

CHAPTER 11: CONCLUSION AND IMPLICATIONS

The principal aim of the present study was the development of a clinically useful measure of parental empathy that is relevant to the assessment of child maltreatment. The first stage of the process of achieving this aim was the development of a coherent operational model of parental empathy. The predictions made in the present study have been largely substantiated. The model of parental empathy was found to be both coherent and operationally viable. The instrument developed from the model, the Parental Empathy Measure (PEM) demonstrated satisfactory reliability (inter-rater and internal consistency) and validity (construct and concurrent). Further, it was found to be a strong discriminator of child maltreatment risk status in a sample of abusive, distressed and non-maltreating parents.

The three empathy variables investigated were found to mediate completely the relationships between risk factors and parenting behaviours as defined and measured by the PEM variable, behavioural responsiveness. Given the relationship established between behavioural responsiveness and parental risk status, this finding gave support to the premise that a deficit in parental empathy is the core issue in child maltreatment risk. The PEM's efficacy as an instrument able to provide both qualitative and quantitative data was demonstrated in the two case studies presented wherein predictions were made of further abuse of the children concerned and these predictions substantiated. Further qualitative analyses identified three constructs, (negative perception of the child, blurring of the child's personality with a much disliked other, and limited ability to perceive the child as

an individual distinct from his or her impact upon oneself), that were also found to relate to child maltreatment risk status.

The implications of these findings for empathy theory and research, child maltreatment theory and research, and clinical practice in child maltreatment are discussed below. A discussion of the limitations of the present study and recommendations for further research is also provided.

Implications for Empathy Theory

Despite its intuitive merit, the ability to draw conclusions about the relationship between empathy and other human behaviours has been impaired by semantic difficulties that have continued to plague the concept. For example, in a recent report that examined deficits in empathy in sexual offenders, Pithers (1999, p. 258) stated that “Several logical problems render much of this literature relatively meaningless. First, operational definitions of empathy are not consistent across studies. Second, measurement techniques vary, precluding meaningful comparisons across studies.”

As such, the formulation of yet another conceptualisation or model of empathy (albeit parental empathy) and measurement technique arguably adds to this confusion. However, the current conceptualisation of empathy has several advantages over previous definitions. Like the more recent conceptualisations of empathy, (e.g., Davis, 1994; Feshbach, 1989; Marshall, et al., 1995) the current model resolves the emotional versus perspective-taking debate by integrating both perspective-taking and emotional responsiveness into the one model. Unlike these other recent conceptualisations, empathic emotional responsiveness is not conceptualised as emotional replication, affective reactivity

or emotional contagion. Given the popular understanding of empathy as an altruistic and help-enhancing quality, this is an important distinction. As established earlier (see Chapter 2: Literature Review), emotional contagion, rather than enhancing altruism, has been found to be either negatively related or unrelated to helping behaviours (Brems, 1989; Davis, 1983) and inversely related to cognitive perspective-taking (Davis, 1983). Further, emotional contagion is considered a less mature and more egocentric level of processing than either cognitive role-taking or, more importantly, emotional responses of sympathy, compassion and other-orientated concern (Brems, 1989; Mead, 1934; Piaget, 1948).

The model of empathy proposed in the present study therefore includes four inter-related constructs: attention to the another's signals; realistic attributions made about the another's behaviour; emotional responsivity defined as other-orientated positive emotions; and behavioural responsivity defined as other-orientated helping behaviours. The results of the present study confirmed the model's conceptual coherency. For example, the parental empathy construct as measured by the PEM demonstrated very good internal consistency and path analysis confirmed the predicted relationships between the individual empathy variables.

As well as conceptual coherence, any model purporting to explain human behaviour must be operationally viable to allow testing of the assumptions made (Barnett, et al., 1991; Egeland, 1991; Pithers, 1999). This challenge was well met in the present study as demonstrated by the model's instrument, the PEM. Tests of this instrument in the present study demonstrated good construct and concurrent validity. These analyses provide

evidence that, for parent-child relationships at least, the model is strongly operational and its assumptions sound.

Consequently, the model's relevance in predicting altruistic behaviours was also affirmed. All four empathy variables individually and together were found to be significant predictors of risk of child maltreatment and its converse, child focussed altruistic parenting. These results provide further evidence of the efficacy of the model proposed and the assumptions underlying it. In particular, the results found in the present study confirmed the assumption that other-orientated positive emotional responses rather than either emotional replication or contagion, or both, is the affective element in empathic responding.

Consistent with some other models (e.g., Crittenden, 1993; Marshall, et al., 1995; Milner, 1993), the model of empathy in the present study conceptualised the variable that measured attention to children's signals (that is, Signals; variously termed Sensitivity to or Perception of Signals in other models) as an essential first step in altruistic behavioural responding. However, the development of a scale to measure the attention to children's signals (Signals) variable, was unique to the present study. Tests of the Signals scale demonstrated very good internal consistency and inter-rater reliability. Additionally, the variable was found to be a powerful predictor of risk group status. As such, these initial findings herald this concept as a relatively new but potentially potent issue in the empathy research domain. Further study of this variable, given its antecedent status of empathic responsiveness, is clearly a priority.

Previous models of perspective-taking are also challenged by the findings of the present study. In this model attributions are clearly an integral aspect of the perspective-

taking process. By contrast, Brems and Sohl (1995) conceptualised attributions as a separate entity from empathy. Of note is that Brems and Sohl's results demonstrated that the attribution variable is a strong predictor of altruistic versus punitive parenting strategies, while 'empathy', as conceptualised and measured by the Adult-Adolescent Parenting Inventory (AAPI; Bavolek, 1984), had only marginal predictive power. In contrast, Betancourt's (1990) model that predicted links between attributions, empathy conceptualised as other-orientated empathic emotions (that is, sympathy and compassion) and altruistic behavioural responses are supported and elaborated upon by the findings in the present study.

A possible criticism of the parental empathy model in terms of its value to the broad domain of empathy theory is that it is too focussed on parent-child relationships specifically and, consequently, limited in its generalisability. Support for the generalisability of the model is, however, provided by the knowledge that three of the four factors (that is, attributions, other-orientated positive emotions and other-orientated helping behaviours) have been previously empirically examined, although the measures used have differed from those in the present study (e.g., Batson et al., 1997; Betancourt, 1990; Davis, 1994; Gruen & Mendelsohn, 1986). Thus, the uniqueness of the current model lies not in the individual factors themselves, but rather in the integration of these factors and their conceptualised relationships within the one model.

It can also be argued that no other relationship requires such intensity of altruism over such a long time-frame as that required by the parent-child relationship. As such, when it is functional and appropriate, the parent-child relationship is the ultimate test of

empathy. Thus, the efficacy with which the current model of empathy distinguished between appropriate and maltreating parenting in the present study supported an optimistic viewpoint of the model's ability to discriminate between altruism and egocentricity in other domains.

In summary, the Parental Empathy Model has demonstrated coherence, is operationally viable and was found to be predictive of altruistic behaviour, at least in terms of parent-child relationships. As such it offers an advancement on previous models and definitions and may provide some resolution of the semantic difficulties that have continued to handicap the study of the empathy.

Implications for Child Maltreatment Theory and Research

Deficits in parental empathy continue to be theoretically and clinically recognised as a crucial factor in risk of child maltreatment, despite largely disappointing empirical results (e.g., Jones, 1995; Rosenstein, 1995; Wiehe, 1997). Earlier (see Chapter 2: Literature Review), it was argued that the failure to demonstrate a strong association between empathy and child maltreatment risk is less likely to be a consequence of poor relationships than a consequence of poor models and unsatisfactory measures. For example, previous attempts to study parental empathy have simply administered generalised empathy scales to parents (e.g., Letourneau, 1981; Milner, et al., 1995; Rosenstein, 1995; Wiehe, 1985).

Previous measures of parental empathy have been founded on models that have included a definition of emotional contagion as a positive empathic emotion (e.g., Feshbach, 1987; Feshbach, 1989) despite evidence to the contrary (e.g., Davis, 1994; Milner, et al.,

1995) or have assessed perspective-taking alone (e.g., Bavolek, 1984). In contrast, initial assessments of the PEM, based on the proposed model of parental empathy, found that the construct was a strong predictor of child maltreatment risk status. Further, the PEM in these initial assessments proved a more powerful discriminator of maltreatment risk status than the strongly validated Child Abuse Potential Inventory (CAPI; Milner, 1986).

The present study also provided support for the premise that parental empathy is the core issue in determining appropriate versus inappropriate parenting. The empathy variables were found to mediate the collective relationships of the participants' childhood experience of abuse, insight into parenting, cognitive beliefs about children, with parenting behaviour completely. These findings offer encouraging support for the premise that parental empathy, or the deficiency thereof, is a core issue in child maltreatment.

The relevance of the findings concerning the individual empathy variables to child maltreatment research is discussed in the following section.

Relevance of Individual Variables.

Individually the four empathy measures demonstrated moderate to strong relationships with child abuse potential as measured by the CAPI. The empathy measures also contributed to the prediction of child maltreatment risk status. As such, these results provide further empirical support for previous studies that have linked these individual factors with child maltreatment.

In the tests of validity, the measure of attention to children's signals (Signals) was found to be a very strong predictor of risk group status. Attention to signals also exhibited a moderate level relationship with the CAPI Rigidity Subscale (Milner, 1986) and a weak

association with the CAPI Abuse scale. These findings provide further evidence that maltreating parents have an impaired ability to discriminate between different emotional states in children (e.g., Crittenden & Bonvillian, 1984; Frodi & Lamb, 1980; Kropp & Haynes, 1987; Milner, et al., 1995). Further, it seems probable that maltreating parents' inability to attend to their children's emotional signals underlies their rigid and inappropriate expectations of children.

Importantly, in the current study the method of assessment of participants' ability to attend to the emotional signals was different to that used in previous studies. Rather than observational studies (e.g., Crittenden & Bonvillian, 1984) or laboratory studies that utilised slides or videos of non-related babies (e.g., Frodi & Lamb, 1980; Kropp & Haynes, 1987; Milner, et al., 1995), the present study used open-ended interview questions about the participants' perception of their own children. This method not only uses fewer resources, but it also allows more flexibility in that the participants' ability to attend to the signals of each of their children can be assessed in the one interview.

The measure of parents' attributions of children's behaviour (Attributions) was found to share a moderate relationship with the CAPI Abuse and Rigidity scales and to be a moderately strong predictor of known abuse status. In the present study, scenarios of common parenting challenges were used to assess attributions, a method consistent with that used in previous studies (e.g., Azar, et al., 1984; Azar & Rohrbeck, 1986; Grusec & Walters, 1991). The efficacy of this variable in discriminating between abusive and non-abusive parents is a testament to the viability of this technique and the PEM's approach to the measurement of attributions. Additionally, these findings offer quantitative and

qualitative confirmation that maltreating parents have distorted understandings and highly unrealistic expectations of children and their own children in particular. More specifically, data on the Attribution test provide further support for the view that parents' attributions that their children are 'spoilt', 'bad' and malicious (that is, the child is behaving that way to deliberately 'get at' the parent) are a central factor in abusive parenting practices (Ammerman & Boerger, 1998, August; Dix, et al., 1989; Geller & Johnston, 1995; MacKinnon-Lewis, et al., 1992) including psychological maltreatment (Belsky & Vondra, 1989; Brassard, et al., 1993; Grusec & Walters, 1991).

Emotional responsivity (Emotion), as defined in the present study, has received much comment in earlier sections (see Chapter 2: Literature Review and earlier in this current chapter). A major difference between the current model of empathy and previous definitions is the rejection of emotional sharing or contagion as a measure of empathic emotional responsivity. The appropriateness of this decision was affirmed by the evidence from the present study that the PEM index of emotional responsivity demonstrated a negative, moderate relationship with the CAPI Abuse scale, and a negative weak relationship with the Rigidity scale, and is a moderate predictor of abuse status. Further justification of the current conceptualisation of empathic emotional responsivity is provided by its demonstrated mediational potential between attributions and behavioural responsiveness in the empathy model itself (see Chapter 8: Study of the Parental Empathy Model).

These findings are supported by reports from previous studies in which maltreating parents have typically been found to demonstrate more negative emotions towards their

children (Dix, 1991; Killen-Heap, 199 ; Milner, et al., 1995) The negative emotions described have included irritability, frustration, and anger. Maltreating parents have also been found to display fewer positive emotions such as warmth, compassion and sympathy. Further, the results from the present study are also consistent with previous reports that more intense levels of negative emotions are evident in maltreating parents compared to those levels in non-maltreating parents (e.g., Frodi & Lamb, 1980; Milner, et al., 1995).

As for the other variables, behavioural responsiveness (Behaviour) was found to be a moderate predictor of abuse status, and demonstrated a moderate negative relationship with the CAPI Abuse scale and a weak, negative relationship with the Rigidity scale. Essentially these findings indicate that maltreating parents' behaviour towards their children is generally punitive, hostile, and unresponsive to the children's needs. These conclusions are supported by reports from previous studies that, above and beyond the incidents that brought the family to notice, maltreating parents demonstrate chronic and global deficits in parenting behaviours (e.g., Bousha & Twentyman, 1984; Brassard, et al., 1993; Burgess & Conger, 1978; Cerezo, et al., 1996; Susman, et al., 1985; Trickett & Kuczynski, 1986).

Four other variables related to child maltreatment risk were empirically examined for their relationships with the parental empathy variables. These four variables were measures of alcohol and drug usage, participants' childhood history of abuse, participants' cognitive beliefs about children and child-rearing, and parental insight. These variables have

been discussed in some detail earlier (Chapter 9: Mediational Potential of Parental Empathy) Nevertheless, a further brief commentary is warranted and is provided below.

The use of drugs and alcohol did not demonstrate the expected relationships with any of the empathy variables due, most likely, to the very low reported frequencies of use. It seems probable that there was a bias towards under-reporting of this behaviour.

Surprisingly, the participants' own childhood abuse history demonstrated only a weak negative relationship with the empathy variables. The most probable explanation for the weakness of the relationship found was that the method employed to assess childhood history of abuse was consistent with the 'dose' rate of abuse rather than the presence or absence of a secure attachment figure as recommended by Zuravin et al. (1996) and Morton and Brown (1998). A measure of dose rate for childhood abuse appears, by itself, unlikely to be predictive of parental empathy levels.

Parental insight, defined as evidence of a reflective, thoughtful approach to parenting, has been recognised as an important characteristic of functional parenting, both in qualitative and theoretical papers (e.g., Erickson & Egeland, 1996; Fischhoff, et al., 1971) and parent-training programmes (Webster-Stratton & Herbert, 1993). However, the present study was innovative in that it developed an operationalised definition of parental insight that allowed empirical assessment of that construct. Consistent with expectations, parental insight was associated to all of the empathy variables, both individually and in combination as an overall empathy measure (that is, Empathy Total). In particular, parental insight was found to relate strongly with the ability to attend to children's signals and with the ability to generate realistic and appropriate attributions about children's

behaviours. Thus, it would seem that the more able and practised a parent is in reflecting on or considering their parenting, the more able they are to be sensitive and understanding towards their children.

Cognitive belief systems about the nature of children and goals of childrearing (that is, Beliefs) was the fourth variable examined for its potential relationship with parental empathy. As predicted, Beliefs demonstrated moderate to strong positive associations with all of the empathy variables. The strongest relationship found, perhaps not surprisingly, was between attributions and beliefs. This finding supports previous theories that cognitive belief systems are able to promote or restrain child maltreatment (Belsky, 1993; Newberger & Cook, 1983) at all stages of information processing (Milner, 1993).

Three additional factors associated with the measure of attention to children's signals (that is, Signals) were examined as part of the qualitative analyses of the PEM. The first of the three was the tendency for participants to blur their children's identity by perceiving them as 'just-like' a significant other family or ex-family member. Qualitative analyses indicated that maltreating parents, compared to non-maltreating parents, were not only more likely to perceive their children's personality as 'just-like' a significant other, but were also more likely to perceive their children's personality as 'just-like' someone actively disliked. Subsequent quantitative analyses supported the hypothesis that maltreating parents were more likely to have blurred their children's personalities with those of someone who roused strong negative emotions in the participant. This perceptual distortion has been previously cited in theoretical and clinical case-study papers (e.g.,

Bugental, et al., 1989; Killen-Heap, 199). An innovation of the present study was the operationalisation of this variable and assessment of its variance across risk groups.

The overall nature of the participants' perception of their children was also of interest. This was examined initially through qualitative analyses and subsequently by descriptive statistical analyses. In general, maltreating parents were found to present a far more negative view of their children indicated by their use of a greater number of negative descriptors compared to positive descriptors. Of particular concern was that a substantial number of maltreating parents were unable to provide even one positive descriptor about their children even when directly challenged to do so. In contrast, distressed and non-maltreating participants provided more balanced and generally positive descriptions of their children. Although these findings might be interpreted to show that maltreated children have more difficult temperaments and therefore, increased vulnerability to abuse, the alternative explanation is that maltreating parents have distorted perceptions of their children as being more difficult and unlikeable. The latter account is supported by previous research in which maltreating parents have been found to perceive their children's behaviour more negatively than did independent observers (Burgess & Conger, 1978; Reid, et al., 1987) and made more negative dispositional attributions about their own children's behaviours than those of a "stranger child", despite an identical context (Larrance & Twentyman, 1983). This does not discount, of course, the possibility that maltreated children may also be relatively difficult for their parents to parent, but at the same time, behavioural problems are a recognised outcome of experiences of maltreatment in children (e.g., Erickson & Egeland, 1987; Erickson, et al., 1989; George & Main, 1979; Newberger &

Cook, 1983). It would seem more likely, therefore, that the distorted negative perception and subsequent biased responding of maltreating parents towards their children serve to exacerbate any pre-existing challenging child behaviours or 'difficult temperament'. Thus, initial distorted negative perception of the child is likely to result in a vicious circle of negative interchanges and perceptions between the parent and child (Belsky & Vondra, 1989; Crittenden, 1993; Dukewich, et al., 1999; Egeland & Erickson, 1987). Given the inequality of power in the parent-child relationship, at least when the child is young, an escalation of maltreatment in these circumstances is highly probable.

Similarly, in the present study there was a tendency for maltreating parents to describe their children using relational descriptors rather than descriptors of internal qualities in their children. In other words, when describing their children's personalities, maltreating parents generally commented on the children's impact upon the parents themselves, rather than commenting on their children's inherent qualities and characteristics. In contrast, the responses of non-maltreating parents typically incorporated both relational and internal descriptors. These findings provide further support to previous observations that maltreating parents are generally more egocentric and less able to see their children except in terms of their own (that is, the parents') wants, needs and feelings (Egeland & Erickson, 1987; Killen-Heap, 1991; Newberger & White, 1989).

In summary, the present results provide strong support for the premise that deficits in parental empathy characterise maltreating parents. Maltreating parents, in comparison with non-maltreating parents, demonstrated deficits throughout the empathic

response process. This was evident from the initial stage of attending to their children's emotional signals, through the nature of the attributions made about children's behaviours and finally by their habitual emotional and behavioural responses to their children. Additionally, maltreating parents, demonstrated relatively poor insight into their parenting and harsher cognitive belief systems about children and child-rearing. In general, maltreating parents also held more negative perceptions of their children and were less able to describe them except in terms of their own (that is, the parents') needs and wants. Further, maltreating parents demonstrated more perceptual distortions of their children's nature, particularly in terms of blurring their children's personality and, therefore, identity, with a much disliked other person. Taken together, these findings and those of previous studies strongly support the hypothesis that maltreating parents demonstrate pervasive cognitive deficits that inhibit their ability to meet their children's needs.

Relevance to Aetiological Understanding of Child Maltreatment

The parameters of the present study fall largely under a psychological approach to the understanding of the aetiology of child maltreatment. Thus, the primary focus has been an examination of the premise that physically abusive and neglectful parents have cognitive deficits in terms of attending to their children's signals, understanding their children's behaviours and capabilities, responding in a child-focussed, emotionally appropriate manner, and implementing helpful behavioural responses. It has also been posited both in the present study and in previous papers (e.g., Jones, 1995; Rosenstein, 1995; Wiehe, 1997) that impaired parental empathy is the key aetiological factor in child maltreatment.

At the same time, it is recognised that the aetiology of child maltreatment is a complex, multi-faceted interaction of factors best understood from an ecological perspective (Belsky, 1993; Belsky & Vondra, 1989). It is also recognised that a number of social factors such as cultural norms, poverty, social stress, and isolation are known to contribute to child maltreatment risk. Other studies have stressed that child characteristics also play some part in increasing risk of abuse, although Belsky and Vondra (1989, p. 171) state, “when thinking about the effect of the child on the care-giver, it is important to keep in mind that more likely it is that the very care the parents have provided in the past influences what comes to be labelled as child temperament”.

Despite the primarily psychological approach of the current study, influence of ecological forces in the aetiology of child maltreatment were taken into consideration. Some of these social factors were deliberately manipulated to provide homogeneity across the risk groups. Thus, in recognition of the influence of poverty and cultural norms in child maltreatment risk, the sample was drawn only from Australians with low socio-economic status (incomplete schooling and dependence on Social Security pensions) and from the ethnic majority. This is not to discount the presence of child maltreatment in other socio-economic status and cultural groups, but rather, recognition of these factors as child maltreatment risk predictors necessitated their control in the present study so that the focus on the empathy variables could be maintained.

Other known child maltreatment factors were not found to differ between maltreating, control, and distressed parent groups in the present study. For example, no group differences were found for single parent status, age of participants, and self-reported

level of stress, therefore negating further analysis of these variables' potential interaction with parental empathy. It is the argument of the present thesis, however, that it is through the vehicle of parental empathy that other factors, including social factors, other parent factors, and child factors, impact upon the quality of parenting behaviours. That is, impaired parental empathy is deemed to be the core issue in child abusing and neglecting behaviours.

In order to examine further the premise that parental empathy deficit is the core aetiological issue in child maltreatment, four additional variables were considered for their interactive potential with parental empathy. The four factors (participant's own childhood abuse history, beliefs about children and childrearing, insight and drug/alcohol usage) were initially examined for their relationship with parenting behaviours. All except drug and alcohol usage were found to demonstrate relationships with parenting behaviours. Assessment of the putative causal associations between the empathy variables, attention to signals, attributions and emotional responsiveness demonstrated that, the set of empathy variables totally mediated the direct relationship between the predictive variables and behavioural responsiveness. As such, these findings support a causal interpretation of the association between risk factors, mediating empathy variables and behavioural responsiveness and provide strong initial evidence that a deficit of parental empathy is indeed the core factor in child maltreatment.

The claim that a deficit of parental empathy is the core aetiological factor in child abuse and neglect appears to contradict the perceived view that there is no one cause of child maltreatment but rather, an imbalance of stressors and supports is at play (Belsky,

1993; Belsky & Vondra, 1989; Cicchetti & Carlson, 1989). The proposed role of parental empathy and these previous observations do not discount the multifactorial nature of the aetiology of child maltreatment. Rather, it is argued that these various factors influence risk of child maltreatment through their interaction with parental empathy. That is, poverty, cultural attitudes, social isolation and the like will not evoke child maltreatment if the parents' level of empathy with their children is adequate. As such, the results of the present study suggest that parental empathy, as defined, may serve as a conceptual model in which to integrate the diversity of factors identified as related to the risk of child maltreatment. Clearly, further research needs to be undertaken to not only re-examine the relationships found between the factors found to interact with parental empathy in this thesis, but also to examine other known ecological correlates of child abuse and neglect and their relationships with parental empathy. However, the present research suggests that the parental empathy model has the potential to clarify how the various stressors and supports specifically influence child maltreatment risk, and hence the model can provide indications of how the 'many pathways' (Belsky, 1993, p. 413) can be more specifically terminated.

Parental Empathy as a Unifying Construct for Other Related Constructs

A number of previous studies, particularly in the attachment literature, have assessed the impact on children of factors that subjectively appear to be akin to parental empathy or deficits thereof. For example, the concepts of psychologically available parenting (e.g., Egeland & Sroufe, 1981a; 1981b; Egeland, et al., 1983), parental sensitivity

(e.g., Ainsworth, et al., 1974; Crittenden & Bonvillian, 1984), and parental awareness (Newberger, 1980) are arguably all synonymous with parental empathy.

As demonstrated in the examination of the parental empathy model in the present study (see Chapter 8: Study of the Parental Empathy Model) the social information processing model is similar to the parental empathy model, but the latter's incorporation of emotional responsiveness is the key distinction between them. As discussed in Chapter 2 (Literature Review), independent reports have posited that defective social information processing is the core issue in child neglect (Crittenden, 1993) and child physical abuse (Milner, 1993). Both of these papers were purely theoretical and both called for the development of new methods of assessment to allow for the analysis of the contribution of each nominated stage of processing. This challenge was largely met by the present study. A modified information processing model was assessed by a path analysis conducted to test the relative efficacy of the model of parental empathy (see Chapter 8: Study of the Parental Empathy Model). The results of these analyses were supportive of the social information processing model, although the model of parental empathy, which included emotional responsiveness, was found to be the more efficacious.

It would seem from these observations that the construct of parental empathy as defined by the present thesis has the capacity to integrate many of the constructs previously posited to represent parenting qualities that discriminate functional versus dysfunctional parenting. An advantage of the model of parental empathy is that it is demonstrably operational, coherent and, as discussed below, clinically relevant. Additionally, the integration of these many constructs under the one model not only

highlights their inter-relationship, but also has a further potential advantage in promoting consistency of communication across studies and clinical practice.

Another construct that is proposed to unify empirical and clinical thinking about child abuse and neglect is psychological maltreatment (e.g., Brassard, et al., 1993; Garbarino & Vondra, 1987; Hart, et al., 1987; Iwaniec, 1995; O'Hagan, 1993). In the following section, the implications of the findings of the present study and the parental empathy model for psychological maltreatment theory and research are discussed.

Implications for Psychological Maltreatment Theory and Research

With the exception of permanent injury or death, it is increasingly argued that psychological maltreatment is not only the central issue in all forms of child abuse and neglect, but also the most destructive (e.g., Garbarino & Vondra, 1987; Hart, et al., 1987; Iwaniec, 1995; O'Hagan, 1993). Despite this, psychological maltreatment remains the most marginal category of the current typology of child abuse and neglect, primarily due to the dissension regarding an acceptable operational definition (Tomison & Tucci, 1997).

Rather than focussing on the categorisation of psychologically maltreating behaviours as have other studies, (e.g., Garbarino, et al., 1986; Garbarino & Vondra, 1987; Grusec & Walters, 1991; Hart & Brassard, 1987) the present study has attempted to contribute to the definition of maltreatment through an examination of the fundamental processes that underlie maltreating as opposed to functional parenting. An understanding of the processes that cause maltreating behaviour by parents has been argued to be crucial from both a clinical and empirical perspective (Crittenden, 1993; Giovannoni, 1991;

Maccoby & Martin, 1983; McGee & Wolfe, 1991a; Milner, 1993) and essential in efforts to achieve a meaningful definition (Egeland, 1991).

As psychological maltreatment has been posited to be the concept that unifies and connects all outcome effects of all forms of child abuse and neglect (Brassard, et al., 1993), it is the argument of the present thesis that impaired parental empathy is the core unifying and connecting concept in psychological maltreatment. The findings of the present study support this argument. Further, the tests of mediational hypotheses provide some evidence for the view that parental empathy is the vehicle through which other factors exert their influence on parenting quality whether maltreating or 'good-enough'.

Earlier (see Chapter 2: Literature Review), it was argued that, in order to qualify as psychologically maltreating, a given parenting behaviour must first be established as a cause of psychological harm in the children. The link between a lack of parental empathy and psychological harm in children was not directly tested in the present study. However, the conceptualisation of the model of parental empathy has been guided throughout by previous reports that identified that negative outcomes in children's psychological well-being arise from different parental characteristics (Brassard, et al., 1993; Grusec & Walters, 1991; Hart & Brassard, 1987).

In particular the coding of behavioural responsiveness as appropriate versus inappropriate in the present study was determined by the established categories of psychologically maltreating behaviours. As an example, one abusive mother's reported (good day) behavioural response to the 'toilet-training challenges' scenario was that of a yelled threat to break every bone in her child's body if he did not use the potty right then

(he did). This behavioural response by the parent was considered to fit the psychological maltreating category of *terrorising* and, consequently, was judged as very inappropriate.

Insensitivity or a lack of attending to a child's signals has also been found to be strongly related to impaired psychological well-being in children. Parental insensitivity has been robustly associated with insecure attachments in infants (Ainsworth, et al., 1978; Erickson & Egeland, 1987), and ongoing psychological difficulties in older children such as self-abusive behaviours, poor school performance, poor social skills, poor self-esteem, impaired impulse control, and coping skills (Ainsworth, et al., 1974; Erickson & Egeland, 1987; George & Main, 1979; Newberger & Cook, 1983).

The relationships between parental emotions and child outcomes have been well-researched and well-documented. As such, the relationships established between positive parental emotions (e.g., warmth, affection, love, sympathy, compassion) and children's psychological well-being, and between negative parental emotions (hostility, anger, dislike, rejection) and impaired psychological well-being are perhaps the most well-established within the child development literature (e.g., Darling & Steinberg, 1993; Dix, 1991; Maccoby & Martin, 1983). The encoding of participants' emotional responsivity in the present study was congruent with this knowledge.

Attributions of children's behaviour, as an internal cognitive function, can not directly impact upon children. However, attributions do influence parenting practices and thereby impact indirectly on children's psychological well-being. Attributions that children deliberately behave in undesirable ways are likely to result in hostile, punitive and power-assertive parenting behaviours; this relationship has been established both by the present

study (Chapter 7, Tests of Validity), and by previous research (e.g., Ammerman & Boerger, 1998, August; Dix, et al., 1989; Geller & Johnston, 1995; MacKinnon-Lewis, et al., 1992). Hostile, punitive, and power-assertive parenting behaviours, if chronic, have long been recognised as causing psychological distress and disorders in children (Crittenden & Ainsworth, 1989; Grusec & Walters, 1991; Hart, et al., 1996; Killen-Heap, 1991; Maccoby & Martin, 1983). On this basis, some prominent commentators have theorised that inappropriate attributional belief systems are the basis of psychological maltreatment (e.g., Belsky & Vondra, 1989; Grusec & Walters, 1991).

The present study provides support for the theory that inappropriate attributions, particularly attributions of a negative and hostile intent, are a central causal factor in child maltreatment, including psychological maltreatment. Further, in the present study the causal explanation for psychological maltreatment has been expanded to include not only attributions but also parents' ability to read their children's signals, their emotional responsivity towards their children, and the subsequent behavioural expressions of all of these variables.

Given that children may also be maltreated by people other than their parents, (e.g., grandparents, siblings, professional child-carers and school-teachers) the definition of psychological maltreatment should also encompass these potentialities. On this basis, the operational definition of parental empathy proposed in this thesis can also be considered a definition of care-taker empathy. Thus, the definition of psychological maltreatment generated from the present study is as follows.

Psychological maltreatment comprises significant and chronic impairment of parental or caretaker empathy manifested as acts of either commission or omission, or both, that impact negatively on a child's psychological well-being. Parental or caretaker empathy consists of an ability to attend to the child's signals or emotional cues, an ability to make realistic attributions about the child's behaviour, an ability to respond to the child in an emotionally positive and child-focussed manner, and an ability to respond to the child with child-focussed helpful behaviours. Psychological well-being in this context includes emotional well-being, and social, cognitive, socio-cognitive and physical development.

In the following section, the clinical significance of this study's findings are discussed in detail.

Clinical Implications

The clinical utility of the parental empathy model and the instrument developed to assess it has been the primary focus of the present study from conception. Most specifically, the present study introduces a new approach to, and a new instrument for the assessment of child maltreatment risk. As the conceptual framework for the Parental Empathy Measure, the proposed model of parental empathy has clear implications for assessment and intervention in child maltreatment, as do the other constructs defined and operationalised in the present study. Finally, the model of parental empathy has

implications for the formal incorporation of psychological maltreatment into child maltreatment risk assessment. Each of these issues is addressed in further detail below.

Advantages of the Parental Empathy Measure

As stated above, the PEM was found in these initial assessments to have very good reliability and validity and to be a strong predictor of child maltreatment risk. The PEM also has a number of advantages over other assessment tools and procedures that stem from its design as a semi-structured interview intended to capture both qualitative and quantitative data.

In contrast to paper and pencil survey style measures and unstructured clinical interviews, the PEM has been designed to allow for the development of a profile of the nature of the parent-child relationship enriched with specific, individual and contextual details and comparisons with normative data. The PEM requires far fewer resources and time than behavioural observation techniques, and is specifically geared towards eliciting an understanding of the psychological processes that underlie parenting behaviours.

Additionally, the PEM's incorporation of a scale to assess the degree of false responding or 'faking good' is an important advantage, given the frequent adversarial nature of child maltreatment investigation and the high likelihood of biased responses (Brassard, et al., 1993; Grotevant & Carlson, 1989).

Further empirical confirmation of the PEM's validity and reliability is required before it is able to achieve its potential as a clinically useful instrument. Nevertheless, as an instrument that captures both normative and qualitative data of underlying processes of

parenting behaviours, and that incorporates a 'faking good' index, the PEM shows early promise of clinical utility in child maltreatment risk assessment.

Implications of the Parental Empathy Model and the PEM for Intervention

Without an understanding of the context and underlying processes which result in child maltreating acts of commission or omission, intervention in any given family situation runs the risk of being reactive, fragmented, and limited in scope for the long-term protection of the children concerned. For example, Tomison (1994) identified a cycle of notifications and short-term interventions by child protection agencies in families over a long time-frame that ultimately failed to prevent further abuse of the children. Similarly, in the two case studies presented, the families were known to the child protection agency and interventions had been implemented, yet the children in these cases continued to be psychologically abused and both were physically re-abused.

As illustrated by these two case studies, the principal benefit of the PEM for intervention is its capacity to provide comprehensive information on the context and processes underlying identified acts of child maltreatment and, a comparison of that information with normative data. Such information allows for more efficient and effective decision-making and interventions within any family identified as at risk of child maltreatment. In particular, the PEM allows for the assessment of the point of breakdown within the empathic parenting response and a measure of the specific or global nature of the breakdown across a series of parenting challenges. This information is an indication of the extent of the problem and allows for the development of specific goals and the tailoring

of interventions to meet these goals. The PEM protocol also allows for the assessment of the parents' potential for meaningful change and specific means of measuring that change.

It is probable that the later the breakdown in the parental empathy process, the simpler the intervention required. Thus, a breakdown at the point of behavioural responsiveness due to inappropriate behaviour management strategies generates the obvious intervention goal of child management skills training. Likewise, a breakdown in empathic responding in specific challenging situations (e.g., a crying, distressed, hard-to-settle baby) will require more short-term and focussed intervention than will a global breakdown in empathic responding across the majority of parental challenges.

Relatively simple and short-term interventions are unlikely to succeed with parents who are experiencing global breakdowns in their empathic processing at the early stages. For example, training in behaviour management strategies is unlikely to produce meaningful change if parents are unable to perceive their children's emotional states in the first place or develop realistic attributions in the second (Crittenden, 1993; Milner, 1993). Behaviour management strategy training with parents experiencing such breakdowns, conceptually, are more likely to result in a sense of hopelessness and defeat in parents and workers both (Killen, 1994).

In those cases where the breakdown in empathic parenting is in the early stage of perceiving or attending to their children's emotional signals, more intensive and complex interventions are clearly required. Thus the factors that are restraining parents from being aware of their children's needs and emotional states would need to be first identified and successfully addressed, followed by interventions to train parents to actively attend to

their children's emotional signals. The need to address distortions in each subsequent stage of the empathic processing would also require assessment, and interventions implemented as required. Such interventions could include: education programmes geared towards informing parents about child development and the capabilities of children; psychotherapeutic intervention to assist parents to address their own unresolved issues that may be impeding them from being sensitive towards their children; anger, anxiety and depression management strategies; and behaviour management skills training (Crittenden, 1993; Daro, 1988; Iwaniec, 1995). In the author's experience, some parents also need intervention to assist them in learning how to play with and enjoy interacting with their children.

Prognostic predictions require the assessment of the chronicity and severity of the contextual and underlying processing dysfunctions associated with the identified acts of child maltreatment. Comparison with normative data provides one estimate of severity. Early breakdowns in the empathic processing evident over the majority of parenting situations are, logically, indicators of more chronic trait-based impairment of parental empathy. Such severe and chronic trait-based impairments most likely indicate more severe levels of psychological maltreatment. In these more chronic and severe cases the ability of the parents to achieve effective enough change in a time-frame that is meaningful for their children's needs and developmental challenges must be carefully considered.

In contrast, parents who are able to be empathic in the face of at least some, if not the majority of parenting challenges, or whose breakdowns in empathic responding occur at a later phase of the process, could be reasonably assumed to have a more positive

prognosis. Parents who fit within this category are more likely to be suffering a state-based deficiency of parental empathy and needing short-term, specific interventions.

Of note is that in the two case studies in which predictions of further child maltreatment were substantiated (see Chapter 10: Exploratory Qualitative Analyses and Case Studies), the lack of parental empathy in both cases fitted the above criteria for a chronic, trait-based and severe impairment. In both cases the parents concerned scored in the lowest percentile of the sample. In both cases, the breakdown in the empathic processing was at the initial phase of attending to their children's signals, and the deficits were evident across the majority of the scenarios and parenting challenges.

As well as the severe impairment of parental empathy evident in the two case studies, other additional but related factors were significant in elevating fears for the safety for the children concerned. The relevance of these factors for assessment and intervention are now discussed.

Implications of Secondary Factors for Intervention

As stated above, the present study identified factors secondary to the parental empathy construct that are associated with an increased risk of child maltreatment and therefore have relevance for assessment and intervention. These factors included dysfunctional belief systems about children and childrearing, impoverished levels of parental insight, highly negative perceptions of children, an inability to see children's needs as separate to parents' own needs and wants, plus a blurring of children's personality with a much disliked other.

Dysfunctional cognitive belief systems suggest specific goals for intervention and education programmes. For example, endorsement of authoritarian beliefs (e.g., that children should be seen and not heard, that children should always obey adults, and that children need to be taught from the start that demanding attention will not get them anywhere) indicate the need for education programmes about the needs of children and the costs of not responding to them (Baumrind, 1989; Darling & Steinberg, 1993; Maccoby & Martin, 1983).

Intervention towards changing dysfunctional belief systems can occur not only at the tertiary level of educating identified maltreating parents, but also at the primary level of changing community values. Examples of successful primary level education programmes are numerous, and include, for example, the child sexual abuse education programmes (Finkelhor, 1996), and the Swedish community education programmes against physical punishment of children (Durrant, 1999; Giovannoni, 1991).

In the present study the construct of parental insight was found to be strongly and positively related to parental empathy, particularly the empathy variables of attributions and attention to signals. This suggests that challenging parents to reflect and think upon their parenting practices and the impact of these practices on their children may be beneficial in developing more attentive and understanding parenting styles. The use of parent training programmes that focus on heightening parental insight (e.g., Webster-Stratton & Herbert, 1993) is supported by this finding, at least in principle. Conversely, a continuing lack of parental insight should be considered an indication of ongoing risk of child maltreatment (Milner, 1993).

Three additional perceptual distortions were identified in the qualitative analyses reported in the present study as being common characteristics of maltreating parents and needing intervention (see Chapter 10: Exploratory Qualitative Analyses and Case Studies). The first perceptual distortion identified in parents was the tendency for maltreating parents to blur their child's personality with a disliked other person. This characteristic has been noted in other qualitative studies (e.g., Bugental, et al., 1989; Killen-Heap, 1991) and appears to be a major factor in actively impeding parents from empathising with, nurturing, or even liking their children. Although not examined in the present study, perceptual distortions of this nature are likely to impact upon children not only in terms of their parents' negative response biases, but also in terms of the children's self-concepts, self-esteem, and hopes for the future. As such, this form of perceptual distortion is a priority for both assessment and intervention. Parents and the children themselves can be helped to breakdown this perceptual distortion through a cognitive exercise in which the child's similarities and differences to the disliked other person are listed (Kilpatrick, 1996). This allows for the alleged similarities to be teased out and challenged while differences are highlighted and stressed. If completed successfully, more differences than similarities (including physical, personality, social, and life-experience differences) are identified, creating a concrete illustration that the child is not 'just-like' the disliked other, but a unique individual with a unique set of possibilities for the future. Follow-up interventions can then educate parents about the consequences of this perceptual distortion and assist in developing strategies to rekindle and highlight more appropriate perceptions.

The second cognitive distortion found in maltreating parents in the present study was a difficulty in describing their children's personalities with descriptors that were not relational-based. That is, maltreating parents typically described their children's personalities in terms of the children's impact upon the parents themselves. This result confirmed previous observations of maltreating parents' impaired ability to comment on their children except in terms of their own (parents') issues and is consistent with reports of egocentricity and immaturity in maltreating parents (Egeland & Erickson, 1987; Factor & Wolfe, 1990; Killen-Heap, 1991; Newberger & White, 1989). Newberger and White (1989, p. 313) stated that assisting parents to develop beyond immature stages of development "requires the capacity for both growth and change within the individual". Clearly the assessment of parents' capacity to change and develop more mature and less egocentric awareness is vital in determining the likelihood of successful intervention.

Killen (1994) argued that three different forms of immaturity may be evident in maltreating parents. Primary immaturity is described as global, chronic and trait-based. Secondary immaturity is described as similar to primary immaturity in terms of being evident across a broad range of the parents interactions, but is more time-limited in that the parents concerned had previously functioned more appropriately and that the current dysfunction could be identified as a consequence of current stressors. Situational immaturity, as the name implies, occurs when parents demonstrated immaturity only in specific contexts but are otherwise functional (Killen, 1994; Killen-Heap, 1991).

Of these three types of immaturity, situational immaturity clearly holds the most hope for resolution following intervention that has succeeded in the identification and

resolution of the specific difficulties. In cases of secondary immaturity, resolution first requires successful intervention to deal with the current stressors that are impeding functioning. Case-planning in such cases would obviously need to take into account the likelihood of successful intervention in a time period that would allow the children to recover and meet their own developmental challenges (Jones, 1987; Killen, 1994).

Primary immaturity, equivalent to Newberger and White's (1983) lowest state of egoistical awareness, suggests a very limited capacity for change (Erickson & Egeland, 1987; Killen, 1994; Killen-Heap, 1991). In such cases, prioritisation of the children's needs to experience child-focussed, nurturing, safe parenting often means intervention to place the children elsewhere in care (Erickson & Egeland, 1987; Jones, 1987; Killen, 1994; Killen-Heap, 1991).

The highly negative descriptions of their children's qualities and characteristics provided by maltreating parents in the present study were clear evidence of the third category of perceptual distortion. Such negative perceptions have been recognised as highly damaging to children and have thus been classified as psychological maltreatment (Belsky & Vondra, 1989; Erickson & Egeland, 1987). In an attempt to address this perceptual distortion, Friedrich (1996) argued for the need to 'market' the child to the parent, that is to promote the child's positive qualities. Parents may need to be trained to actively attend to their children's positive behaviours and inappropriate attributions need also to be identified and addressed. Additionally, as stated earlier, some parents need direct hands-on training in how to engage their children in mutually enjoyable activities.

In summary, parenting characterised by active dislike and an inability to perceive the children as separate individuals with their own needs and qualities is clearly parenting characterised by psychological maltreatment (Erickson & Egeland, 1987). It must be noted that all three of the perceptual distortions identified by the qualitative analyses are variables that indicate breakdowns very early in the sequence of empathic processing, that is, at the point of attention to signals and attributions. As such, perceptual distortions in combination are indicative of problems that are likely to require complex and long-term interventions. Of note is that both of the parents described in the case studies were highly egocentric (primary immaturity) and able to perceive their children only in terms of their own needs and desires. Specifically, both parents perceived their sons as ‘just-like’ the hated fathers, and both held perceptions of their children that were overwhelmingly negative.

Policy Implications

As stated in the review of the literature, a lack of parental empathy has been posited to be a crucially important factor in the perpetration of child maltreatment (e.g., Rosenstein, 1995; Wiehe, 1997). Despite this intuitively reasonable proposition, parental empathy as yet is not routinely or formally considered in assessments for risk of child maltreatment (Jones, 1995; Rosenstein, 1995; Wiehe, 1997). Arguably, this failure is a consequence of the lack of an operational definition of parental empathy with proven predictive and discriminatory ability (Pithers, 1999). The present study has sought to remedy this deficiency by offering a model of parental empathy which is both operational, and, from these early reports, a powerful predictor of child maltreatment.

The formulation of an effective operational model therefore promises to legitimise parental empathy and promote its incorporation formally into child maltreatment risk assessments. Of note is that the items that make up the various scales of the PEM are questions that are easily and naturally asked about a variety of parent-child interactions. As such, case-workers can presumably gain a preliminary sense of the level of empathy a parent brings to a given situation by asking what the parent believes the child is feeling, why the parent believes the child is behaving that way, and what are the parent's emotional and behavioural responses. Thus, the proposed model of parental empathy easily provides case-workers with a coherent and integrative framework in which to organise information about a given incident. In short, the utility of the model and its ease of incorporation within existing case-work practices should ensure its adoption within the policy and practice arenas of child maltreatment assessment.

In addition to the model of parental empathy, this thesis has provided operationally useful definitions of other concepts that have been theorised to be relevant to child maltreatment but which are rarely formalised into the assessment of risk of child maltreatment. The blurring of a child's identity with a disliked other person, the inability to perceive the child other than in an egocentric manner, and highly negative perceptions of the child were operationalised during the present study and identified as factors strongly related to child maltreatment. Similarly, parental insight was operationalised and found to be strongly and negatively associated with deficits in parental empathy. As with parental empathy, the items found to successfully elicit information on these concepts are questions that are easily and naturally incorporated within a normal case-work interview.

Active assessment of these factors will allow for more comprehensive and effective case-work with families identified as at risk of child maltreatment. Thus, a recommendation from the present study is that these concepts should be actively incorporated into existing risk assessment models in child maltreatment.

Finally, but importantly, psychological maltreatment has also been largely marginalised in child maltreatment risk assessment due to ongoing problems of definition (Giovannoni, 1991; Tomison & Tucci 1997). A new, operationalised definition of psychological maltreatment is offered in the present study. The advantages of this definition are numerous. As a definition, it incorporates the broad context of practices and underlying parent processes that impact negatively on children's psychological well-being rather than attempting to catalogue only specific acts of omission or commission that are of little benefit in the policy and legal arenas (Giovannoni, 1991). As the model of parental empathy integrates and unifies a diverse range of constructs and theories (e.g., empathy theory, social information processing theory, and the constructs of psychological unavailability, parental responsiveness, parental sensitivity, and parental awareness), so the conceptualisation of psychological maltreatment as a chronic lack of parental empathy integrates and unites these various known pathological parental influences on children's psychological well-being. Further, the formal and routine incorporation of parental empathy in risk assessment for child maltreatment should facilitate the routine incorporation of assessment of psychological maltreatment (as a lack of parental empathy) in child maltreatment risk assessment. Consequently, the findings of the present study

should aid the promotion of psychological maltreatment from its current state of marginalisation to its rightful position as the core issue of child maltreatment.

CHAPTER 12: LIMITATIONS AND RECOMMENDATIONS

FOR FUTURE RESEARCH

The results of the present research are very encouraging, not only for the efficacy of the parental empathy model, but also for the utility of the Parental Empathy Measure (PEM). However, it must be noted that these results are only a first test of both. The PEM is still in development, and the model itself needs further assessment. Additionally, there are a number of limitations in the present study that indicate the need for further research. These limitations and recommendations are detailed below.

The major limitations of this study stem from the characteristics of the sample used. Although the group of maltreating parents was large in comparison to other studies (e.g., Brassard, et al., 1993; Feshbach, 1989; Letourneau, 1981; Rosenstein, 1995), and was paralleled by well-matched control and distressed groups for comparison, the overall sample size is smaller than preferred when undertaking an assessment of a new instrument's validity and reliability (Arastasi & Urbina, 1997). Particular difficulty was encountered in enlisting non-abusive and non-distressed (i.e., control) parents, principally due to the a lack of a referring agency to undertake the negotiations. The Control group, therefore, was comprised of a relatively small number of participants. The recruitment of participants through schools, a source not used in the present study, may offer a remedy for this problem in future studies. In any event, further assessments of the PEM with larger samples are obvious priorities for future studies. Such studies would provide further information on the PEM's reliability and validity.

In order to ensure homogeneity across the sample in the present study, all participants in the present study were low socio-economic, non-minority status Australians with children from the 12 month to 12 years range. Although this allowed a degree of control over other potential sources of bias, it also restricts the generalisability of the present findings to a relatively select population. Thus, further tests of the PEM need to be conducted to assess its ability to predict maltreatment risk across a broader population, including different cultural and socio-economic groups.

Although well-matched on the majority of factors including socio-demographics, age, and single parent-status, the three groups of participants differed with respect to the number of children they had. Abusive parents were found to have significantly more children than either the controls or the distressed group. Previous research has demonstrated that maltreating parents do indeed have more children than non-maltreating parents (Daro, 1988), but the impact on parental empathy and risk of child maltreatment of having more children to parent is unknown. In future studies with larger samples this factor may be procedurally or statistically controlled.

Another limitation of the present study is the small number of fathers included in the sample. It was planned to have a sufficiently large sample of fathers participating within the study to allow a comparison between fathers and mothers on the PEM across the different groups. Unfortunately, as is the case with the majority of studies in this field (Knutson & Schartz, 1997), fathers in all three groups of risk status were harder to enlist than mothers and too few fathers were recruited to allow this comparison. The difficulty enlisting fathers as participants in child maltreatment research is of concern, as fathers,

particularly step-fathers, have been found to be responsible for some of the more severe forms of child maltreatment (Corby, 1996; Knutson & Schartz, 1997; Milner, et al., 1995).

A major shortcoming of the present study's sample is the aggregation of physically abusive and neglectful parents into one group. Although this limitation is a common feature of other studies (e.g., Ammerman & Boerger, 1998, August; Brassard, et al., 1993) the procedure effectively prevents a comparison between neglectful and physically abusive parents. It may be noted, however, that research evidence increasingly suggests that 'pure' forms of child abuse or neglect do not exist (Belsky, 1993; Claussen & Crittenden, 1991; Farmer & Owen, 1995; Mash & Wolfe, 1991; McGee & Wolfe, 1991a; Ney, et al., 1994; Pianta, et al., 1989). Nevertheless, it is acknowledged that a larger sample with a clearly distinguished abuse typology would have been beneficial and, therefore, is a priority for further research.

Additionally, the present study did not take into account the continuum nature of child maltreatment. Instead, parents were judged as maltreating or not simply on the basis of their current registration (that is, allegations of maltreatment had been substantiated) with the government child protection agency. Consequentially, no quantitative estimate of the size of the relationship between parental empathy and the severity of maltreatment perpetrated could be provided. The individual participant's chronicity of maltreatment also was not included in the analyses of this study. Inclusion of both of these factors in conjunction with parental empathy deficits clearly would allow more specific examination of the hypothesis that breakdown in the early stages of the empathic processing (i.e., at the

point of attending to children's signals) across a broader range of parenting challenges is indicative of more chronic and severe child maltreatment.

The technique used for enlisting participants may also have incorporated biases that may limit the generalisability of the findings (Knutson & Schartz, 1997; Widom, 1988). Not all of the agencies approached to refer clients to the study did so. Further, it is likely that in those agencies that did refer clients, workers may have been selective in regards to which clients they approached to participate. Finally, as participation was voluntary, other uncontrollable factors may have been in play in determining which parents were prepared to participate and which parents chose not to. Overcoming these limitations is challenging. One strategy that has proved successful for other researchers (e.g., Claussen & Crittenden, 1991; Rosenstein, 1995) is the routine testing of all parents alleged to have maltreated their children over a given time-frame. It must be recognised, however, that such a strategy requires a major commitment from the relevant child protection agency.

Due to time and resource restraints the PEM's test-retest reliability has not been addressed in the present study and hence, this is a priority issue for future research. The present research findings also suggest the need for ongoing refinement of the PEM. Some items performed poorly compared to expectations. These include the items designed to assess drug and alcohol use and the participants' own childhood history of abuse. An additional issue is the time required to complete the interview in its current state. On average the PEM interview took two hours to complete with some interviews taking longer because the participant had a larger number of children. Thus, further examination needs to be undertaken in order to assess whether the interview process can be shortened without

compromising the instrument's reliability and validity and capacity to generate both quantitative and qualitative information on parent-child interactions.

Given the open-ended question format of the PEM, a particular concern is the optimisation of objectivity in the scoring of the responses. In the present study, particular care has been taken to specify the scoring procedure in an objective manner and indeed, the inter-rater reliability was found to be very good to excellent. However only two raters, one of whom is the author, were employed. Both raters had also had considerable experience in working in the area of child maltreatment. Another priority, therefore, is an examination of the PEM's inter-rater reliability with a larger number of raters. Also of interest is the testing of the inter-rater reliability of the PEM with less experienced social workers and psychologists.

Although the Faking Good scale in the PEM demonstrated excellent reliability and good validity, this score was not utilised to moderate the present study's analyses, because normative guidelines have not as yet been developed. A focus for future research, therefore, is the establishment of appropriate faking good cut-off points beyond which the instrument is deemed to lose its predictive power. This could be achieved by comparing the responses of a group of participants instructed to fake good in the interview with a group asked to respond honestly. Additionally, examination of the individual items in the Faking Good scale may demonstrate a pattern of responses such that some items are less likely to be endorsed except in the more extreme cases of false responding. Further assessment of the Faking Good scale's construct validity compared with other lie scales is also required.

At the same time, it may be noted that in the present study the PEM demonstrated strong discriminatory power without taking into consideration the Faking Good scores. Given that false responding was evident in the sample as measured by both the CAPI Lie scale and the PEM Faking Good scale, this result suggests that the PEM has a level of resistance to false response distortion. Most probably this resistance stems from the open-ended question format of the PEM where a choice of answers is not provided. Additionally, many of the items in the PEM are relatively non-transparent and presumably this also contributes to the PEM's resistance to this form of bias.

In terms of the clinical application of the PEM, a possible source of bias in the present study is the lack of frankness in informing participants of the purpose of the study. As stated, participants were told that the study's objective was an assessment of parents' experiences of parenting children. It is possible that if participants were told that the focus of the study was an assessment of their level of empathy towards their children, they would have been more reluctant to participate and less honest in their responses. Nevertheless, some parents clearly were not honest as indicated in the elevated CAPI Lie scale scores and the PEM Faking Good scale. Additionally, as some maltreating participants were interviewed by psychologists known to them from the child protection agency concerned, these maltreating parents should have had an awareness of the possible consequences of being honest within the interview.

Another priority are further examinations of the PEM's validity with other constructs known to be related to child maltreatment such as depression, anxiety, borderline personality disorder, and drug and alcohol addiction. The testing of the

mediating potential of parental empathy with these constructs is required in order to examine further the hypothesis that parental empathy is the vehicle through which other maltreatment related factors impact upon parenting behaviours. Additionally, comparison of the PEM with behavioural observation assessments of parent-child interactions including the Psychological Maltreatment Rating Scales (Brassard, et al., 1993) would be advantageous in order to more specifically examine the premise that parental empathy as measured by the PEM is predictive of parenting behaviours. Assessment of the PEM's construct validity in terms of cognitive (ie perspective-taking) empathy is also called for.

An innovation of the present research project was the development of a scale to measure parental insight. This variable was found to have very good reliability and good validity in terms of parental empathy. The variable has not as yet been directly examined for possible relationships with child maltreatment risk. Given the intuitive value of this construct in relationship to parenting quality, such empirical assessment is clearly of high interest.

The variables identified in the qualitative analyses (perceptual distortions wherein the children's identities are blurred with much disliked others; inability to perceive children's personality except in terms of their impact upon the parents; and overwhelmingly negative perceptions of the children) need to undergo positive empirical examination of their relationships with child maltreatment. Further, the impact of such parental distortions and biased responses upon children's psychological well-being needs specific empirical examination.

Additionally, as the interviews were recorded and transcribed verbatim, a wealth of data for further qualitative and potentially empirical analysis remains as yet untapped. For example, data on variables such as parental expectations and levels of satisfaction with children and child-rearing; incidence of alexithymia in participants; participants' openness to further professional input; participants' own self-esteem; and, participants' sense of efficacy in parenting all await analysis and examination for possible relationships with parental empathy and child maltreatment risk.

Finally, in order to examine the premise that deficits in parental empathy equate with psychological maltreatment of children, assessment of the relationships between parental empathy and child outcomes such as qualities of attachment, self-esteem, affective disorders, social skills, and cognitive skills are priority research issues.