Pergamon

Child Abuse & Neglect 27 (2003) 769–780

Child Abuse & Neglect

Dispositional empathy in high- and low-risk parents for child physical abuse☆

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Received 2 October 2001; received in revised form 14 March 2003; accepted 14 March 2003

Abstract

Objective: The present study was designed to investigate dispositional empathy in high-risk parents for child physical abuse, using self-report instruments. More specifically, the objective was to know if high-risk parents for child physical abuse, in comparison with low-risk parents, show deficits on main dimensions of dispositional empathy: empathic concern, role-taking, and personal distress.
Method: Based on their scores on the Abuse Scale of the CAP Inventory (Milner, 1986), 36 high-risk and 38 low-risk for child physical abuse participants were selected from a total sample of 440 Basque Country (Spain) general population parents. Both groups were statistically matched on sociodemographic variables. The Interpersonal Reactivity Index (IRI, Davis, 1980), the Hogan Empathy Scale (HES, Hogan, 1969) and the Questionnaire Measure of Emotional Empathy (QMEE, Mehrabian & Epstein, 1972) were used to assess dispositional empathy.
Results: As expected, high-risk, relative to low-risk, parents showed lower total scores on the HES and QMEE measures and lower scores on the IRI "Empathic concern" dimension. Moreover, high-risk, relative to low-risk, parents showed higher scores on the IRI "Personal distress" dimension. No differences between groups were observed for the IRI "Perspective-taking" dimension.
Conclusions: Findings of the present study supported the hypothesis that high-risk parents for child physical abuse show a deficit in dispositional empathy. High-risk parents reported less feelings of warmth, compassion and concern for others and more feelings of anxiety and discomfort that result from observing another's negative experience.

Keywords: Child physical abuse; Empathy

☆ This work was supported by a grant from the Spanish Education and Culture Ministry (Ministerio de Educación y Cultura, España).

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doi:10.1016/S0145-2134(03)00111-X

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 aggression. From a cognitive perspective, Feshbach (1972, in 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., 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 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). It has also 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).

In fact, several studies have been conducted in order to assess dispositional empathy in physically abusive mothers and high-risk mothers for child physical abuse. Dispositional empathy has been defined as the tendency to utilize the capacity to empathize. Unfortunately, findings from these studies are sometimes contradictory and mixed, showing that differences in empathy between physical abusers or high-risk mothers for child physical abuse and comparison groups are not always significant. The utilization of the term dispositional empathy to refer to separate phenomena like affective empathy and cognitive empathy (Davis, 1996) and the utilization of different instruments, only modestly correlated, measuring both aspects of dispositional empathy, could explain contradictory findings (Milner, Halsey, & Fultz, 1995). Dispositional 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 another's negative experience (personal distress). Dispositional empathy could be considered as cognitive when it refers to the tendency to take the perspective of others (perspective-taking).

Using the Hogan Empathy Scale (HES, Hogan, 1969) as an instrument to assess the cognitive dimension of dispositional empathy, several authors have reported that physically abusive mothers show less tendency to empathize than matched comparison groups of nonabusive mothers (Letourneau, 1981; Marino, 1992; Wiehe, 1985). However, while Letourneau (1981) reported that physically abusive mothers and high-risk parents presented less tendency to feel concern toward others and personal distress (affective empathy) assessed by the Questionnaire

Measure of Emotional Empathy (Mehrabian & Epstein, 1972), Gynn-Orenstein (1981) using the same instrument observed that child physical abusers showed more affective empathy than a comparison group of nonabusers. Using the Adult-Adolescent Parental Inventory (AAPI, Balovek, 1984) to assess parental empathy for the child, Rosenstein (1995) found no significant differences between physically abusive and nonabusive parents. Only one study (Milner et al., 1995) was 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 dispositional empathy (personal distress, empathic concern, role-taking and fantasy). Milner et al. (1995) failed to find differences between both groups on the IRI "Empathic concern" and "Perspective-taking" dimensions. However, they found that high-risk mothers reported experiencing more personal distress than low-risk mothers.

A critical question concerning physical child abuse is whether high-risk parents have deficits to feel empathy toward their children. However it is important to know, as a first step, if high-risk parents for child physical abuse show a general deficit in dispositional empathy for all unfortunate others, as a personality trait.

The objective of the present study was to investigate, in a different country and with participants from a different sociocultural background (Spain), dispositional empathy of high- and low-risk parents for child physical abuse, using measures (QMEE, HES and IRI) which assess several dimensions of dispositional empathy. More specifically, the objective was to know if high-risk parents for child physical abuse, in comparison with low-risk parents, show deficits on the dimensions of dispositional empathy: empathic concern, role-taking, and personal distress.

We expected that high-risk, compared to low-risk, parents would show lower scores on general measures of affective and cognitive empathy (QMEE and HES) and lower scores on specific measures of "Perspective-taking" and "Empathic concern" measured with the IRI. These lower scores would indicate less empathy as measured by these instruments. However, we expected that high-risk, compared to low-risk, parents would show higher scores on the IRI "Personal distress" dimension, which is not considered as a genuine form of empathy (Batson, Duncan, Ackerman, Buckley, & Birch, 1981) and that is defined as a "self-oriented feeling of personal anxiety and unease in tense interpersonal settings" (Davis, 1983).

Method

Participants

A convenience sample of parents was recruited with the participation of some Basque Country (Spain) public schools. From seven requested schools, six agreed to participate and 1743 instruments were distributed. A total of 440 parents completed questionnaires and returned them in a closed envelope provided by the experimenter to the school. From this sample, 74 parents were selected to form the high-risk ($n = 36$) and low-risk ($n = 38$) groups. Participants were designated as high- and low-risk (for child physical abuse) parents based on their Child Abuse Potential (CAP; De Paul, Arruabarrena, Mugica, & Milner, 1999; Milner, 1986)

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

Characteristics	Group	
	High-risk $n = 36$	Low-risk $n = 38$
Marital status (%)		
Married	82.4	91.4
Divorced	11.8	5.7
Widow	2.9	0
Single	2.9	2.9
Gender (%)		
Male	28.1	43.8
Female	71.9	56.3
Education (%)		
Primary school	60.0	31.0
Secondary school	30.0	41.4
Graduated	10.0	27.6
Age of the parent		
M	40.3	39.3
SD	5.5	5.4
Number of children		
M	2.0	1.9
SD	.61	.69

Inventory scores. High-risk parents were defined as those subjects earning scores higher than 32 in the Abuse Scale, a cutoff 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 17 for this sample). In order to select participants with valid answers to the CAP Inventory, parents scoring higher than cutoff scores on either the Lie, Random, and Inconsistency Scales of the Spanish version of the CAP Inventory were removed from the total sample. High- and low-risk groups were statistically compared on some sociodemographic variables. No statistically significant differences between both groups ($p > .05$) on subject's age, gender, marital status, educational level and number of children (Table 1) were found.

Test instruments

Child Abuse Potential Inventory (Milner, 1986). The CAP Inventory 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 Spanish Abuse Scale are very similar to factors from the original version (De Paul et al., 1999). 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 version (Milner, 1986) and close to 85% (cutoff 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. The IRI (Davis, 1980) is a 28-item self-report questionnaire that is answered in a Likert-style format. The questionnaire contains four 7-item scales, each designed to assess a different aspect of empathy. 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 another's negative experience. 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 = .73). However, internal consistency coefficients of the four subscales were weaker, ranging from .61 for "Personal distress," .65 for "Perspective-taking" and "Empathic concern" to .71 for "Fantasy."

The Hogan Empathy Scales. The HES (Hogan, 1969) is a self-report questionnaire based on Hogan's definition of empathy as "an everyday manifestation of the disposition to adopt a broad moral perspective, to take the moral point of view, . . . and to consider the consequences of personal actions for the welfare of others" (Hogan, 1969, p. 307). It has been used in many studies to assess empathy from a global perspective (Black & Phillips, 1982; Dubnicki, 1977; Friesen & Wright, 1985; Gladding, 1978). Other studies had used the HES as a measure of the cognitive aspect of empathy (Marshall & Maric, 1996; Pecukonis, 1990; Wise & Cramer, 1988), as a measure of global social skills (Riggio, Tucker, & Coffaro, 1989), as a measure of social sensitivity (Kurdek, 1981), and as a measure of altruistic tendencies (Salais & Fischer, 1995). Internal consistency correlations have ranged between .60 and .71 (Johnson, Cheek, & Smither, 1983). For the Spanish version, internal consistency was weak (alpha = .61).

The Questionnaire Measure of Emotional Empathy. The QMEE (Mehrabian & Epstein, 1972) was created as a measure of emotional empathy. The 33 items consist of intercorrelated subscales that measure related aspects of emotional empathy defined as a "vicarious emotional response to the perceived emotional experiences of others" (Mehrabian & Epstein, 1972, p. 525). People with high scores in this questionnaire would have a heightened responsiveness

to another's emotional experience and would be less likely to engage in aggressive behavior, particularly when the pain cues from the victim are immediate, and are more likely to engage in helping behavior, when they notice distress in another (Mehrabian & Epstein, 1972). For the Spanish version, internal consistency for the QMEE measure was acceptable (alpha = .70).

Instrument translation into Spanish

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

Procedure

Four assessment instruments were administered to the 440 participants who composed the total sample. All participants completed the CAP Inventory in the first order. The order of test instruments were counterbalanced. Hypothesis were tested using correlation coefficients and multivariate analysis of variance (MANOVA). Design, participants' selection, and procedure were approved by the IRB board of the University of Basque Country.

Statistical analysis

Correlation coefficients were used to assess relations between scores obtained with different instruments used to assess dispositional empathy. An overall MANOVA was conducted to test differences between high- and low-risk parents for all measures of empathy. Follow-up one-way ANOVAs were conducted for each measure of empathy.

Results

In order to have a better understanding of findings obtained in the present research and to examine the relations between scores obtained with different instruments used to assess dispositional empathy, correlation coefficients between QMEE Total Score, HES Total Score and four IRI dimensions were obtained (see Table 2). Correlations between scores of instruments used to assess dispositional empathy were modest. Although statistically significant, modest correlations between HES Total Score and the QMEE Total Score, the IRI Empathic concern and the IRI Perspective-taking dimensions were obtained. However, moderately high correlation coefficients between total score of the QMEE and the IRI Empathic concern and the IRI Fantasy dimensions were obtained.

An overall MANOVA was conducted to test the effect of the order and presentation of instruments for all measures of empathy. The MANOVA was not significant (Wilk's Lambda = .895, $F(6, 30) = 1.194$, $p > .05$).

An overall MANOVA was conducted to test differences between high- and low-risk parents for all measures of empathy (IRI: Fantasy, Personal distress, Empathic concern, and Perspective-taking; HES Total Score and QMEE Total Score). The MANOVA was significant

Table 2
Correlations between scores on the IRI dimensions, QMEE and HES for the total sample ($N = 440$)

	Subscale	1.	2.	3.	4.	5.	6.
1.	Perspective-taking	–	.18*	−.14*	.33**	.26**	.38**
2.	Fantasy		–	.18**	.31**	.48**	.19**
3.	Personal distress			–	.02	.11*	−.30**
4.	Empathic concern				–	.54**	.28**
5.	QMEE					–	.36**
6.	HES						–

* $p < .05$.
** $p < .01$.

(Wilk's Lambda = .283, $F(12, 59) = 12.430$, $p < .001$). Follow-up one-way ANOVAs were conducted for each measure of empathy (see Table 3).

As expected, a significant difference between high- and low-risk parents was found for the HES Total Score, $F(1, 70) = 40.82$, $p < .001$; and for the QMEE Total Score, $F(1, 71) = 5.25$, $p < .05$. On both scales, high-risk parents showed lower scores than low-risk parents, indicating lower levels of empathy.

A significant difference between high- and low-risk parents was found for the IRI "Empathic concern" dimension, $F(1, 72) = 7.95$, $p < .01$. High-risk parents showed a lower score than low-risk parents on the dimension measuring feelings of warmth, compassion and concern for others. Moreover, high-risk parents showed a higher statistically significant score than low-risk parents for the IRI "Personal distress" dimension, suggesting that high-risk parents report more personal feelings of anxiety and discomfort that result from observing another's negative experience. Although the difference was not significant, $F(1, 72) = .29$, $p > .05$, high-risk parents showed a higher score than low-risk parents on the IRI "Perspective-taking" dimension, which measures the tendency to take imaginatively the role of another and to understand and predict accurately thoughts, feelings and actions of other people. No difference

Table 3
Means (standard deviations) of empathic scores for high- and low-risk parents

Empathy scores	Group	
	High-risk ($n = 36$)	Low-risk ($n = 38$)
IRI		
Perspective-taking	22.51 (5.57)	23.24 (3.98)
Fantasy	20.01 (6.25)	20.08 (4.72)
Empathic concern**	25.40 (4.97)	28.24 (4.11)
Personal distress***	18.57 (4.59)	13.43 (3.46)
QMEE Total Score*	111.86 (14.25)	118.54 (11.37)
HES Total Score***	185.63 (12.45)	208.66 (17.55)

* $p < .05$.
** $p < .01$.
*** $p < .001$.

was found between high- and low-risk parents for IRI "Fantasy" dimension, $F(1, 72) = .033$, $p > .05$, which measures the reported tendency of the subject to identify with characters in movies, novels, plays and other fictional situations.

Discussion

We expected that high-risk, compared to low-risk, parents would show lower scores on general measures of emotional and cognitive empathy (QMEE and HES) and lower scores on specific measures of "Perspective-taking" and "Empathic concern" measured with the IRI. Supporting results from previous studies conducted with North American samples, findings of the present study supported the hypothesis that high-risk, compared to low-risk, Spanish parents for child physical abuse show lower scores on several instruments used to assess dispositional empathy. As expected, high-risk, compared to low-risk, parents showed lower scores on the HES, on the QMEE and on the IRI "Empathic concern" dimension. Contrary to expectations, differences between high- and low-risk parents on the IRI "Perspective-taking" dimension did not reach statistical significance.

Moreover, we expected that high-risk, compared to low-risk, parents would show higher scores on the IRI "Personal distress" dimension. Findings supported this hypothesis. High-risk, compared to low-risk, parents showed significantly higher score on the IRI "Personal distress" dimension.

These findings suggest that high-risk parents differ from low-risk parents on their ability to respond vicariously to someone else's emotional experience. High-risk parents for child physical abuse report experiencing less empathic concern and more personal distress. When perceived cues are related to another's distress, high-risk parents appear to experience, instead of feelings of warmth, compassion and concern for others, 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. Following the social information processing model of child physical abuse (Milner, 1993, 2000), personal distress could have a negative impact on information processing, making more difficult the perspective-taking process. Several studies (Zillman, 1988, 1990; Zillman, Bryant, Cantor, & Day 1975) 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 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.

Contrary to expectations, but consistent with findings of a previous study (Milner et al., 1995) administering the IRI to high-risk parents, differences between high- and low-risk parents on the IRI "Perspective-taking" dimension did not reach statistical significance. However, in this study both groups of participants (high- and low-risk for physical child abuse) showed statistically significant differences on the HES which has been considered as a measure of the cognitive dimension of dispositional empathy (Williams, 1990). Findings reported in previous studies, which used the HES (Black & Phillips, 1982; Dubnicki, 1977; Friesen &

Wright, 1985; Gladding, 1978; Grief & Hogan, 1973; Kurdek, 1981; Marshall & Maric, 1996; Pecukonis, 1990; Riggio et al., 1989; Salais & Fischer, 1995; Wise & Cramer, 1988) suggest that this instrument could be useful to assess dimensions like self-esteem and self-perceived social competence, which could be considered as possible outcomes of empathic capabilities but not as components of dispositional empathy like the perspective-taking ability. The correlational coefficient obtained for this sample between the HES Total Score and the IRI "Perspective-taking" dimension was modest supporting the hypothesis that the HES is measuring another dimension different, although related, than perspective-taking. From this point of view, observed differences in the present research between high- and low-risk parents in the HES are consistent with findings of previous studies (Ammerman, 1990; Kirkham, Schinke, Schilling, & Meltzer, 1987; Scott, Baer, Christoff, & Kelly, 1986) which report that physical abusers could have relational problems based on possible deficits in social skills, social competence and adaptive strategies for conflict resolution.

Several limitations of the present study should be taken into consideration. It should be noted that the present study included only parents at-risk for child physical abuse and therefore does not directly inform us regarding child physical abusers. Additional research examining empathic abilities in child physical abusers in Spain is needed to extend further this literature. In addition, 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.

Taking a full picture of present research findings, it is important to note that 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 parents want to be seen either by themselves or by others. It would be important to be cautious about the conclusions and to view these data as some indicators of the predisposition to empathic behaviour rather than as direct measures of empathy (Williams, 1990).

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Résumé

Objectif: Cette étude a eu pour but d'investiguer, à l'aide de moyens d'auto-évaluation, la disposition à l'empathie chez des parents présentant un haut risque de maltraiter physiquement leurs enfants. Plus spécifiquement, on a cherché à savoir si des parents présentant un haut risque de maltraiter physiquement leurs enfants, comparés à des parents en présentant un faible risque, montraient un déficit au niveau des dimensions principales concernant la disposition à l'empathie: à savoir se faire du souci par empathie, se mettre à la place de quelqu'un, et éprouver personnellement de la détresse.

Méthode: Sur la base de leurs scores à l'échelle de maltraitance du CAP Inventory (Milner, 1986), 36 parents à haut risque et 28 parents à bas risque ont été sélectionnés dans un échantillon total de 440 sujets basques espagnols (Espagne) issus de la population générale des parents. Les deux groupes avaient été statistiquement appariés d'après des variables sociodémographiques.. L'index de réactivité interpersonnelle (IRI, Davis, 1980), l'échelle d'empathie de Hogan (HES, Hogan, 1969) et le questionnaire de mesure de l'empathie émotionnelle (QMME, Mehrabian & Epstein, 1972) ont été utilisés pour évaluer la disposition à l'empathie.

Résultats: Comme on s'y attendait, les parents à haut risque comparés aux parents à bas risque ont présenté un score total inférieur à la dimension du IRI "intérêt pour l'empathie." De plus, ils ont présenté des scores plus élevés à la dimension "détresse personnelle." On n'a pas observé de différence entre les groupes pour la dimension du IRI " prise de perspective."

Conclusions: Les résultats de cette étude soutiennent l'hypothèse voulant que les sparents présentant un haut risque de maltraitance physique montrent un déficit dans la disposition à l'empathie. Les parents à haut risque ont fait état de moins de sentiments de chaleur, de compassion, et de souci pour les autres et de plus d'anxiété et d'inconfort lorsqu'ils observent une expérience négative chez les autres.

Resumen

Objetivo: El estudio fue diseñado para investigar la empatía disposicional en padres alto-riesgo para el maltrato físico infantil utilizando instrumentos de autoevaluación. Más específicamente, el objetivo fue conocer si los padres alto-riesgo para el maltrato físico infantil en comparación con padres bajo-riesgo muestran deficits en las principales dimensiones de empatía disposicional: preocupación empática, toma de perspectiva y malestar personal.
Método: A partir de una muestra de 440 padres de la población general del País Vasco, se seleccionaron 36 sujetos alto riesgo para el maltrato infantil y 38 sujetos bajo riesgo para el maltrato infantil a partir de las puntuaciones en la Escala de Abuso del Inventario CAP (Milner, 1986). Ambos grupos fueron emparejados estadísticamente en variables sociodemográficas. Para evaluar la empatía disposicional se utilizaron el Interpersonal Reactivity Index (IRI, Davis, 1980), el Hogan Empathy Scale (HES, Hogan, 1969) y el Questionnaire Measure of Emotional Empathy (QMEE, Mehrabian & Epstein, 1972).
Resultados: Tal y como se esperaba, los padres alto-riesgo, en comparación con los bajo-riesgo, mostraron puntuaciones más bajas en el HES, en el QMEE y en la dimensión "preocupación empática del IRI. Además, los padres alto-riesgo, en comparación con los bajo-riesgo, mostraron puntuaciones más altas en la dimensión "malestar personal" del IRI. No se observaron diferencias entre los grupos en la dimensión "toma de perspectiva" del IRI.
Conclusiones: Los hallazgos del presente estudio apoyaron la hipótesis de que los padres alto-riesgo para el maltrato físico infantil mostraron un déficit en empatía disposicional. Los padres alto-riesgo notificaron menos sentimientos de compasión y preocupación por los otros y más sentimientos de ansiedad y malestar como resultado de observar la experiencia negativa de otros.