for their stage of moral judgment (Gibbs et al., 1992). Internal consistency

reliability analyses were performed for the three sets of questions, yielding  $\alpha = .67$  for the standard SRM-SF questions,  $\alpha = .59$  for the questions concerning sexuality, and  $\alpha = .63$  for questions about the offenders' own abuse victim(s). The global stage inter-rater agreement in terms of Cohen's Kappa was .83, which is satisfactory according to the SRM-SF manual (Gibbs et al., 1992, p. 57).

*The basic empathy scale (BES)* was used in order to examine cognitive and affective empathy, that is, the cognitive ability to recognize someone else's emotional state and the affective ability to sympathize with and share the other person's emotional state (Cohen & Strayer, 1996; Jolliffe & Farrington, 2006). The BES contains 11 affective empathy items and nine cognitive empathy items. All items have to be responded to on a 5-point Likert scale, ranging from strongly disagree (1) to strongly agree (5). The items of the BES are based on four basic universal emotions: fear, sadness, anger and happiness. An example of an affective empathy item is: "I get caught up in other people's feelings easily". An example of a cognitive empathy item is "I can often understand how people are feeling even before they tell me". The BES was translated into Dutch and validated for use in The Netherlands in a study by Van Langen, VanVugt & Stams (2009), who replicated the positive validation results of the original validation study by Jolliffe and Farrington (2006). In the present study, we found internal consistency reliability coefficients of  $\alpha = .68$  for affective empathy and  $\alpha = .67$  for cognitive empathy.

For the purpose of this study 19 additional cognitive and affective empathy items were developed from which nine questions concerned situations with sexual content and 10 questions concerned the offender's own abuse victim. An example of an affective empathy item with sexual content is: "I feel sorry for someone who is forced to have sex". An example of a cognitive empathy item with sexual content is: "I understand that people disapprove of having sex with children". The internal consistency reliability for the sexual affective empathy scale (5 items) was  $\alpha = .67$ , while the reliability for the sexual cognitive empathy scale was  $\alpha = .65$  (4 items). Examples of own abuse affective and cognitive empathy items are: "I am concerned about the well-being of my victim" (affective) and "I understand my victim did not like what I did" (cognitive). The reliabilities for the own abuse empathy scales were  $\alpha = .67$  (affective) and  $\alpha = .84$  (cognitive).

*The Psychopathy Measure* was composed of two self-report measures, namely the APSD (Antisocial Process Screening Device) and the ICU (Inventory of Callous-Unemotional traits). Both measures were originally designed to identify psychopathic traits in school-aged children, age 6-13, but are increasingly used as self-report measures of psychopathy for adolescents and young adults. The APSD (Frick & Hare, 2001) consists of 20 three-point Likert-type items assessing three factors that represent core features of psychopathy, namely, callous/unemotional, narcissism and impulsivity.

An example of an item of the callous/ unemotional factor is “I feel bad and guilty when I do something wrong”. Examples of items of the narcissism and impulsivity factors are respectively, “I act charming and nice to get the things I want” and “I get bored easily”. Poythress et al. (2006) showed that item 19 (“I hide my feelings and emotions from others”) and item 20 (“I keep the same friends”) proved to be unreliable in various samples. We therefore decided to remove both items from the APSD. The ICU (Essau, Sasagawa & Frick, 2006; Kimonis, 2008) consists of 24 four-point Likert-type items and three subscales: callousness, uncaring and unemotional. An example of a “callousness” item is “I do not care when I get in trouble”, an example of an “uncaring” item is “I apologize (“say I am sorry”) to persons I hurt”, and an example of an “unemotional” item is “I hide my feelings from others”.

After removing overlapping items from the APSD and ICU, the psychopathy self-report measure consisted of 37 four-point Likert-type items, ranging from “strongly disagree” (1) to “strongly agree” (4) and 6 subscales (see Table 1). The internal consistency reliabilities for the subscales ranged from  $\alpha = .57$  (callousness) to  $\alpha = .80$  (uncaring). A principal component analysis was performed on the 6 psychopathy subscales, which resulted in a one-dimensional solution, explaining 53% of the variance. Cronbach’s alpha of the psychopathy scale was .78. Lastly, we inspected all psychological records of the juvenile sex offenders and found 11 sex offenders who were reported to have psychopathic traits. These  $n = 11$  sex offenders with clinically established psychopathy scored significantly higher ( $M = 2.08, SD = .55$ ) on the psychopathy measure (ICU/ APSD) than the  $n = 74$  sex offenders without clinically established psychopathy ( $M = 1.85, SD = .34$ ):  $t(83) = -1.95, p < .05$ .

Table 1: An overview of the items of the psychopathy list composed of the ICU and APSD

1.	I express my feelings openly (r)	Unemotional	ICU
2.	What I think is right and wrong is different from what other people think	Callousness	ICU
3.	I care about how well I do at school or work (r)	Uncaring/ Callous-unemotional	ICU/APSD
4.	I do not care who I hurt to get what I want	Callousness	ICU
5.	I feel bad or guilty when I do something wrong (r)	Uncaring/ Callous-unemotional	ICU/APSD
6.	I do not show my emotions to others	Unemotional	ICU
7.	I do not care about being on time	Callousness	ICU
8.	I am concerned about the feelings of others (r)	Callousness/ Callous-unemotional	ICU/ APSD
9.	I do not care if I get into trouble	Callousness	ICU
10.	I do not let my feelings control me	Callousness	ICU
11.	I do not care about doing things well	Callousness	ICU
12.	I seem very cold and uncaring to others	Callousness	ICU
13.	I easily admit to being wrong (r)	Uncaring	ICU
14.	It is easy for others to tell how I am feeling (r)	Unemotional	ICU
15.	I always try my best (r)	Uncaring	ICU
16.	I apologize (say I am sorry) to persons I hurt (r)	Uncaring	ICU
17.	I try not to hurt others' feelings (r)	Uncaring	ICU
18.	I do not feel remorseful when I do something wrong	Callousness	ICU
19.	I am very expressive and emotional (r)	Unemotional	ICU
20.	I do not like to put the time into doing things well	Callousness	ICU
21.	The feelings of others are unimportant to me	Callousness	ICU
22.	I hide my feelings from others	Unemotional	ICU
23.	I work hard on everything I do (r)	Uncaring	ICU
24.	I do things to make others feel good. (r)	Uncaring	ICU
25.	I blame others for my mistakes	Impulsivity	APSD
26.	I act without thinking of the consequences	Impulsivity	APSD
27.	My emotions are shallow and fake	Narcissism	APSD
28.	I brag a lot about my abilities, accomplishment or possessions	Narcissism	APSD
29.	I use or con other people to get what I want	Narcissism	APSD
30.	I tease or make fun of other people	Narcissism	APSD
31.	I act charming and nice to get the things I want	Narcissism	APSD
32.	I get angry when corrected or punished	Narcissism	APSD
33.	I think I am better or more important than other people	Narcissism	APSD
34.	I do risky or dangerous things	Impulsivity	APSD
35.	I do not plan ahead or leave things until the "last minute"	Impulsivity	APSD
36.	I get bored easily	Impulsivity	APSD
37.	I am good at keeping promises (r)	Callous-unemotional	ICU

Note. Items that require reverse scoring before calculation of the total score are indicated with r

### Procedure

A consent form was signed by the respondents to declare voluntary participation and to give the researcher permission to analyze psychological and criminal records. In case the participant had not yet reached the age of 16 years, a parent or a caregiver had to sign for consent as well. We explained to the respondents that withdrawal from the research did not have any consequences for their treatment or detention situation. Each assessment started with the Sociomoral Reflection Measure Short Form (SRM-SF) that was recorded on audiotape and transcribed and scored by the first and fourth author of this article. In the second part of the assessment the respondent had to answer questions that were programmed on notebooks. Numbers were assigned in order to maintain anonymity. After full participation, all respondents received a reward of 5 Euros for their cooperation.

### Results

We conducted simple correlational analyses to test the hypothesized inverse relation between higher levels of psychopathy and less mature moral development in terms of moral cognition (moral judgment) and moral emotion (cognitive and affective empathy). The strongest inverse relations were expected in sexual and own abuse victim situations. For the interpretation of the strength of the correlations, we used the criteria that were formulated by Cohen (1988):  $r = .10$  to  $.30$  is weak,  $r = .30$  to  $.50$  is moderate and  $r > .50$  is strong. Since some of the scales of the instruments that were used were only marginally reliable, the correlations have also been corrected for the reliabilities of the scales. These adjusted correlations are reported as  $r^a$  (Jensen, 1998).

*Table 2: The relation between psychopathy and moral judgment (N=79) in general, sexual and own abuse victim situations.*

	Moral judgment (general)	Moral judgment (sexual)	Moral judgment (own victim)
	<i>r</i>	<i>r</i>	<i>r</i>
Psychopathy	.03	-.08	-.24*
	<i>r<sup>a</sup></i>	<i>r<sup>a</sup></i>	<i>r<sup>a</sup></i>
Psychopathy	.04	-.12	-.33*

Note. \*  $p < .05$ .  $r^a$  correlation adjusted for reliabilities of the scales.

Table 2 shows that negative weak to moderate associations were found between psychopathy and moral judgment in situations involving the offender's own abuse

victim ( $r = -.24$ ;  $r^a = -.33$ ,  $p < .05$ ), which indicates that higher levels of psychopathy were related to less mature moral judgment in own abuse victim situations. Weak to moderate negative associations were found between psychopathy and cognitive ( $r = -.25$ ;  $r^a = -.35$ ,  $p < .05$ ) and affective ( $r = -.30$ ;  $r^a = -.41$ ,  $p < .01$ ) empathy in general life situations. We also found moderate to strong associations between psychopathy and cognitive empathy ( $r = -.35$ ;  $r^a = -.49$ ,  $p < .01$ ) and affective empathy in sexual situations ( $r = -.50$ ;  $r^a = -.69$ ,  $p < .001$ ), which indicates that higher levels of psychopathy were related to lower levels of cognitive and affective empathy in both general life and sexual situations. Unexpectedly, we did not find a significant relation between psychopathy and cognitive or affective empathy in the own abuse victim situation, indicating that higher levels of psychopathy were not associated with lower cognitive and affective empathy towards the own abuse victim (see Table 3).

*Table 3: The relation between psychopathy and empathy (N = 85) in general, sexual and own abuse victim situations.*

	Cognitive Empathy (general)	Affective Empathy (general)	Cognitive Empathy (sexual)	Affective Empathy (sexual)	Cognitive Empathy (own victim)	Affective Empathy (own victim)
	<i>r</i>	<i>r</i>	<i>r</i>	<i>r</i>	<i>r</i>	<i>r</i>
Psychopathy	-.25*	-.30**	-.35**	-.50***	-.16	-.15
	<i>r</i> <sup>a</sup>	<i>r</i> <sup>a</sup>	<i>r</i> <sup>a</sup>	<i>r</i> <sup>a</sup>	<i>r</i> <sup>a</sup>	<i>r</i> <sup>a</sup>
Psychopathy	-.35*	-.41**	-.49**	-.69***	-.20	-.21

Note. \*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .  $r^a$  correlation adjusted for reliabilities of the scales.

Further analyses were performed to examine the effect that familiarity with the victim might have. No significant associations were found between psychopathy and cognitive and affective empathy in the case of a familiar victim. However, moderate to strong negative associations ( $r = -.44$ ;  $r^a = -.61$ ,  $p < .05$ ) were found between psychopathy and affective empathy in the situation where the offender abused one or more unfamiliar (instead of familiar) victims (see Table 4).

Table 4: The relation between psychopathy and own victim empathy toward an unknown victim (N=17)

	Cognitive Empathy (own victim)	Affective Empathy (own victim)
	<i>r</i>	<i>r</i>
Psychopathy	-.36	-.44*
	<i>r<sup>a</sup></i>	<i>r<sup>a</sup></i>
Psychopathy	-.45	-.61*

Note. \*  $p < .05$ .  $r^a$  correlation adjusted for reliabilities of the scales.

## Discussion

This study examined the relation between psychopathy and moral development in terms of moral judgment and empathy among young male sex offenders. We asked questions about general life situations, sexual situations with morally relevant features, and questions about the offender's own abuse victim. A weak negative association was found between psychopathy and mature moral judgment for situations involving the offender's own abuse victim. Weak to moderate negative associations were found between psychopathy and cognitive and affective empathy in both general life and sexual situations. Further analyses revealed a moderate inverse relation between psychopathy and affective empathy for the own abuse victim situations, but only in case of an unfamiliar victim.

The present study showed that there was a significant relation between psychopathy and moral judgment for the own abuse victim situation, but not for the general life situation and sexual situation. Young sex offenders, who show high levels of psychopathy, seem to be able to make a distinction between various moral situations, which shows their ability to use different levels of moral judgment depending on the situation. Van Vugt et al. (2008) recently revealed deficiencies in moral development in a group of juvenile sex offenders, and showed this group to only display lower levels of moral judgment when responding to questions about their own abuse victim(s). The present study again indicates that young sex offenders constitute a special group of delinquents that may be different from offenders who commit non-sexual crimes, and should, therefore, indeed be studied separately. These findings are contrary to the findings reported by Stams et al. (2006), who found young delinquents with psychopathic traits to score extremely low on measures of moral judgment, meaning that moral judgment was dominated by external consequences, such as avoidance of punishment and concrete pragmatic or hedonic considerations. One explanation

for the differences between the current study and the study by Stams et al. is that, in the latter study, no distinction could be made between different types of juvenile delinquents, whereas the present study focuses on a specific group of young sex offenders. Although one may suggest that even the sex offender population could be further subdivided (including generalist and specialist offenders), we note that our sample of young sex offenders mainly consisted of solo sex offenders who had abused younger children, a type of sex offender known to commit relatively many sexual offenses over their criminal career (Hissel, Bijleveld, Hendriks, Jansen & Collot d'Escury-Koenigs, 2006).

We found significant inverse relations between psychopathy and both cognitive and affective empathy in general life situations and sexual situations. Contrary to our expectations, we did not find a relation between psychopathy and cognitive and affective empathy when the offender had to consider his own abuse victim. However, it is important to note that 71.8% of the offenders who participated in our study knew their victim(s) from either school, their neighborhood or were acquainted with one or more of their victims, and that higher levels of empathy are expected when victim and offender are familiar to each other, since the offender is more often confronted with the negative impact of the abuse on the victim (Braithwaite & Mugford, 1994; Fromm, 1973; Kirsch & Becker, 2007). The importance of victim-offender familiarity in the relation between psychopathy and empathy was further supported by the significant relationship that was found for a small subgroup of young sex offenders in our dataset that abused an unknown victim, and for whom we found a negative association between psychopathy and affective empathy.

Some limitations of this study should be mentioned. First, no norm scores for psychopathy were available to establish whether juvenile sex offenders did show increased psychopathy in comparison with juveniles who did not commit an offense. However, we did find concordance between the individual mean scores found on the psychopathy measure and the clinically established test results of psychopathic traits that were reported in the young sex offenders' psychological records that we examined. Second, given the marginal reliability of some measures, Cohen's criteria for strength of correlations should be interpreted with care. We tried to solve this problem by adjusting the correlations for the reliabilities of the scales. Third, we were only able to examine the data cross-sectionally. In order to be able to determine causality and to be able to understand the course and stability of psychopathy, longitudinal research is needed (Edens et al, 2001).

Notwithstanding these limitations, to our knowledge, this is the first study showing that young sex offenders who rate high on psychopathic traits have context specific moral deficits. Apparently, they are able to make moral decisions, and show empathic concern within particular contexts, and therefore cannot be considered to

be 'morally insane' (Blair et al., 1995). In specific contexts, young sex offenders rating high on psychopathy appear to turn their capacity to act 'morally' into their own favor (Porter, Demetriooff & Ten Brink, in press). Given some overlap between the concepts of moral development and psychopathy situation specific deficiencies in moral development seem to contradict the general notion that psychopathy is considered a stable trait. It should be noted, however, that not only the degree of psychopathy varies among individuals with psychopathic traits, but also the extent to which individuals with psychopathic traits "openly" act in psychopathic ways across different situations, as they learn to cover up their deficiencies (Dadds et al., 2009).

Although the effectiveness of treatment for psychopathic offenders is called into question (Harris, Rice & Cormier; 1991; Seto & Barbaree, 1999), promising guidelines that are based on principles of self management and preventive skills have been developed for treatment of psychopathic offenders (Wong & Hare, 2005). The present study suggests that treatment targeting moral development of young sex offenders with psychopathic traits should focus on specific and not on general moral deficits, and on delays in cognitive empathic responding, and that general empathy training might be ineffective.

Further research should focus on the relations between cognitive empathy, affective empathy and psychopathic traits longitudinally, with a focus on situation specificity, and should verify whether situation specificity can also be found in other groups of juvenile delinquents. Lastly, the long term consequences of moral cognitive deficits and their relation to psychopathy in juvenile sex offenders should be considered.