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A Correlation Study between Religiosity and Empathy toward Victims of Crime

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A thesis

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Abstract

This present study was conducted to examine the relationship between religious involvement and empathy towards victims of crime. There was a total sample size of 84 individuals that participated in an online survey. Religiosity was measured using the Belief into Action scale. Empathy towards victims of crime was observed using the Victim Impact Scale. A Pearson correlation showed no significant relationship between religious involvement and empathy towards victims. There was, however, a negative significant correlation between Accountability score and percent of income given to religious causes ($r=-.297, p=.011$), victim blaming and how much time is spent in religious volunteering ($r=-.261, p=.025$), knowledge of victim-related facts and how often one attends religious services ($r=-.263, p=.029$), percent of income given to religious causes ($r=-.301, p=.012$), and time spent in religious volunteering ($r=-.312, p=.01$).

A Correlation Study between Religiosity and Empathy toward Victims of Crime

There are several different factors that predict the amount of empathy that people feel towards victims of crime. Empathy is both a cognitive and emotional decision to feel distress when observing another's suffering (Fulton & Cashwell, 2014). The extent to which a person feels empathy can be varied in different situations and towards different groups of people. One of these groups is victims of crime. Perpetrators of violent crimes are often seen as having a lack of empathy towards their victims. Empathy can bring about feelings of guilt in offenders, which could correlate to reduced violence (Beven, O'Brien-Malone & Hall, 2004). There may be factors that play a role in increasing empathy. One such factor that may affect one's empathy towards others is involvement in religious practices. Religion teaches a model of behavior that promotes kindness and love towards others. This teaching can motivate certain actions and behaviors. Religiosity has been positively correlated to moral emotion (Hardy, Zhang, Skalski, Melling, & Brinton, 2014). For this reason, the aim of this study is to discover whether there is a positive correlation between religious involvement and empathy towards victims of crime.

Empathy towards victims is important because an observer's inability to empathize with a victim affects how they will view the victim's responsibility for the crime against them (Dietz, Blackwell, Daley, & Bentley, 1982). Empathy is important in court as well as counseling or care for the victim afterwards. If the victim is viewed as responsible for the crime committed against them, then the care they receive may be less and the punishment for the perpetrator may also be less. Because empathy and aggression are incompatible, an empathetic response from a violent offender reduces their expression

of aggression towards their victim. Empathy may play an important role in inhibiting violent aggression towards others (Beven et al., 2004).

Empathy

Empathy is composed of both emotional and cognitive aspects. The emotional aspect of empathy is a response to someone else's distress that is completely separate from one's own situation or distress (Fulton & Cashwell, 2014). Beven et al. (2004) state that empathy has an affective nature. This means that empathy becomes evident as an emotional response that results from observing another's emotion. Empathy also involves cognitive properties. One with empathy can cognitively take on another person's point of view and, because they can understand what that person is thinking, can respond with similar emotions by feeling concern (Fulton & Cashwell). To have empathy towards someone else, one must be able to cognitively grasp and understand another's emotions (Beven et al.).

Fulton and Cashwell (2014) conducted a study to examine predictors of empathy in counselors toward their clients. According to the study, both mindfulness and self-compassion have a positive association with empathy towards clients. According to their definition, mindfulness is being aware of the present through meditation practices (Fulton & Cashwell). It involves a heightened attention to present suffering or enjoyment (Neff & Pommier, 2012). It is useful for increasing awareness and compassion. Awareness of others' distress is a predictor of cognitive empathy, while compassion consists of the emotional aspect of empathy. Compassion requires attention and feelings of concern for others (Fulton & Cashwell). It also includes care and tenderness towards others, whether close or strangers, that are perceived to be in distress (Neff & Pommier). Another positive

correlation has been found between self-compassion and empathy (Neff & Pommier). Self-compassion is a feeling of concern for one's own suffering. It involves "self-kindness versus harsh self-judgment, a sense of common humanity versus feelings of isolation, and mindfulness" (Neff & Pommier 2012, pg. 1). Self-compassion has been shown to positively correlate with perspective-taking skills, which are positively correlated with kindness and empathy towards others. According to a questionnaire, individuals who reported high self-compassion stated that they felt equal kindness towards themselves and others (Neff & Pommier).

There are a few scales used to measure empathy. One common device is the Interpersonal Reactivity Index (Fulton & Cashwell, 2014). The Interpersonal Reactivity Index is a scale used to evaluate both cognitive and emotional facets of empathy. It is a self-report measure that consists of four subscales. There are a total of seven questions in each subscale on which participants respond using a scale from 0-5 with 0 being "does not describe me well", and 5 being "describes me very well" (Fulton & Cashwell). It was designed to specifically include both the cognitive and emotional aspects of empathy along with how they interact (Beven et al., 2004). The first subsection is called perspective taking. It has questions that deal with the cognitive aspects of empathy (Fulton & Cashwell). It involves specifically, the tendency to take on others' perspectives (Beven et al., 2004). The next section, empathetic concern, relates to the emotional aspects of empathy. The third section is called fantasy, and it measures the inclination to imagine fictional characters and situations (Fulton & Cashwell). This section reveals perspective-taking skills that are an important part of the cognitive aspect of empathy (Beven et al.) The last section, called empathetic concern, measures the personal distress

and anxiety that result from observing others distress (Fulton & Cashwell). This specific instrument was not used in this study, but is described here as a good overview of the construct of empathy.

Victim Blame

The reaction of empathy can be different towards different groups of people. One such group is victims of crime. Unfortunately, victims of crime are often blamed for their misfortune. Victim blaming occurs when the observer places blame for external circumstances on internal dispositions of the victim. One common type of victim blame is blaming the poor for their lack of finances, or the elderly for their poor health based on laziness or lack of care rather than the restriction of resources or opportunities (Muller, Caldwell, & Hunter, 1994). There are several factors that can play into an observer's perspective on victims such as actor-observer bias and just world hypothesis.

There are a few theories that describe the causation of victim blaming. Dietz et al. (1982) conducted a study that measured empathy in jurors toward rape victims. In this study, one theory that was presented was the actor-observer theory. This theory states that actors tend to view events that involve themselves as being affected by external situations, but when viewing another, the observer tends to view actions involving others as being affected by internal dispositions.

Another theory that addresses victim blame is the just world hypothesis. When a victim's suffering is seemingly underserved, it threatens the observer's view of a just world (Dietz et al., 1982). Observers do not want to see good people suffer. By devaluing and blaming the victim, one can restore their understanding of justice. Two methods of restoring a view of justice are by either downplaying the suffering that the victim

experienced, or by rationalizing that the victim deserved the suffering that they received (Dietz et al., 1994). Just world beliefs predict blame, rather than empathy towards victims (Muller et al., 1994).

There are several predictors that are negatively related to victim blaming. One such predictor of victim blame is level of empathy (Muller et al., 1994). Empathy produces an observer who can take the perspective of a victim and see the relevance of the situation and external determinants rather than blaming the internal disposition of the victim (Dietz et al., 1982). Because of the actor–observer hypothesis, observers have difficulty seeing the responsibility of external events unless they can place themselves in the victim’s place. Therefore, people who can relate to the suffering of the victim, tend to have a higher level of empathy because they can view themselves in the situation. In the case of rape victims, women who had previously been raped exhibited high empathy towards rape victims (Dietz et al.).

The Rape Empathy Scale was used by Dietz et al., (1982) to measure the amount of empathy that jurors felt toward the victim and perpetrator in rape cases. In this scale, empathy was defined as “the relative tendency for subjects to assume the psychological perspective” of both people (p. 374). It consists of a list of 20-paired statements. One statement sides with extreme empathy towards the victim while the other statement sides with the rapist. The scale ranged from 1 being strong empathy for the rapist to 7 indicating strong empathy for the victim, and 4 being no preference. The measurement that will be used in the current study to examine empathy towards victims of crime is called the Victim Impact Scale. This scale measures reaction to victims of crimes. It measures how the participant views the impact that a violent crime has on the victim and

what role the victim plays in that impact. There are four factors that this scale evaluates. They are the individual's knowledge of victim's rights and victimization facts, sensitivity to the victim's predicament, opinion of the victim's role in the victimization (victim blaming), and the opinion of the criminals' own responsibility for the victim's predicament (Sedelmaier & Gaboury, 2015).

Religiousness

In the field of psychology, there is an array of diverse definitions for both the words religiousness and spirituality. There is much controversy in the field of psychology when it comes to defining religiousness and spirituality (Koenig, 2012). The traditional definition of religion is changing. Hardy et al. (2014) defines religion broadly as, "often thought of as beliefs and behaviors associated with a particular religious affiliation" (p. 339). Traditionally, psychologists agree that religiousness cannot be defined as a purely institutional phenomenon or as only concerning God, or as all good or all bad (Pargament, 1999). Religion can be defined as a multi-dimension construct that includes beliefs, practices, and rituals related to a mystical or supernatural transcendence. It includes beliefs about life for the purpose of creating a sense of closeness to transcendence, and developing an understanding of the relationship and responsibility to others within a community of people (Koenig). Pargament defines religion as a search for significance (what one values in their life) through the sacred (holy or set apart things). The sacred can be a part of the pathway, the destination, or both. A sacred pathway might include religious coping, rituals, or attending religious congregations with the purpose of finding significance. One could also seek a sacred destination such as seeking out a sacred object such as God through a religious or nonreligious pathway (Pargament).

Spirituality is distinct from the self, and is connected to the mystical or transcendence (Koenig, 2012). It can be defined as the search for the sacred and includes how people act, think, and feel according to the integration of the sacred in their lives (Pargament, 1999). Spirituality is a central function of religion. Religion focuses on the search for significance through the sacred, while spirituality is the search for the sacred. Objects of significance can become the sacred simply by the sanctification that one gives to it (Pargament).

Several positive outcomes have been seen to be associated with religiosity. People, who report as being active in religious activities, tend to engage in fewer risky activities as well as unhealthy risky habits. Better mental health, for example lower anxiety and depression, has also been linked to religiosity (Hardy et al., 2014). Religions typically teach moral behavior. Because of this, religiosity has been shown to predict altruistic behavior as well as moral reasoning and identity (Hardy et al.). Religiosity can be broken down into two important constructs. The first construct is extrinsic religious (ER) orientation (Allport & Ross, 1967). This orientation can be seen in individuals that view religion as an instrument to obtain other ends such as peace, security, and self-justification. The second construct, on the other hand, is intrinsic religious (IR) orientation. People who fall into this category view religion as a means in itself (Gorsuch & McPherson, 1989). These different views of religion change the motivation behind religious activities. IR individuals follow religious tenets and attend services for spiritual growth. ER individuals follow a different motivation. ER individuals adhere to religious activities for a desired outcome such as social relationships, status, or other desired goals. Through evidence from several studies, IR orientation seems to have positive effects on

stress and health. These results do not appear for the ER orientation or nonreligious individuals (Smith, McCullough, & Poll, 2003).

One study, examining daily religious involvement and the relationship to daily spiritual experience and daily moral actions, used a set of 16 questions to determine the level of religious involvement. The participants were asked to identify the minutes spent on these various activities as well as the quality of their time spent doing them (Hardy et al., 2014). For the purpose of this study, the Belief into Action Scale (Keonig, Nelson, Shaw, Zaben, Wang, & Saxena, 2015) will be used to measure religiosity. It is a set of 10 questions that will depict the level of involvement and commitment to religious activities with a focus on monotheism.

Method

Recruitment

Participants for this study were recruited via convenience sampling. An anonymous survey that was approved by the IRB was conducted through the Department of Psychology at East Tennessee State University by using the Sona Systems. Students enrolled in undergraduate psychology courses were offered extra credit in their classes to participate in the online survey titled *ETSU comparison of Day Reporting Center Measures*.

Measures

There were 9 sections in the survey including a demographic section, health form, experience with drugs, and offenders' opinions of the Day Reporting Center. There were several instruments used to measure trauma, resilience, victim impact, belief into action,

and childhood experiences. Two measurements from the survey (the Victim Impact Scale, the Belief into Action Scale) were used for this specific study.

The Victim Impact Scale. The Victim Impact Scale is a questionnaire containing 50 items. The scale contains questions that fit into four categories. The first factor contains 22 questions that assessed the participants' knowledge of victimization facts and victim's rights, 8 items fell into the sensitivity to the victim's plight factor, 7 items looked at the factor regarding victim blaming, and the remaining 8 items looked at the participants' opinion of self-responsibility for victimization. There are 5 questions that do not fit into any of the categories (Sedelmaier & Gaboury, 2015). The questionnaire uses a 5-point Likert-style scale that ranges from 1 (strongly disagree) to 5 (strongly agree). As an example, the first question on the scale states, being the victim of a crime changes a person's life. The participant can answer on a scale from 1-5.

The Belief into Action Scale. The second measurement is the Belief into Action Scale (Koenig et al., 2015). It contains 10 questions that are used to determine the level of involvement in religious activities and level of commitment and importance. In the words of the instrument's developer,

items for the BIAC scale were chosen—focused on monotheism—to assess 1) what a person truly prizes or values in life (“relationship with God” being one of many possible priorities); 2) the extent to which a person has consciously chosen to surrender life to God or otherwise conform life to their religious beliefs; 3) how much time within a 24-hour period is actually spent on religious activity (religious practices, including volunteering); and 4) what proportion of one's finances is given to support religious causes (Koenig et al., 2015, p. 67).

To determine the reliability of the BIAC scale, the internal consistency was measured using the Cronbach alpha coefficient which was .89 (95% CI 0.86-0.91). Test-retest reliability was measured using the Intra-class Correlation Coefficient (ICC) and, after the test was given twice, the Pearson's correlation between the two. The ICC resulted in a score of 0.919 (95% CI 0.87-0.95) (Koenig). Because of high correlations between the individual items on the scale and total scale score, unidimensionality of the measure is evident. Discriminant validity was demonstrated by weak correlations between the scale and measure of other constructs such as social support, mental health, and physical health. Convergent validity was demonstrated by a significant correlation between the scale and intrinsic religiosity and positive aspects of religious support (Koenig).

Procedure

To participate, students had to log onto their Sona Systems account and click on the survey titled, *ETSU comparison of Day Reporting Center Measures*. They then followed the instructions to complete the survey. After completing the online study, they received 1 credit to their account to be assigned as extra credit to the class of their choosing.

Results

A hypothesis was formed that there would be significant positive correlations between religious involvement and empathy toward victims of crime. This hypothesis was tested with a correlation between the total BIAC score and the 5 sections of the VI scale.

Descriptive Statistics*Table 1*

Variables	N	Mean (SD)
Total BIAC items	74	44.77 (22.40)
Knowledge of Victim's Rights	69	2.62 (.925)
Knowledge of Victim- Related Facts	69	12.54 (2.89)
Sensitivity to Victim's Plight	74	33.99 (5.79)
Accountability	74	37.55 (5.22)
Victim Blaming	78	38.15 (4.84)

The descriptive statistics are noted above in Table 1. There were a total of 83 participants. Not every participant answered questions for each section. The participants totals are as follows: Total BIAC items ($n=74$), knowledge of victim's rights ($n=69$), knowledge of victim-related facts ($n=69$), sensitivity to victim's plight ($n=74$), victim blaming ($n=78$), and accountability ($n=74$).

A Pearson r correlation was conducted with significance at the .05 level. There was no significance between the total BIAC score and the knowledge of victim's rights ($r=-.016$, $p=.896$), knowledge of victim related facts ($r=-.208$, $p=.094$), sensitivity to victim's plight ($r=-.024$, $p=.844$), victim blaming ($r=-.078$, $p=.517$), or accountability ($r=-.002$, $p=.984$). There was significance between the sections of the VI scale.

Variables	BIAC03	BIAC06	BIAC10
Knowledge of Victims Rights			
Knowledge of Victim- Related facts	-.263	-.301	-.312
Sensitivity to Victim's Plight			
Victim Blaming			-.261
Accountability		-.297	

Significance at $p=.05$

Because there were no significant correlations between the total score of the BIAC items and aspects of Victim Impact, a correlation was conducted between the 10 questions from the BIAC and the VI scale. These results are shown above in Table 3. There was a significant relationship between several of the individual BIAC items and Victim Impact scale. Accountability score and percent of income given to religious causes were significantly negatively related ($r=-.297, p=.011$), meaning that those who give a higher percentage of income to religious causes are less likely to view the criminal accountable for the victim's predicament. There was also a significant negative relationship between victim blaming and how much time is spent in religious volunteering ($r=-.261, p=.025$), meaning those who volunteer more are less likely to blame victims. There was a significant relationship between knowledge of victim-related facts and how often one attends religious services ($r=-.263, p=.029$), percent of income given to religious causes ($r=-.301, p=.012$), and time spent in religious volunteering ($r=-.312, p=.01$). These relationships indicate that those who are more religious, measured several ways, actually know fewer victim-related facts than those who are less religious.

Discussion

From previous studies, there have been some correlations between religious involvement and empathy. This study was conducted to discover if there is a positive correlation between religious involvement and empathy specifically towards victims of crime. Surveys were given to a sample of undergraduate students at ETSU. A Pearson correlation was used to test this hypothesis. From this study, there was no evidence of a relationship between the total BIAC score and the VI scale. This shows that, from this study, there is no strong correlation between religious involvement and empathy toward

victims. There were, however, some significant correlations between the VI scale and individual items from the BIAC score.

Individual items on the BIAC score had significant correlations with three sections from the VI scale. Involvement in religious volunteering seems to have a negative correlation with both knowledge of victim related facts, and victim blaming. This seems to indicate that individuals who spend more time in religious volunteering are less likely to blame victims for their plight as well as have less knowledge of victimization facts. There was a negative correlation between knowledge of victim facts and three religious involvement activities, religious volunteering, attendance in religious services, and percent of income given to religious causes. This relationship shows that those who tend to be involved in religious actions have little knowledge of victimization facts. This may be an indicator of low cognitive empathy because, according to previous literature, awareness is a predictor of cognitive empathy (Fulton & Cashwell, 2004). There was also a negative correlation between giving income to religious causes and accountability. This shows that individuals who tend to give a larger percentage of their income to religious causes are less likely to see the criminal as accountable for the victim's predicament.

There are some limitations that need to be considered. Because of the time limitation, a small sample size was collected. A total number of 96 people took the survey that was posted on Sona. Of the 96 participants, 12 of them were deleted from the sample size due to either short duration or little to no variation in responses. Not only was the sample small, but also it was limited to only college undergraduate students, which may have had an effect on the results. A total of 73.5% of the participants reported being

single. The majority of the participants also reported having some college (61.4%) as their education level. This limited sample of participants may have had an effect on the outcome of the study. Overall, further study is needed to further investigate the correlation between religious involvement and empathy towards victims of crime.

References

- Allport, G. W., & Ross, J. M. (1967). Personal religious orientation and prejudice. *Journal of Personality and Social Psychology*, 5(4), 432–443.
doi:10.1037/h0021212
- Beven, J.P., O'Brien-Malone, A., & Hall, G. (2004). Using the interpersonal reactivity index to assess empathy in violent offenders. *International Journal of Forensic Psychology*. 1 (20). 33-41.
- Dietz, S.R., Blackwell, K. T., Daley, P.C., & Bentley, B.J. (1982). Measurement of empathy toward rape victims and rapists. *Journal of Personality and Social Psychology*. 43(2). 372-384. doi:0022-3514.
- Fulton, C. L., & Cashwell, C. S. (2015). Mindfulness-based awareness and compassion: Predictors of counselor empathy and anxiety. *Counselor Education and Supervision*. 54, 122-133. doi: 10.1002.
- Gorsuch, R., & McPherson, S. (1989). Intrinsic/Extrinsic Measurement: I/E-Revised and Single-Item Scales. *Journal for the Scientific Study of Religion*, 28(3), 348-354.
- Hardy, S.A., Zhang, Z., Skalski, J. E., Melling B. S., & Brinton, C. T. (2014). “Daily religious involvement, spirituality, and moral emotions. *Psychology of Religion and Spirituality*. 6 (4). 338-348.
- Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. *International scholarly research network psychiatry*. 1-33.
doi:10.5402/2012/278730.
- Koenig, H. G. et al. (2015). Belief into action scale: A brief but comprehensive measure of religious commitment. *Open Journal of Psychiatry*, 5, 66-77.

- Muller, R.T., Caldwell, R. A., & Hunter, J.E. (1994). Factors predicting the blame of victims of physical child abuse and rape. *Canadian Journal of Behavioral Science*. 26(2). 259-275.
- Neff, K. D. & Pommier, E. (2012). The relationship between self-compassion and other focused concern among college undergraduates, community adults, and practice mediators. *Self and Identity*. 11, 1-17. doi: 10.1080/15298868.2011.645956.
- Pargament, K.I. (1999). The psychology of religion and spirituality? Yes and no.” *The International Journal for the Psychology of Religion*, 9(1), 3-16.
- Sedelmaier, C.M. & Gaboury, M. T. (2015). Administering a victim impact curriculum to inmates: A multi-site replication. *Criminal Justice Faculty Publication*, 28(2). 226-238. doi: 10.1080/1478601X.2015.1014037.
- Smith, T. B., McCullough, M. E., & Poll, J. (2003). Religiousness and depression: Evidence for a main effect and the moderating influence of stressful life events. *Psychological Bulletin*, 129(4), 614-636. doi:10.1037/0033-2909.129.4.614