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Gender differences in empathy in parents at high- and low-risk of child physical abuse[☆]

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Abstract

Objectives: The present research was designed to study empathy in high-risk parents for child physical abuse. The main objective was to study if high-risk mothers and fathers, compared to low-risk mothers and fathers, presented more Personal distress, less Perspective-taking, less Empathic concern and a deficit in dispositional empathy toward their partner and children.

Method: Based on their scores on the Abuse Scale of the CAP Inventory [J.S. Milner, The Child Abuse Potential Inventory: Manual, 2nd ed., Psytec Corporation, Webster, NC], 19 (9 fathers and 10 mothers) high- and 26 (12 fathers and 14 mothers) low-risk parents for child physical abuse were selected from a total sample of 331 parents of the Spanish general population. Both groups were statistically matched on sociodemographic variables. The Interpersonal Reactivity Index (IRI) [Catalog of Selected Documents in Psychology 10 (1980) 85] and the Parent/Partner Empathy Scale (PPES) [N.D. Feshbach, N. Caskey, A new scale for measuring parent empathy and partner empathy: factorial structure, correlates and clinical discrimination, 1985] were used to assess dispositional empathy.

Results: An interaction between risk status and gender for “Personal distress” and “Perspective-taking” was found. High-risk mothers for child physical abuse showed more “Personal distress” than low-risk mothers and low-risk fathers. High-risk fathers for child physical abuse showed less “Perspective-taking” than low-risk mothers and low-risk fathers. No difference between both groups was found for the IRI “Empathic concern” dimension. Moreover, high-risk, compared to low-risk, parents showed lower scores both on the “Empathy toward the partner” and on the “Empathy toward the child” dimensions of the PPES. No interaction between risk status and gender was found for the PPES dimensions.

Conclusions: Findings of the present study supported the hypothesis that high-risk parents for child physical abuse show a deficit both in general empathy and in empathy toward their family members. Moreover,

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findings suggested the existence of a different pattern of deficits in empathy for high-risk fathers and high-risk mothers.

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Introduction

Physical abuse can be considered as an aggressive act and, therefore, could be explained using already existing models of aggression (Azar, 1991). General models of aggression have suggested that a lack of empathy plays a role in aggression. Feshbach (1964) proposed that empathy has an inhibitory effect on aggression because it facilitates behaviors that are incompatible with aggressive behavior. From a cognitive perspective, Feshbach (1975) pointed out that aggression could be less frequent in more empathic people because the ability to adopt the perspective of others could lead to a greater understanding of the other's position, reducing the occurrence of conflict situations. From an emotional perspective, the observation of a victim suffering will result in the inhibition of aggression when the potential aggressor shares the victim's distress (Feshbach & Feshbach, 1982) or experiences a reactive emotional response of Empathic concern (Miller & Eisenberg, 1988).

Several authors have suggested that physically abusive parents could lack empathy for their children (e.g., Letourneau, 1981; Miller & Eisenberg, 1988; Schetky, Angell, Morrison, & Sack, 1979; Steele, 1980; Wiehe, 1985). From a theoretical perspective, Steele (1980) considered that physical abuse would be the outward expression for the caregiver's lack of empathy and that abusive parents would have deficits in the ability to perceive and integrate a child's cues, to understand accurately a child's state and to provide an appropriate response to the perceived need. Moreover, from a clinical perspective, the lack of empathy has been considered as a factor in negative treatment outcomes for abusive families (Jones, 1987) and as a criterion for termination of parental rights (Schetky et al., 1979). Also, it has been suggested that the development of empathy should be an important core component in the treatment of child abuse perpetrators and that the evaluation of the effectiveness of empathy training programs for child abuse perpetrators has to be promoted (Wiehe, 1997). Several studies have been conducted to test the relationship between child physical abuse and deficits in empathy. The literature review, however, shows the following limitations in order to understand the relation between both variables.

First, using the same or different instruments to assess empathy in child physical abusers or high-risk subjects for child physical abuse, findings are mixed and confusing. It is possible that the utilization of the term empathy to refer to separate phenomena like affective empathy and cognitive empathy (Davis, 1996) could explain contradictory findings. Empathy could be considered as affective when it refers to the tendency to feel concern toward others (Empathic concern) or to feel anxiety and discomfort that results from observing other's negative experience (Personal distress). Empathy could be considered as cognitive when it refers to the tendency to take the perspective of others (Perspective-taking). The utilization of different instruments, only modestly correlated, measuring both aspects of empathy, could explain, in part, contradictory findings (Milner, Halsey, & Fultz, 1995). Using the Hogan Empathy Scale (HES) (Hogan, 1969) as an instrument to assess the cognitive dimension of empathy, several authors have reported that physically abusive mothers show less empathy than matched comparison groups of

non-abusive mothers (Letourneau, 1981; Marino, 1992; Wiehe, 1985). However, while Letourneau (1981) reported that physically abusive mothers presented lower scores on affective empathy assessed by the Questionnaire Measure of Emotional Empathy (QMEE) (Mehrabian & Epstein, 1972), Gynn-Orenstein (1981) using the QMEE observed that child physical abusers showed higher scores than a comparison group of non-abusers. Using the Adult-Adolescent Parental Inventory (AAPI) (Bavolek, 1984) to assess parental empathy for the child, Rosenstein (1995) found no significant differences between physically abusive and non-abusive parents. Only two studies (Milner et al., 1995; Perez-Albeniz & De Paul, 2003) were conducted to investigate differences between high- and low-risk parents for child physical abuse using the Interpersonal Reactivity Index (IRI) (Davis, 1983). The IRI is an instrument developed to assess specific dimensions of empathy (Personal distress, Empathic concern, role-taking and Fantasy). Both studies (Milner et al., 1995; Perez-Albeniz & De Paul, 2003) observed that high-risk parents have more Personal distress than low-risk parents and failed to find differences between both groups of parents on the IRI “Perspective-taking” dimension. However, while Milner et al. (1995) failed to find differences between both groups of parents on the IRI “Empathic concern” dimension, Perez-Albeniz and De Paul (2003) observed that high-risk, compared to low-risk, parents obtained lower scores on this dimension.

Second, the majority of studies were conducted to assess general empathy and were not focused on the specific variable of empathy toward family members, as partners and children. Only one study analyzed deficits of physically abusive subjects in empathy for family members. Howes, Feshbach, Gilly, and Espinosa (1985), using the Parent/Partner Empathy Scale (PPES) (Feshbach & Caskey, 1985), observed that physically abusive mothers reported less empathy than a comparison group of non-abusive mothers on all PPES dimensions. Child physical abuse happens in the environment of family relationships. It would be important to have more information about deficits in physically abusive parents and those at high-risk of abuse on empathy toward their own family members. It could be possible that physically abusive parents and parents at high-risk of abuse would have specific problems in empathy toward their own children and not with other people.

Third, only physically abusive or high-risk for abuse mothers were included in studies with no information about possible deficits of fathers in empathy. Only two such studies to date have included fathers in their samples (Perez-Albeniz & De Paul, 2003; Rosenstein, 1995). However, neither study analyzed the effect of gender as a moderator variable (Baron & Kenny, 1986) on empathy. In contrast, the topic of gender differences in empathy has received much attention from researchers (e.g., Eisenberg & Lennon, 1983; Lennon & Eisenberg, 1987). Many studies have been motivated by the desire to test the widely held view that females are more empathic than males. Reviews (e.g., Eisenberg & Lennon, 1983; Lennon & Eisenberg, 1987), however, show that gender differences in empathy may be an artifact of the method of measurement. When demand characteristics are high and participants have conscious control of their responses, gender differences are large; when demand characteristics are subtle and subjects are unlikely to exercise conscious control over their responding (e.g., physiological and somatic indices), no gender differences are obtained (Lennon & Eisenberg, 1987). It would be important to know whether mothers and fathers who are either physically abusive or at high-risk of abuse show different kinds of deficits in general empathy and in specific empathy toward their own children.

The objective of the present study was to investigate whether parents at high-risk of child physical abuse show a deficit in the main dimensions of empathy (Empathic concern, Perspective-taking, and Personal distress) and in empathy toward family members (partner and children). Moreover, the objective was to know whether deficits in empathy dimensions for high-risk subjects for child physical abuse

differ by gender. We expected that high-risk, compared to low-risk, parents would report less “Empathic concern” and “Perspective-taking” and more “Personal distress” on IRI dimensions. It was also expected that high-risk, compared to low-risk, parents would show less empathy toward partner and children. No previous study has been conducted to analyze empathy in abusive and high-risk fathers for child physical abuse. Therefore, no hypothesis was proposed about differences on empathy between high-risk mothers and high-risk fathers for child physical abuse.

Method

Participants

A convenience sample of parents was recruited with the participation of some Basque Country (Spain) public schools. From five requested schools, four agreed to participate, and 1,514 instruments were distributed. A total of 331 parents completed the Spanish version of the Child Abuse Potential Inventory (De Paul, Arruabarrena, Mugica, & Milner, 1999; Milner, 1986) and the IRI (Davis, 1980) and returned them in a closed envelope provided by the experimenter to the school. Participants were designated as high- and low-risk for child physical abuse based on their Child Abuse Potential Inventory (De Paul et al., 1999; Milner, 1986) scores. High-risk parents were defined as those subjects with scores higher than 32 in the Abuse Scale (percentile 91 for this sample), a cut-off score described in the Spanish version of the CAP Inventory technical manual (De Paul et al., 1999). Low-risk subjects were defined as subjects scoring below an Abuse Scale score of 6 (percentile 19 for this sample). In order to select participants with valid answers to the CAP Inventory, parents scoring higher than cut-off scores on the Lie, Random, and Inconsistency Scales of the Spanish version of the CAP Inventory were removed from the sample. From the pool of 331 participants, 19 high-risk (9 fathers and 10 mothers) and 26 low-risk (12 fathers and 14 mothers) were selected. High- and low-risk groups were statistically matched on some sociodemographic variables; *t* test and χ^2 were used to test statistical differences between both groups on subject's age, number of children, gender, marital status, and educational level. No significant differences ($p > .05$) between both groups were found (Table 1).

Test instruments

Child Abuse Potential (CAP) Inventory (Milner, 1986). The CAPI is a 160-item, self-administered questionnaire that is answered in a forced choice, agree–disagree format, which was designed to screen for physical child abuse (Milner, 1986). The questionnaire contains a 77-item physical child Abuse Scale that can be subdivided into six factor scales: distress, rigidity, unhappiness, problems with the family, problems with the child and problems with others. Factors from the Abuse Scale of the Spanish version are very similar to factors from the original version (De Paul et al., 1999; Milner, 1986). The CAP Inventory also contains three scales (Lie, Random Response and Inconsistency) to detect participants answering with high social desirability or randomly. More than 50 construct validity studies supporting the Abuse Scale are summarized in the technical manual (Milner, 1986) and elsewhere (Milner, 1994). The CAP Abuse Scale has adequate internal consistency and temporal stability (Milner, 1986). Internal consistencies for the Abuse Scale range .92 to .96 for the original English version and .95 for the Spanish version. Abuse Scale classification rates are generally in the mid-80% to low-90% range for the English

Table 1
Demographic characteristics of high- and low-risk parents

Characteristics	Group	
	High-risk (<i>n</i> = 19)	Low-risk (<i>n</i> = 26)
Marital status (%)		
Married	65.0	92.3
Divorced	15.0	0
Widow	5.0	0
Single	15.0	7.7
Gender (%)		
Male	47.4	46.2
Female	52.6	53.8
Education (%)		
Primary school	44.4	39.1
Secondary school	44.4	34.7
Graduated	11.2	26.2
Age of the parent		
<i>M</i>	37.4	37.2
<i>SD</i>	5.1	4.3
Number of children		
<i>M</i>	1.7	1.6
<i>SD</i>	.66	.49

version (Milner, 1986) and close to 85% (cut-off score = 32) for the Spanish version (De Paul et al., 1999). In addition, elevated abuse scores are predictive of later reported and confirmed physical child abuse (Milner, Gold, & Wimberley, 1986).

Interpersonal Reactivity Index (IRI) (Davis, 1980). Davis developed this self-report measure supporting the notion that, rather than treating empathy as a single unipolar concept, empathy may best be considered as a set of constructs. The instrument aims at providing measures of dispositional tendencies in four areas so the questionnaire contains four 7-item scales, each designed to assess a different aspect of empathy. The IRI is answered in a 5-point Likert scale ranging from 1 (*does not describe me well*) to 5 (*describes me very well*). The “Perspective-taking” scale contains items that assess efforts to adopt the perspective of other people and see things from their point of view. Items on the “Fantasy” scale measure the tendency to identify with characters in movies, novels, plays and other fictional situations. The “Empathic concern” scale measures respondents’ feelings of warmth, compassion and concern for others. The “Personal distress” scale measures the personal feelings of anxiety and discomfort that result from observing other’s negative experience. A potential overlap between the IRI “Personal distress” dimension and the “Distress” factor of the CAP Abuse Scale could be expected. However, while subjects obtaining higher scores on the “Distress” factor of the CAP Abuse Scale are characterized by “being upset”, being mixed-up, not understanding one’s action, depression, worry, fear and rejection (Milner & Wimberley, 1980) subjects obtaining higher scores in the IRI “Personal distress” dimension have a

tendency to experience feelings of discomfort and anxiety when witnessing the negative experiences of others. Several items of the CAP Abuse Scale assess “rigidity,” dimension which could be considered as similar to “Perspective-taking” dimension measured by the IRI. However, content of “rigidity” factor of the CAP Inventory are related with educational rigidity and not with the tendency or capability for Perspective-taking. The multidimensional nature and item composition of the four scales established by Davis (1980) have been replicated by Carey, Fox, and Spraggins (1988). Construct validity of the IRI scales was also supported in several studies (Davis, 1983). Internal consistencies (alpha coefficients) for the four scales ranged from .71 to .77 (Davis, 1980). For the present sample, internal consistency of the IRI total scale was acceptable ($\alpha = .75$). However, internal consistency coefficients of the four subscales were weaker, ranging from .63 for “Personal distress” and “Empathic concern,” .65 for “Perspective-taking” to .73 for “Fantasy.”

Parent/Partner Empathy Scale (Feshbach & Caskey, 1985). The PPES is a self-report inventory designed to assess parents’ empathy toward their children and empathy toward their spouse or partner. The measure consists of 40 statements presented in a 5-point Likert scale ranging from 1 (*does not describe me well*) to 5 (*describes me very well*). Because the present research objective was to measure empathy toward partner and children, items referring to partner were selected to compose the “Empathy toward the partner” scale and items referring to their own child were selected to compose the “Empathy toward the child” scale (information available from authors). For this sample, internal consistency for the PPES total scale and for the “Empathy toward the partner” and “Empathy toward the child” scales were acceptable ($\alpha = .86, .76, \text{ and } .77$, respectively).

Instrument translation into Spanish

Two English-Spanish bilingual psychologists independently translated items of the IRI, and PPES from English to Spanish. Disagreements were solved by discussion between both translators until achieving a consensus. A third English-Spanish bilingual psychologist conducted the Spanish to English back-translation.

Procedure

All participants completed the CAP Inventory in the first order. Two instruments used to assess empathy (IRI and PPES) were administered in a random order across two groups of participants. Design, participants’ selection, and procedure were approved by the IRB board of the University of Basque Country. Written consent was obtained from participants.

Statistical analysis

An overall multivariate analysis of variance (MANOVA) with two between-subjects factors (risk status: high and low, and gender: fathers and mothers) was conducted for all dependent variables: “Personal distress,” “Perspective-taking,” “Fantasy” and “Empathic concern” IRI dimensions, PPES total score, PPES “Empathy toward the partner” and “Empathy toward the child” dimensions. Follow-up one-way ANOVAs were conducted for each measure of empathy.

Results

A significant main effect for risk status [Wilk's Lambda = .336; $F(7, 35) = 9.89$; $p < .001$] was found. Follow-up one-way ANOVAs were conducted for each measure of empathy. For the IRI dimensions, a significant difference between high- and low-risk parents was found for "Personal distress," $F(1, 41) = 39.05$; $p < .001$, and for "Perspective-taking," $F(1, 41) = 11.51$; $p = .002$. High-risk, compared to low-risk parents, showed a higher score on the IRI "Personal distress" dimension and lower scores on the IRI "Perspective-taking" dimension. However, no significant difference ($p > .05$) between high- and low-risk parents was found for the IRI "Empathic concern" dimension (Table 2). For the PPES dimensions, significant differences between high- and low-risk parents were found for the "Total score," $F(1, 41) = 21.70$; $p < .001$, for "Empathy toward the child," $F(1, 41) = 20.15$; $p < .001$, and for "Empathy toward the partner," $F(1, 41) = 23.22$; $p < .001$. High-risk, compared to low-risk parents showed a lower total score on this scale and lower scores on the dimensions measuring the tendency to empathize with their partner and their child (see Table 2). However, no main effect [Wilk's Lambda = .799; $F(7, 35) = 1.25$; $p > .05$] for gender was found for IRI dimensions or for PPES total score and dimensions.

A significant risk status by gender interaction [Wilk's Lambda = .670; $F(7, 35) = 2.46$; $p = .036$] was found. The univariate ANOVAs indicated that the main effect for risk status was qualified by gender for the IRI "Personal distress," $F(1, 41) = 7.60$; $p < .01$, and for the IRI "Perspective-taking," $F(1, 41) = 5.69$; $p < .05$, dimensions. No interactions between risk status and gender ($p > .05$) were found for the IRI "Empathic concern" dimension and for PPES total score, "Empathy toward the partner" and "Empathy toward the child" PPES dimensions. Follow-up analyses of the risk group by gender interaction were conducted in order to determine differences between four groups of participants (high-risk fathers, high-risk mothers, low-risk fathers, and low-risk mothers) on the IRI "Personal distress" and the IRI "Perspective-taking" dimensions (see Table 2). The univariate ANOVAs revealed significant differences between groups for the IRI "Personal distress," $F(3, 41) = 16.35$; $p < .001$, and for the IRI "Perspective-taking," $F(3, 41) = 5.44$; $p < .01$, dimensions. Following the ANOVAs, significant

Table 2
Means (standard deviations) of empathic scores for high- and low-risk parents

Empathy scores	Group					
	High-risk ($n = 19$)			Low-risk ($n = 26$)		
	Male	Female	Total	Male	Female	Total
Interpersonal Reactivity Index						
Perspective-taking	19.44 (4.39)	22.68 (3.21)	21.15 (4.06)	25.75 (3.79)	23.78 (3.14)	24.69 (3.53)
Fantasy	20.88 (4.85)	23.00 (4.89)	22.00 (4.86)	18.71 (4.41)	19.71 (5.83)	19.25 (5.15)
Empathic concern	26.22 (3.80)	28.10 (4.99)	27.21 (4.45)	29.33 (3.39)	28.43 (4.03)	28.85 (3.70)
Personal distress	21.04 (3.75)	24.30 (3.26)	22.75 (3.79)	17.41 (4.01)	14.94 (2.73)	16.08 (3.54)
Parent/Partner Empathy Scale						
Total score	138.21 (18.00)	147.21 (14.90)	142.94 (16.62)	163.13 (18.89)	167.64 (12.71)	165.56 (15.69)
Empathy toward the partner	63.00 (8.70)	66.61 (7.89)	64.90 (8.26)	76.56 (10.93)	77.92 (6.23)	77.30 (8.56)
Empathy toward the child	61.87 (9.08)	65.09 (9.50)	63.57 (9.19)	73.66 (7.45)	74.50 (5.63)	74.11 (6.41)

differences were analyzed using Tukey's tests ($p < .05$). It was observed that high-risk mothers showed a higher score, $p < .001$, than low-risk mothers and that high-risk fathers failed to show, $p > .05$, a higher score than low-risk fathers on the IRI "Personal distress." While no significant differences ($p > .05$) between low-risk mothers and low-risk fathers were found for the "Personal distress" dimension, high-risk mothers showed a higher significant, $p < .01$, score than high-risk fathers. While no significant differences ($p > .05$) between high- and low-risk mothers were found, high-risk fathers showed a lower score, $p < .01$, than low-risk fathers on the IRI "Perspective-taking." No significant differences ($p > .05$) between low-risk mothers and fathers and between high-risk mothers and fathers were found on the IRI "Perspective-taking" dimension (see Table 2).

Discussion

Findings of the present study showed that high-risk, compared to low-risk, parents for child physical abuse obtained lower scores on the PPES Total score and on the PPES "Empathy toward the partner" and "Empathy toward the child" dimensions. Moreover, high-risk, compared to low-risk, parents for child physical abuse obtained higher scores on the IRI "Personal distress" dimension and lower scores on the IRI "Perspective-taking" dimension. No differences between both groups of participants were found on the IRI "Empathic concern" dimension.

Results observed on the PPES dimensions suggest that high-risk parents for child physical abuse could experience lower levels of dispositional empathy toward their partner and children than low-risk parents for child physical abuse. This finding is consistent with the result of the study conducted by Howes et al. (1985) with the same measure (PPES) and suggest that for physically abusive parents and high-risk parents for child physical abuse there is not only a lack of ability to empathize with other people in need (showing more Personal distress or less Perspective-taking) but also they could experience less empathy toward their immediate family members. Findings of the present study also suggest that deficit on dispositional empathy toward partner and children observed in high-risk parents, assessed with the PPES, are similar for mothers and fathers.

Findings of the present research suggest that high-risk mothers for child physical abuse, but not high-risk fathers, present more "Personal distress" than low-risk mothers and low-risk fathers. Present findings are consistent with previous studies (Milner et al., 1995; Perez-Albeniz & De Paul, 2003), which observed differences between both groups of parents on the IRI "Personal distress" dimension. No fathers were included in the Milner et al. (1995) study and the majority of parents (80%) included in the Perez-Albeniz and De Paul (2003) study were mothers. Results obtained in the studies of Milner et al. (1995) and Perez-Albeniz and De Paul (2003) suggest that high-risk mothers for child physical abuse, but not fathers, would experience, observing other people's signs of suffering, an aversive state, such as anxiety or worry, that is not congruent with the other's state and that leads to a self-oriented and egoistic reaction. These findings support the social information processing model of child physical abuse (Milner, 1993, 2000), which propose that physically abusive parents present deficit in expectations, perceptions, interpretations, and evaluations of children behaviors. These model suggest that high levels of Personal distress could have a negative impact in information processing, making more difficult the Perspective-taking process. Several studies (Zillman, 1988, 1990; Zillman, Bryant, Cantor, & Day, 1975) have suggested that Perspective-taking's inhibitory effect on aggression may be most likely to operate at low to moderate levels of arousal. Under conditions of high arousal this effect will be disrupted and individuals experiencing high

levels of Personal distress would be more likely to be aggressive. From the cognitive-neoassociationistic perspective (Berkowitz, 1984, 1990), research has indicated that negative affect tends to produce higher levels of aggression. It would be possible that Personal distress reactions, a clear negative form of affect, might increase aggressive behaviors.

Findings of the present research suggest that high-risk fathers for child physical abuse, but not high-risk mothers, present less ability for “Perspective-taking” than low-risk mothers and low-risk fathers. Previous studies (Milner et al., 1995; Perez-Albeniz & De Paul, 2003) conducted to assess differences between high- and low-risk subjects on dispositional empathy failed to find differences on the IRI “Perspective-taking” dimension. Differences between findings of previous and present study could be explained because no fathers were included in the Milner et al. (1995) study and because the majority of parents (80%) included in the Perez-Albeniz and De Paul (2003) study were mothers. Results obtained in this study suggest that for high-risk fathers for child physical abuse, but not for mothers, the aggressive behavior toward their children could be associated with a specific deficit in the ability to take the other’s perspective. Present findings, if replicated with abusive parents, could support the theoretical approach of Feshbach (1975) about the relation between Perspective-taking and aggression. She proposed that aggressive behaviors could be less frequent in more empathic people because the ability to adopt the perspective of others could lead to a greater understanding of the other’s position, reducing the occurrence of conflict situations.

A significant and positive correlation between the IRI “Personal distress” dimension and the “Distress” factor of the CAP Abuse Scale could be expected. Moreover, several items of the CAP Abuse Scale assess “rigidity,” dimension which could be considered as similar to “Perspective-taking” dimension measured by the IRI. However, present findings suggests that the relationship between Personal distress and Abuse scores is only observed for high-risk mothers and not for high-risk fathers and that the observed difference between high-risk and low-risk fathers in “IRI Perspective-taking” dimension was not observed for high and low-risk mothers.

These results, if replicated, could be useful for research and practice. Data have shown that high-risk fathers and mothers for child physical abuse could present different kind of deficits in dispositional empathy. High-risk mothers would be more likely to develop physically abusive behavior as a consequence of their tendency to experience high levels of Personal distress when observing other people’s signs of suffering. High-risk fathers be more likely to develop physically abusive behavior as a consequence of their general difficulty to take the other’s perspective. If present findings would be confirmed, treatment for physically abusive mothers and physically abusive fathers could have different objectives and strategies.

It is important to note some limitations of the present study. First, it should be considered that the present study included only parents at risk of child physical abuse and therefore does not directly provide information regarding child physical abusers. Additional research examining empathic abilities in child physical abusers in Spain is needed to extend further this literature. Second, the correlational nature of the study gives limited information about the relationship between empathy and child physical abuse. The present study was based on cross sectional self-report measures to assess both the child physical abuse risk and the constructs of empathy. Thus, the significant associations noted between child physical abuse risk and empathy measures represent some degree of shared method variance. Finally, it is difficult to know if the different responses to instruments used to assess dispositional empathy reflect a true difference in emotional reaction or cognitive empathic skills, a difference in what these parents are willing to report, or a difference in the way these mothers and fathers want to be seen either by themselves or by others. It would be important to take care about conclusions and to view these data as some indicators of the

predisposition to empathic behavior rather than as direct measure of empathy (Williams, 1990) observed on high-risk parents.

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Résumé

Objectif: Cette recherche a voulu examiner l'empathie dans une population de parents où il existe un risque élevé de maltraiter leurs enfants. Le but principal fut de voir si les mères et les pères à risque élevé vivent plus de détresse que les parents à risque minimale, s'ils sont moins capables de mettre les choses en perspective, et s'ils démontrent moins d'empathie, en particulier envers leurs enfants.

Méthode: Un nombre de parents tirés d'un échantillon de 331 parents d'origine hispanique ont été choisis basés sur leurs scores sur le Abuse Scale of the CAP Inventory [J.S. Milner, The Child Abuse Potential Inventory: Manual, 2nd ed., Psytec Corporation, Webster, NC]. Ils comprenaient 19 parents à risque élevé (9 pères et 10 mères) et 26 parents à risque inférieur (12 pères et 14 mères). Les deux groupes partageaient les mêmes caractéristiques sociodémographiques. Pour mesurer l'empathie, on a administré deux tests: le Interpersonal Reactivity Index—IRI [Catalog of Selected Documents in Psychology 10 (1980) 85]. A new scale for measuring parent empathy and partner empathy: Factorial structure, correlates and clinical discrimination. et le Parent/Partner Empathy Scale—PPES [N.D. Feshbach, N. Caskey, A new scale for measuring parent empathy and partner empathy: factorial structure, correlates and clinical discrimination, 1985].

Résultats: On a noté un lien entre le niveau de risque et le sexe du parent en ce qui a trait aux deux facteurs de la détresse personnelle et de la perspective. Les mères à risque élevé démontrent plus de détresse personnelle que le groupe de mères et de pères à risque inférieur. Les pères à risque élevé

démontrent moins de perspective que les mères et pères à risque inférieur. Vis-à-vis du test IRI sur l'empathie, on a noté peu de différences entre les deux grands groupes. De plus, comparés aux parents à risque inférieur, les parents à risque élevé ont un score moins élevé sur le segment "empathie envers le conjoint" et le segment "empathie envers l'enfant" du test PPES. On n'a noté aucun lien entre le niveau de risque et le sexe, en ce qui a trait aux aspects du test PPES.

Conclusions: Les constats appuient l'hypothèse à savoir que les parents à risque élevé sont déficitaires tant au niveau de leur empathie en général et leur empathie envers les membres de leur famille. De plus, les constats portent à croire qu'il existe des déficits différents au niveau de l'empathie, pour les pères et les mères à risque élevé.

Resumen

Objetivo: La investigación se diseña para estudiar la empatía en padres alto-riesgo para el maltrato físico infantil. El principal objetivo es estudiar si las madres y los padres alto-riesgo, comparados con las madres y los padres bajo-riesgo presentan más malestar personal, menos toma de perspectiva, menos preocupación empática y un déficit en empatía disposicional hacia la pareja y los hijos.

Método: A partir de una muestra total de 331 padres y madres de la población general de España, se seleccionaron un total de 19 sujetos (9 padres y 10 madres) alto-riesgo y 26 sujetos (12 padres y 14 madres) bajo-riesgo para el maltrato físico infantil en base a las puntuaciones en la Escala de Abuso del Inventario CAP (Milner, 1986). Ambos grupos quedaron estadísticamente emparejados en las variables sociodemográficas. Para evaluar la empatía disposicional se utilizaron en Interpersonal Reactivity Index (IRI) (Davis, 1980) y el Parent/Partner Empathy Scale (PPES) (Feshbach & Casey, 1985).

Resultados: Se observó un efecto interactivo entre el status de riesgo y el género para "Malestar Personal" y "Toma de Perspectiva". Las madres alto-riesgo para el maltrato físico infantil mostraron más "Malestar Personal" que las madres y los padres bajo-riesgo. Los padres alto-riesgo para el maltrato físico mostraron menos "Toma de Perspectiva" que las madres bajo-riesgo y los padres bajo-riesgo. No se observaron diferencias entre ambos grupos para la dimensión de "preocupación empática" del IRI. Además, los padres alto-riesgo, en comparación con los padres bajo-riesgo mostraron puntuaciones más bajas en las dimensiones de "Empatía hacia la pareja" y de "Empatía hacia el hijo" medidas por el PPES. No se observó una interacción en entre el status de riesgo y el género para las dimensiones del PPES.

Conclusiones: Los hallazgos del estudio apoyan la hipótesis de que los padres alto-riesgo para el maltrato físico infantil muestran un déficit en empatía general y en empatía hacia los miembros de su familia. Además, los hallazgos sugirieron la existencia de un patrón diferente de déficit en empatía en madres y padres alto-riesgo.