



Parental empathy and child maltreatment



NSW Department of
Community Services

Introduction

This Research to Practice Note presents an overview of the research report, *Parental Empathy, Personality Disorders and Child Maltreatment*. The study was undertaken by Dr Don Hine and Dr Kym Kilpatrick (University of New England) with DoCS as the industry partner.

The purpose of this Research to Practice Note is to highlight the important role of empathy in the context of the parent-child relationship and its application to practice.

Background

Parenting and its impact on children's well-being has been subject to scrutiny by researchers for many years. It has long been recognised that parent's (or primary carer's) emotional availability is as important as their physical presence and their provision of the child's basic physical needs. A lack of emotional availability or empathy on the part of the parent can lead to detrimental effects in the child throughout the lifespan, and has been linked to all forms of child abuse.

What is empathy?

Many authors have attempted to identify the key factors which contribute to the construct of empathy and have generally defined two key types of empathy: 'affective empathy' and 'cognitive empathy'¹. These authors have described affective empathy as the ability to share in the emotions of another and cognitive empathy as the non-emotional ability to understand another's perspective. The cognitive definition of empathy has been the most widely used in the research literature which suggests that this definition has the most central role in the construct of parental empathy (PE).

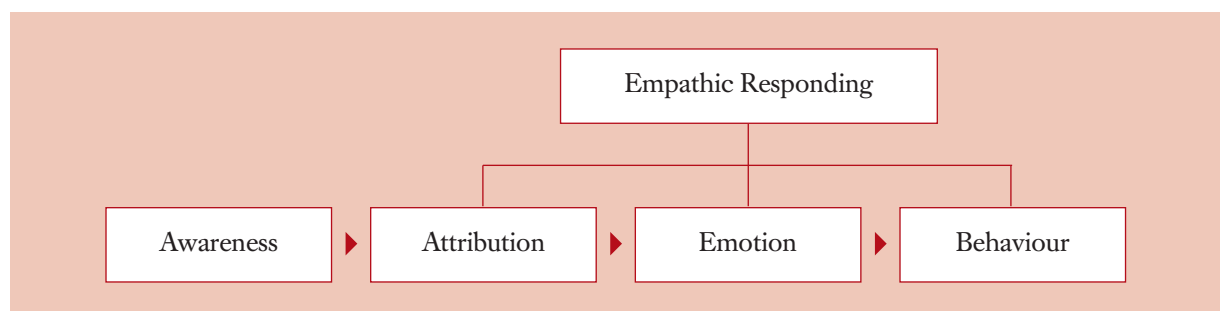
What does empathy mean in the context of the parent-child relationship?

In defining parental empathy, Kilpatrick highlights that cognitive empathy involves the primary components of attention to another's signals and judging the motives behind these signals; that is, before a parent can take the perspective of their child, they first need to be attuned to the child's signals and must judge that these signals are worthy of attention. This therefore forms the basis for the theoretical link between empathy and attributions. Kilpatrick and Hine therefore proposed the following model of parental empathy incorporating:

- attending to the child's signals/cues
- making accurate attributions regarding why the child is experiencing such emotions
- experiencing child-focused positive emotions (for example, compassion, love), and
- implementing child-focused helpful behaviours.

This model is shown in the figure below.

The model below proposes successive stages through which parents progress, although does not consider some other factors which may be important (for example, parental mood). **The suggestion is, therefore, that an inability to engage in the stages of the above model leads to child maltreatment and/or neglect.** Kilpatrick further notes that abusive and neglectful mothers have been reported to be equivalent in their level of insensitivity towards their children's emotional cues, although this insensitivity presents itself in different ways.



How is parental empathy assessed?

The research literature has highlighted three key difficulties in the measurement of parental empathy.

1. There is a lack of consistency in the use of assessment tools available to accurately measure empathy
2. Questionnaire measures do not account for 'social desirability' factors (that is, the tendency for those being interviewed to give answers that are thought to conform to social norms – often called 'faking good')
3. Assessment tools appear to measure and target acutely different aspects of the construct of empathy.²

In response to these difficulties, Kilpatrick devised the Parental Empathy Measure (PEM) which is a semi-structured interview. Parents are presented with various scenarios and the factors included in her model of parental empathy are assessed. These include parental attributions, emotional and behavioural responses on a 'normal' versus a 'bad' day, and parents' perceptions of and responses to their child. Kilpatrick and Hine further noted the PEM assesses parenting awareness, empathic responding, and 'faking good' (that is, a social desirability/lie scale)³. Specifically, the PEM looks at the parents' ability to accurately detect the child's signals, as well as their attributions regarding the child's behaviour.

Kilpatrick reported good reliability and validity for the measure, lending support not only to the PEM, but also to the model of empathy proposed. Furthermore, she found that a higher level of parental empathy was associated with less rigid attitudes, in particular the cognitive aspects of parental empathy (that is, attention to signals and parental attributions) had the strongest relationship with the rigidity of parents' attitudes. Kilpatrick suggested a possible explanation for such findings as being that parents who are particularly rigid in their beliefs and attitudes about their children may be more insensitive to their child's emotional cues, and that even when they do pick up their child's cues, there may be an increased likelihood they generate distorted and negative attributions about the child's behaviour.

What is the link between parental empathy and child maltreatment?

Low levels of parental empathy have been associated with parental aggression towards one's child.⁴ As child abuse is clearly a form of aggression, researchers have looked to existing models of aggression which highlight empathy as an important factor to understand the processes involved in abuse. This research suggests that having the ability to take another's perspective leads to a shift in the attributions made for the other's behaviour which may decrease the likelihood of an aggressive response.

There are two mechanisms by which the presence of empathy curbs aggression: (1) a reduction in the level of distress and (2) empathic concern for the other person. The research notes that physically abusive parents have deficits in their perceptions, expectations, interpretations and evaluations of their child's behaviour. Furthermore, parents who have high levels of personal distress, as is often the case with parents deemed 'at risk', often have information processing difficulties which makes perspective-taking more difficult.⁵

However, research has also found different results for high-risk mothers and fathers. High-risk mothers appear to be at an increased risk of using physical aggression due to high levels of personal distress when observing the suffering of their child.

This is thought to be just enough distress to incite an aggressive response but not enough to facilitate perspective-taking. On the other hand, high-risk fathers tend to be physically aggressive because of their inability to engage in perspective-taking. Indeed, the research notes that being subjected to another person's distress incites emotions such as anxiety in high-risk parents, when compared to more positive feelings of warmth and compassion in low-risk parents, and leads to an egotistical reaction (such as aggression).⁶ Furthermore, it is suggested that perspective-taking inhibits aggression under conditions of low-moderate, but not high, levels of arousal.

Why is it important to recognise lack of parental empathy?

It is widely understood within the parenting literature that children of a young age are unable to effectively regulate their emotions, and instead look to their significant caregivers (usually their parents) to model effective emotion regulation:

Through empathic mirroring of feelings and needs, the child also learns to recognise, label, and describe emotional experience. This contributes to self-control, self-definition, and interpersonal connectedness through the development of communication skills⁷

Thus, parents who are not empathic in their interactions with and responses to their child inhibit the child's ability to internalise this skill of emotion regulation. Recent research has also highlighted the link between inappropriate parental empathy (a lack of responsiveness to distress) and insecure attachments, which has potentially significant implications for the child's internal working models and how they conduct their own relationships.⁸ This work also found that maternal responsiveness was also a predictor of their child's capacity to empathise with others who are distressed. Other researchers have found that the effect of parental empathy on a child's ability to then empathise with others is mediated by the child's expression of emotions.⁹

A lack of appropriate modeling can mean that children could develop unhelpful strategies, such as dissociation, which prevents them from learning from their emotional experiences to aid their adaptive functioning. This can lead to difficulties in the child creating and maintaining effective relationship boundaries, as well as externalising problems later on due to their inability to internally cope with emotions. However, these findings regarding the link between a lack of parental empathy and externalising problems in children are based on parental self-report, and may therefore represent a response bias rather than a true relationship.

Application to practice – key factors in recognising problems with empathy in the parent-child relationship

In summary, the literature on parental empathy suggests specific processes which influence a parent's ability to empathise with their child, as well as how this lack of empathy can be linked to their capacity to effectively parent and their potential to engage in abusive and detrimental practices. These findings highlight the importance of recognising a lack of empathic responding in preventing child abuse. Therefore, practitioners within child protection agencies require markers to guide their practice and aid their identification of such difficulties.

Three specific questions have been highlighted that practitioners should answer when dealing with at-risk families:

- Is the parent able to individualise each child?
- Is the parent able to describe the child in terms of the child's needs?
- Does the parent expect the child to satisfy the parent's needs?

Furthermore, the work of Kilpatrick and Hine has noted that child protection agencies typically focus their attention on acts of abuse (such as physical, sexual) rather than on what is **missing** from the parent-child relationship. These authors suggest the need to direct more attention to the latter given the literature which suggests emotional aspects that are lacking (empathy) may in fact be a precursor to acts of abuse.

Based on Kilpatrick and Hine's 'Parental Empathy Model', practitioners should be aware of the deficits in the individual factors within this model in order to assess whether there is an indication of difficulties with parental empathy. These factors include:

- parent's ability to attend to their child's signals and cues
- parent's ability to accurately recognise these cues and the reason behind them (that is, to make appropriate attributions regarding the signals), and
- parent's ability to appropriately respond to these cues both emotionally and behaviourally.

A full copy of the report on Parental Empathy by Kilpatrick and Hine is available through DoCS Library.

References

- 1 Kilpatrick, K.L. (2005). The parental empathy measure: A new approach to assessing child maltreatment risk. *American Journal of Orthopsychiatry*, 75(4): 608-620. Rosenstein, P. (1995). Parental levels of empathy as related to risk assessment in child protective services. *Child Abuse and Neglect*, 19(11): 1349-1360.
- 2 Perez-Albeniz, A., & de Paul, J. (2005). Empathy in individuals at risk for child physical abuse: The effects of victim's pain cues on aggression. *Aggressive Behavior*, 31: 336-349.
- 3 Kilpatrick, K.L., & Hine, D. (2005). Parental empathy, personality disorders and child maltreatment. Final Report for Industry Partner: New South Wales Department of Community Services.
- 4 Zeifman, D.M. (2003). Predicting adult responses to infant distress: Adult characteristics associated with perceptions, emotional reactions, and timing of intervention. *Infant Mental Health Journal*, 24(6): 597-612.
- 5 Perez-Albeniz, A., & de Paul, J. (2004). Gender differences in empathy in parents at high- and low-risk of child physical abuse. *Child Abuse and Neglect*, 28:289-300.
- 6 Perez-Albeniz, A., & de Paul, J. (2003). Dispositional empathy in high- and low-risk parents for child physical abuse. *Child Abuse and Neglect*, 27: 769-780.
- 7 Paivio, S.C., & Laurent, C. (2001). Empathy and emotion regulation: Reprocessing memories of childhood abuse. *Journal of Clinical Psychology*, 57: 213-226.
- 8 Davidov, M., & Grusec, J.E. (2006). Untangling the links of parental responsiveness to distress and warmth in child outcomes. *Child Development*, 77(1): 44-58.
- 9 Strayer, J., & Roberts, W. (2004). Children's anger, emotional expressiveness, and empathy: Relations with parents' empathy, emotional expressiveness, and parenting practices. *Social Development*, 13(2): 229-254.

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