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**Parental Mental Health and Child Maltreatment in Court Cases of Termination of Parental Rights in Israel**

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# 3 Parental Mental Health and Child Maltreatment in Court Cases of Termination

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# 5 of Parental Rights in Israel

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# 9 Abstract

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11 Parents’ mental health is considered a major risk factor for poor parenting behavior.

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13 The present study explores the risk associated with parental mental health in cases

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15 where parents were adjudicated for child abuse and neglect. Associations between

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18 types of child maltreatment and mental health diagnoses of 522 parents whose

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20 parental rights were terminated due to maltreatment allegations by Israeli courts were

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22 analyzed. The results showed that 62% of the parents suffered from mental health

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25 problems, including emotional problems, personality disorders, mental illness or

26

27 cognitive disability. Child neglect was associated with all types of mental health

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29 diagnoses for both the mothers and fathers. The mother’s mental illness and

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32 personality disorder predicted child neglect while only the mother’s personality

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34 disorder predicted child abuse. No mental health diagnosis of the father predicted

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36 child abuse and neglect. Implications of the findings for future identification and

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38 prevention of child maltreatment are discussed.

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43 *Keywords*: Mental health; child maltreatment; parenting; courts; termination of

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45 parental rights, abuse, neglect, personality disorder, mental illness, emotional

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48 problems

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# 3 Parental Mental Health and Child Maltreatment in Court Cases of Termination

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# 5 of Parental Rights in Israel

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9 Termination of parental rights (TPR) by the state represent the most sever kind

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11 of cases with child maltreatment allegations. In the legal proceeding of termination of

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13 parental rights, the parent’s constitutional right to parenting is revoked and the child is

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15 declared by the court as free for adoption against the biological parents’ will

16

17

18 (Wattenberg, Kelley, & Kim, 2001). The result is thus a complete severance of all

19

20 legal bonds between the biological parent and the child (Tefre, 2015). Parental rights

21

22 will be terminated when the child’s welfare is concerned and the child faces imminent

23

24

25 risk of harm or receives care that undermines the child’s basic needs (Barone, Weitz,

26

27 & Witt, 2005; Benjet, Azar, & Kuertsten-Hogan, 2003; MacDonald & McLoughlin,

28

29 2016; Smith, 2015). If a parent’s capacity to care for the child is assessed by

30

31

32 professionals to be irredeemable within a reasonable timeframe, the parent’s right to

33

34 parent can be terminated (Azar, Benjet, Fuhrman, & Cavallero, 1995; Tefre, 2015;

35

36 Zilberstein, 2016). The state has to provide clear and convincing evidence that the

37

38 parent cannot meet a minimal level of parenting, in spite of aid to help the parent cope

39

40

41 with specific problems and enhance parental skills, that the parent is unamenable to

42

43 treatment, and that one’s conduct will not change (Benjet et al., 2003; Budd &

44

45 Holdswoth, 1996; Schetky, 2002).

46

47

48 Parental failure to care for the child was associated in the research literature

49

50 with various risk factors, mental health being one of the most prominent one (e.g.,

51

52 Schetky, 2002; Smith, 2015; Wattenberg et al., 2002; Zilberstein, 2016 ). The present

53

54

55 study examines types of mental health professional diagnosis in TPR courts’ rulings

56

57 and associations between mental health diagnoses and child maltreatment types.

3 Parental mental health has been recognized as a major risk factor for child

4

5 maltreatment (Constantino, 2016; Kohl, Jonson-Reid, & Drake, 2011; Sun,

6

7

8 Shillington, Hohman, & Jones, 2001; Stith et al., 2009). The mental illness of a parent

9

10 may compromise the quality of parenting provided to the child and is associated with

11

12 negative outcomes for children, including developmental and mental health problems

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15 (Constantino, 2016; Constantino et al., 2016; Huntsman, 2008; Smith, 2003). Parents

16

17 with a mental health problem may be emotionally unavailable, withdrawn, less

18

19 responsive, have a less sensitive interaction with the child and a harsh parenting style

20

21

22 (Bromfield et al., 2010; [Lovejoy, Craczyk, O’Hare, & Neuman, 2000;](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3122960/#R24) [Newman,](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3122960/#R27)

23

24 [Stevenson, Bergman, & Boyce, 2007).](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3122960/#R27)

25

26 Studies have demonstrated that parental mental health is a risk factor for family

27

28 involvement with the child protection system (Westad & McConnell, 2012; Park,

29

30

31 Solomon, & Mandell, 2006; Taplin & Mattick, 2013; O’Donnell et al., 2015), while

32

33 other studies have shown that a high proportion of parents in the child welfare system

34

35 suffer from mental health issues (Kohl et al., 2011; Wattenberg, Kelley, & Kim,

36

37

38 2001). Increased risk of child abuse and neglect has been associated with parents’

39

40 mental health problems. Parental depression has been associated with both neglect

41

42 and abuse (e.g., Berger & Brooks-Gunn, 2005; Stith et al., 2009) and increases the

43

44

45 risk of child neglect (Bellis et al, 2001; DiLauro, 2004). Maternal depression

46

47 specifically increases the risk of child physica[l abuse (Chaffin, Kelleher, &](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3122960/#R8)

48

49 [Hollenberg, 1996](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3122960/#R8); Cohen, Hein, & Batchelder, 2008; Windham, Rosenberg, Fuddy,

50

51 McFarlane, Sia, & Duggan, 2004). The stress of parenting has also been associated

52

53

54 with maternal child maltreatment (Windham et al., 2004), specifically neglect

55

56 (DiLauro, 2004; Ethier, Lemelin, & Lacharite, 2004). Children of parents with

57

58 schizophrenia or anti-social behavior are at an ele[vated risk of abuse (Walsh,](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3122960/#R38)

3 [MacMillan, & Jamieson, 2002).](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3122960/#R38) A recent study found that maternal intellectual

4

5 disability was associated with the greatest risk of child maltreatment allegations

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7

8 followed by childhood and psychological development disorders, personality

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10 disorders, substance-related disorders, and organic disorders (O’Donnell et al., 2015).

11

12 Schizophrenia and major affective disorders have been associated with a higher risk

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15 of involvement with child welfare services (Park et al., 2006). Another study found a

16

17 link between maternal mental health and child maltreatment recurrence: a higher rate

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19 of subsequent maltreatment has been associated with mood and anxiety disorders

20

21

22 among mothers involved with child protection following a substantiated maltreatment

23

24 report (Kohl et al., 2011). The pathway from parental mental health problems to child

25

26 maltreatment is attributed, in the literature, to a low sense of personal mastery (Slack

27

28 et al., 2011), feelings of despair and hopelessness, low self-esteem and other

29

30

31 psychosocial factors (DiLauro, 2004).

32

33 Parental mental health problems have been shown to increase the risk not just of

34

35 involvement with the child protection system but also of termination of parental rights

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37

38 (TPR). In a study of 97 TPR cases, parental mental health problems such as

39

40 depression, bipolar disorder, schizophrenia or personality disorders, were prevalent in

41

42 almost fifty percent of the cases and intellectual disability was present in 17.5%

43

44

45 (Wattenberg et al., 2001). In another study of 51 cases, 35% of the mothers suffered

46

47 from schizophrenia while the fathers were more likely to have inadequate or antisocial

48

49 personalities (Schetky, Angell, Morrison, & Sack, 1979). Another study demonstrated

50

51 the prevalence of depressive disorders in 72% of TPR cases and personality disorders

52

53

54 in 64% (Bogacki & Weiss, 2007). Increased risk has also been associated with

55

56 parental intellectual disability (Llewellyn, McConnell, & Ferronato, 2003).

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58

# 3 The Present Study

4

5 As the evidence suggests, parents involved in the legal and child protection

6

7

8 systems due to allegations of child abuse and neglect suffer from considerable mental

9

10 health problems. Less is known, on the risk associated with parental mental health and

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12 types of child maltreatment (O’Donnell et al., 2015), specifically among parents

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15 whose parental rights were terminated. This study examines this connection, in the

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17 hope that greater knowledge about the subject will help child protection workers make

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19 early identification of families at greatest risk of child maltreatment and in need of

20

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22 intervention. The study builds upon and extends the scope of prior research by

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24 examining the following research questions based on a sample of court decisions of

25

26 TPR:

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28 (1) Is there an association between types of parental mental health problems and

29

30

31 types of child maltreatment?

32

33 (2) Is this association similar for fathers and mothers or is the parent’s gender an

34

35 important variable? It is unclear from the existing literature whether this association

36

37

38 differs for mothers and fathers. Given possible gender differences in mental health

39

40 problems (Smith, 2003), both maternal and paternal mental health problems in child

41

42 maltreatment cases need to be examined.

43

44

45 (3) Can parental mental health problems predict child neglect and abuse, while

46

47 controlling for family and child characteristics? It is important to analyze the

48

49 contribution of parental mental health problems to the risk of maltreatment, apart

50

51 from other risk factors, since it has been shown that families involved in maltreatment

52

53

54 cases are likely to suffer from co-occurring problems and risk factors (Constantino et

55

56 al., 2016; McConnell & Llewellyn, 2005; Slack et al., 2011; Wattenberg et al., 2001;

57

58 Zilberstein, 2016).

3

4

5 **Sample**

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# Method

8 The study sample comprised 522 parents whose parental rights were terminated

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10 due to child maltreatment allegations. These parents were involved in 261 court cases

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12 in favor of termination of parental and were retrieved from the official public

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14

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15 judiciary records where parental identity is concealed for privacy and confidentiality

16

17 reasons. Selection was based on two main criteria: the state had filed a motion

18

19 declaring the child free for adoption due to allegations of child abuse and/or neglect

20

21

22 and the courts ruled in favor of TPR. Cases were searched using key words such as

23

24 child abuse, parental rights, termination of parental rights and so forth. The search

25

26 was conducted on several electronic data bases. Rulings from three judiciary instances

27

28 were selected: Family Courts, District Courts and the Supreme Court. If a case was

29

30

31 discussed by several judiciaries, only the version issued by the higher judiciary was

32

33 included in the sample.

34

35 It should be noted that the official public records of court decisions are open to

36

37

38 public review, but any identifying information relating to the mother, child or the

39

40 family is removed in order to protect the privacy of the parties. Since the study relied

41

42 on the analysis of publicly published texts where identifying information was not

43

44

45 included in the ruling, no approval of the study by an ethical committee was

46

47 warranted and this was in compliance with the (omitted for blind review) College’s

48

49 institutional review board guidelines on protection of human subjects.

50

51 Parental mental health in the study was based on professional assessments of

52

53

54 mental health experts such as psychiatrists and psychologists during the TPR

55

56 proceedings, based on the DSM classification system. These assessments were made

57

58 in every case and referred to by the courts in their judicial rulings in favor of TPR.

3 Based on mental health diagnoses, the mental health of the parents in the current

4

5 study, were put into three main categories: emotional problems, personality disorders

6

7

8 and mental illness, according to the following guidelines:

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10 (1) Emotional problems of the parents included diagnosis such as depression or

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12 anxiety disorders; parents who were diagnosed with depression and/or anxiety, were

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15 thus classified in the study as having “emotional problems”.

16

17 (2) Personality disorders of the parents included diagnosis such as antisocial or

18

19 borderline disorders; parents who were diagnosed with antisocial personality disorder,

20

21

22 were thus classified in the study as having “personality disorder”.

23

24 (3) Mental illness of the parents included diagnosis such as schizophrenia or

25

26 bipolar disorders; parents who were diagnosed with bipolar disorder were thus

27

28 classified in the study as having “mental illness”. In cases with comorbidity (more

29

30

31 than one type of mental health diagnosis),

32

33 Based on professional assessments, the cognitive capability of the parents was

34

35 also categorized into mild, medium or severe cognitive disability. Accordingly, 61.7%

36

37

38 of the parents in the study (*n* = 161) were diagnosed with at least one type of mental

39

40 health diagnosis. Personality disorder was diagnosed for 30.7% of the parents,

41

42 followed by cognitive disability (20.3%), mental illness (18.8%) and emotional

43

44

45 problems (7.7%). The majority of the parents (83%) who were diagnosed with

46

47 cognitive disability were also diagnosed with another type of mental health problem,

48

49 in particular, personality disorder (45.3%).

50

51 The analysis of mental health by gender revealed that 7.3% of the mothers were

52

53

54 diagnosed with emotional problems, 26.8% with personality disorders and 16.9% with

55

56 mental illness. 17.2% of the mothers were found to be cognitively disabled. A

57

58 somewhat different pattern was observed among the fathers: 6.5% were diagnosed

3 with emotional problems, 21.2% with personality disorders and only 4.6% with

4

5 mental illness. 9.6% of the fathers were diagnosed with cognitive disability.

6

7

# 8 Procedure

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10 Information about the parents' mental health and type of child maltreatment they

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12 were associated with was culled from the court cases by means of a questionnaire

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14

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15 specifically developed for the study. The content analysis of the cases was undertaken

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17 according to the following categories: (1) the parent's (mother and father) mental

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19 health including emotional problems, personality disorder and mental illness

20

21

22 diagnoses based on professional assessments and the parents’ mental capacity

23

24 covering mild, medium or severe cognitive disability; (2) the type of child

25

26 maltreatment including physical, emotional, sexual and/or physical, emotional,

27

28 educational neglect, medical neglect, lack of parental supervision, abandonment of the

29

30

31 child as well as the child’s cognitive disability based on professional assessments by

32

33 mental health experts; (3) family poverty based on one or more of the following

34

35 indicators: family income below poverty line, dependency on social security

36

37

38 allowance, unemployed for over two years, direct references by professionals to the

39

40 family’s economic hardship.

41

# 42 Statistical Analyses

43

44

45 A series of Chi-square tests were conducted in order to examine the connection

46

47 between different mental health diagnoses and types of child maltreatment and the

48

49 same tests were carried out separately for mothers and fathers in order to examine

50

51 possible differences according to gender. Two sets of hierarchical logistic regressions

52

53

54 were run, one for prediction of neglect and one for prediction of abuse according to

55

56 parental mental health, controlling for child and parent characteristics; variables were

57

58 entered in hierarchical fashion in order to be able to track the connection between

3 mental health problems and types of child maltreatment as other child and parent

4

5 characteristics were added to the model.

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7

8

9 **Results**

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# 11 Parents’ Mental Health Diagnoses and Types of Child Maltreatment

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13 As can be seen in Table 1, a diagnosis of cognitive disability was conflated with

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15 all types of mental health diagnoses and considerably lower in cases with no such

16

17

18 diagnosis. 30% of the parents with emotional problems and personality disorders had

19

20 been diagnosed with cognitive disability and a close number of 28.6% of parents with

21

22 mental illness had the same diagnosis. Neglect, including physical, emotional and

23

24

25 educational neglect, was associated with all types of mental health diagnoses, with a

26

27 somewhat increased risk of diagnosis for emotional problems. Lack of supervision

28

29 was mostly associated with personality disorder. Increased risk of child abuse,

30

31

32 specifically physical abuse, was found for parents with personality disorder. The

33

34 differences between categories of parents’ mental health diagnoses with regard to

35

36 sexual or emotional abuse were not significant.

37

# 38 Differences between Mental Health Diagnoses of Mothers and Fathers

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40

41 Table 2 presents differences between the types of mental health diagnoses for

42

43 mothers and fathers. Of the mothers, 49% (*n* = 128) had no professional diagnosis,

44

45 7.3% (*n* = 19) were diagnosed with emotional problems, 26.8% (*n* = 70) with

46

47

48 personality disorders and 16.9% (*n* = 44) with mental illness. As for the fathers,

49

50 67.8% (*n* = 177) had no mental health diagnoses, 6.5% (*n* = 17) were diagnosed with

51

52 emotional problems, 21.1% (*n* = 55) with personality disorders and 4.6% (*n* = 12)

53

54 with mental illness.

55

56

57

58

3 Parental cognitive disability was specifically prevalent among parents with a

4

5 personality disorder diagnosis (28.6% of diagnosed mothers and 27.3% of diagnosed

6

7

8 fathers).

9

10 Emotional and physical neglect were prevalent among all three types of mental

11

12 health diagnoses for both mothers and fathers. There was slightly higher rate of

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14

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15 neglect in mothers with emotional problems (emotional neglect 94.7%; physical

16

17 neglect 84.2%) and personality disorder (emotional neglect 94.3%; physical neglect

18

19 84.3%) than in mothers with mental illness or no diagnosis (emotional neglect: 93.2%

20

21

22 and 62.5%, respectively; physical neglect: 81.8% and 56.3%, respectively).

23

24 A somewhat different pattern was found with respect to the fathers: a higher rate

25

26 of neglect was found in fathers with emotional problems (emotional neglect 100%;

27

28 physical neglect 88.2%) and mental illness diagnoses (emotional neglect 100%;

29

30

31 physical neglect 91.7%) compared to fathers with personality disorder and no

32

33 diagnoses (emotional neglect: 92.7% and 70.6%, respectively; physical neglect 76.4%

34

35 and 65%, respectively).

36

37

38 Educational neglect was mostly associated with emotional problems for both

39

40 mothers and fathers. Lack of supervision was associated with the mother’s personality

41

42 disorder (17.1%) and the father’s mental illness (16.7%).

43

44

45 Child abuse was mostly associated with the mother’s personality disorder

46

47 (34.3%) and father’s mental illness (33.3%).

48

# 49 Prediction of Child Neglect and Abuse by Parents’ Mental Health Diagnoses and

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# 51 Case Characteristics

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53

54 Two sets of hierarchical logistic regressions were run, one for prediction of

55

56 neglect and one for prediction of abuse. The analysis was conducted separately for

57

58 mothers and fathers. In the first step, the mother or father’s mental health diagnoses of

3 cognitive disability, emotional problems, personality disorder and mental illness were

4

5 entered. In the second step, the variables of the child’s age and cognitive disability

6

7

8 were entered. In the final step the variable of poverty was included in the model.

9

10 Table 3 presents the findings of the third step of the logistic regressions for predicting

11

12 child neglect for both the mother and father. The mother’s mental illness and

13

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15 personality disorder remained significant in the third step and were the most

16

17 influential variables, increasing the chance of child neglect 5.4 and 4.8 times,

18

19 respectively. The child’s cognitive disability increased the chance of neglect 3.8

20

21

22 times. Families with documented poverty were three times more likely to be reported

23

24 for neglect than families with no such background. Every year of the child’s age

25

26 decreased the chance of neglect. With regard to the fathers, no mental health

27

28 diagnoses significantly predicted the child’s neglect. As was the case of the mothers,

29

30

31 the variables of the child’s cognitive disability, child’s age and poverty increased the

32

33 chances of neglect.

34

35 Table 3 presents the findings of the third step of logistic regression for

36

37

38 prediction of child abuse. The mother’s personality disorder was the only diagnosis

39

40 that predicted child abuse, increasing the odds by 2.5 times. All other diagnoses were

41

42 insignificant as predictors. The only other significant variable as predictor was the

43

44

45 child’s cognitive disability, with 2.3 times likelihood of abuse in such cases. This was

46

47 the only significant variable in the prediction of abuse in relation to the fathers. No

48

49 mental health diagnoses of the father could significantly predict abuse.

50

51 **Discussion**

52

53

54 The study examined the association between parental mental health diagnoses

55

56 (e.g., emotional problems, personality disorder, mental illness) and child maltreatment

57

58 among parents whose parental rights were terminated. The study shows that parental

3 mental health is an important risk factor in TPR cases. It was found that 62% of the

4

5 parents were diagnosed with mental health problems, including emotional problems,

6

7

8 personality disorders, mental illness or cognitive disability. These findings, in the

9

10 context of termination of parental rights, corroborate previous studies showing an

11

12 elevated risk of maltreatment when parents suffer from mental health problems (Kohl

13

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15 et al., 2011; Stith et al., 2009; Sun, Shillington, Hohman, & Jones, [2001; Walsh,](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3122960/#R38)

16

17 [MacMillan, & Jamieson, 2002).](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3122960/#R38)

18

19 All three mental health groups were associated with increased maltreatment

20

21

22 risk, but there were variations in risk levels across the diagnostic groups. Greater risk

23

24 of neglect was found in cases where a *mother* suffered from *mental illness* or

25

26 *personality disorder*. A mother’s personality disorder was also predictive of child

27

28 *abuse*. Children with cognitive disability were at greater risk of abuse and neglect.

29

30

31 These associations remained significant in the model after adjusting for poverty and

32

33 the child’s age. The connection between maternal mental illness and neglect can be

34

35 explained by low levels of responsiveness and emotional involvement shown by

36

37

38 mothers with mental i[llness (Goodman & Brumley, 1990;](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3122960/#R18) Roscoe, Lery, & Chambers,

39

40 2018). An association between personality disorder and child abuse was established in

41

42 past studies [(Walsh, MacMillan, & Jamieson, 2002).](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3122960/#R38) It was also found that mothers

43

44

45 with personality disorder were less sensitive to their children’s needs, experience

46

47 more distress in their parenting role and tend to engage in lower quality parenting than

48

49 mothers without this disorder [(Newman, Stevenson, Bergman, & Boyce, 2007;](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3122960/#R27)

50

51 [Simons, Beaman, Conger, & Chao, 1993).](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3122960/#R34) Interestingly, in the current study,

52

53

54 depression and anxiety disorders (the category of emotional problems) of the mother

55

56 or father were not predictors of abuse or neglect when other child and family variables

57

58 were considered in the statistical model, although previous studies have demonstrated

3 a link between these disorders and child maltreatment (Kohl et al., 2011). An

4

5 explanation could be that, since the study focused on the most serious cases of

6

7

8 families who are involved in the child protection system, then variation of mood

9

10 disorders among the sample was restricted. It is also possible that for parents whose

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12 parental rights have been terminated, it is not the depression or anxiety per se that

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15 impacts on the parental behavior, but other factors such as poverty, the child’s age,

16

17 the child’s cognitive disability or other potential variables which co-occur in families

18

19 with parental mental health problems. In fact, studies indicate an association between

20

21

22 poor maternal mental health and the type of financial and social parenting stressors

23

24 that are found at a higher rate among low-income families (Mistry, Stevents, Gregory,

25

26 Harvinder;De Vogli, & Halfon, 2007). Further research is needed to deepen our

27

28 understanding of the connection between mental health and child maltreatment among

29

30

31 low-income and multiple-problem families involved in TPR cases.

32

33 Contrary to the findings regarding mothers in the study, the father’s mental

34

35 health was not shown to influence the prediction of abuse or neglect when statistically

36

37

38 accounting for the child’s age and family social disadvantage. These findings may

39

40 reflect the fact that mothers are still considered the primary caregivers and fathers are

41

42 usually less involved in the child protection system (Zanoni, Warburton, Bussey, &

43

44

45 McMaugh, 2013).

46

# 47 Implications of the Findings

48

49 The findings indicate that a large proportion of parents who are at high risk of

50

51 TPR suffer from mental health problems. The rate of mental health problems is

52

53

54 expected to be high among this group of parents (Constantino et al., 2016). A recent

55

56 study found that 34.6% of infants born to mothers with a mental health disorder in a

57

58 birth cohort from the general population were reported to CPS within one year, and a

3 majority of those reports were made within the first month of life (Hammond,

4

5 Eastman, Leventhal, & Putnam-Hornstein, 2017). It is therefore not surprising that

6

7

8 among the high risk group of parents of this study the risk of mental health was

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10 double.

11

12 The fact that the prevalence of parental mental health problems in child

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15 maltreatment cases varies across studies (e.g., Bogacki & Weiss, 2007) may indicate

16

17 that many parents are undiagnosed or underdiagnosed (Chuang, Wells, & Aarons,

18

19 2014). This suggests that parents involved in TPR cases may have unmet mental

20

21

22 health needs which can impede effective intervention (Constantino et al., 2016;

23

24 Siegenthaler, Munder, & Egger, 2012). Screening for parental mental health problems

25

26 is thus warranted in every case of child maltreatment allegations (Chuang, Wells, &

27

28 Aarons, 2014). It also underscores the need to expand access to mental health services

29

30

31 for parents (Constantino et al., 2016; O’Donnell et al., 2015). It has been shown that

32

33 children whose caregiver received mental health services following a maltreatment

34

35 report had decreased risk of re-reporting (Jonson-Reid, Emery, Drake, &

36

37

38 Stahlschmidt, 2010). The early identification and treatment of parental mental health

39

40 problems is therefore important in order to prevent maltreatment re-occurrence and

41

42 facilitate successful family intervention.

43

44

45 While all mental health groups were associated with increased maltreatment

46

47 risk, the variation found in risk levels across the diagnostic groups can provide

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49 guidelines for prevention programs and support. For example, the present findings

50

51 indicate that the greatest risk of child neglect was maternal mental illness and that a

52

53

54 mother’s personality disorder doubled the risk of child abuse. They also show that

55

56 cognitive disability in a child and the younger the child’s age increase the risk of

57

58 abuse and neglect. Therefore, high priority should be given to targeting for support

3 and services diagnosed mothers of young children, specifically children suffering

4

5 from cognitive disability who come from low-income families. Furthermore,

6

7

8 depression or anxiety disorder in a mother or father was strongly associated with

9

10 educational neglect of the child. There is therefore a need to coordinate services in

11

12 cases where parents suffer from affective disorders, with specific emphasis on

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15 preventing school or pre-school truancy.

16

17 The provision of adult mental health services should cover a range of mental

18

19 health problems and other family needs. Given that families in the child protection

20

21

22 system face multiple problems, mental health intervention needs to be accompanied

23

24 by services that also address other problems faced by the family, which increase the

25

26 risk of child maltreatment. In these cases, there is a need for service collaboration and

27

28 synchronized delivery of services (Constantino, 2018; Westad & McConnell, 2012).

29

30

31 As shown in the regression model, the mother’s poverty and mental illness were

32

33 significant in the prediction of child neglect. Intervention aimed at ameliorating the

34

35 impact of poverty and the accompanying stress (Pelton, 2015; Russell, Harris, &

36

37

38 Gockel, 2008) alongside mental health treatment seems especially important.

39

40 Supporting this conclusion are results of a recent study suggesting that mental health

41

42 services for parents combined with material resources at the outset of a child welfare

43

44

45 case may help prevent future maltreatment and faster reunification (Roscoe, Lery, &

46

47 Chambers, 2018).

48

# 49 Limitations of the Study and Future Research Suggestions

50

51 The findings of the present study add to the limited literature on the role of

52

53

54 parents’ mental health in TPR cases by identifying associations between maternal and

55

56 paternal mental health diagnoses and child neglect/abuse in a sample of high-risk

57

58 parents involved in TPR. Several limitations, however, need to be pointed out.

3 Lacking a comparison group, it is impossible to demonstrate a causality relationship

4

5 between risk of maltreatment, termination of parental rights and parental mental

6

7

8 health problems. Future studies on the role of parent’s mental health in TPR cases

9

10 should include a comparison group of parents involved in the child protection system

11

12 but whose parental rights were not terminated. The present study also did not examine

13

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15 the role of mental health services in TPR cases. Treatment and intervention services

16

17 for parents with mental health issues and their children are crucial (Siegenthaler,

18

19 Munder, & Egger, 2012). Future research would benefit from analyzing the

20

21

22 connection between types of mental health problems, the treatment received by the

23

24 parents, the risk of child maltreatment and termination of parental rights. The present

25

26 study analyzed the parent’s mental health based on the professional assessments of

27

28 mental health experts as presented in court. It was impossible to determine from the

29

30

31 cases studied whether parents who were not presented with a mental health diagnosis

32

33 head been professionally assessed and found not to have a mental health problem or

34

35 whether they had simply not been assessed. Such an analysis would help us to

36

37

38 understand the proportion of parents whose mental needs are not identified. If we

39

40 better understand the connection between risk factors and parental mental health in

41

42 termination cases, interventions that address these issues are more likely to be

43

44

45 effective in reducing the risk of child maltreatment.

46

# 47 Declaration of Interest

48

49 The author declares that no competing interests exist.

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3 Table 1: Differences between Parents’ Mental Health Diagnoses in Child

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5 Maltreatment Types and Parental Cognitive Disability

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| --- | --- | --- | --- | --- | --- |
| Variable | Nodiagnosis | Emotionalproblems | Personalitydisorder | Mentalillness | ² |
|  | (*n* = 112) % | (*n* = 20) % | (*n* = 80) % | (*n* = 49) % |  |
| Parents Cog. Dis. | 8 | 30 | 30 | 28.6 | 18.3\*\*\* |
| Neglect | 66.1 | 95 | 95 | 95.9 | 38.31\*\*\* |
| Physical Neglect | 53.6 | 85 | 82.5 | 81.6 | 25.7\*\*\* |
| Emotional Neglect | 58 | 95 | 93.8 | 93.9 | 48.98\*\*\* |
| Educational | 19.6 | 55 | 38.8 | 49 | 19.1\*\*\* |
| Neglect |  |  |  |  |  |
| Lack of | 2.7 | 5 | 16.3 | 6.1 | 12.63\*\* |
| Supervision |  |  |  |  |  |
| Abuse | 11.6 | 15 | 30 | 16.3 | 10.91\* |
| Physical Abuse | 6.3 | 10 | 26.3 | 10.2 | 16.94\*\* |

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42 \*\*\*p < .0001; \*\*.0001 < p < .01; \*.01 < p <=.05

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3 Table 2: Differences between Mental Health Diagnoses and Types of Child

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5 Maltreatment for Mothers and Fathers

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9 Variable No Diag. % Emot.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Problems % | Disorder % | illness % |  |
| Cog. Dis.—Mother | 10.9 | 26.3 | 28.6 | 13.6 | 11.36\* |
| Cog. Dis.—Father | 3.4 | 17.6 | 27.3 | 8.3 | 29\*\*\* |
| Neglect—Mother | 69.5 | 94.7 | 95.7 | 95.5 | 30.81\*\*\* |
| Father | 76.8 | 100 | 92.7 | 100 | 14.22\*\*\* |
| Emot. Ng.—Mother | 62.5 | 94.7 | 94.3 | 93.2 | 38.4\*\*\* |
| Father | 70.6 | 100 | 92.7 | 100 | 21.08\*\*\* |
| Phy. Ng.—Mother | 56.3 | 84.2 | 84.3 | 81.8 | 23.13\*\*\* |
| Father | 65 | 88.2 | 76.4 | 91.7 | 8.58\* |
| Edu. Ng.—Mother | 23.4 | 47.4 | 40 | 47.4 | 12.74\*\* |
| Father | 27.7 | 58.8 | 41.8 | 50 | 10.72\* |
| Multi. Ng. –Mother | 55.5 | 89.5 | 85.7 | 84.1 | 29.1\*\*\* |
| Father | 62.7 | 100 | 81.8 | 100 | 20.82\*\*\* |
| Lack suprv. –Mother | 3.9 | 5.3 | 17.1 | 4.5 | 12.2\*\* |
| Father | 5.6 | 5.9 | 12.7 | 16.7 | 4.46 |
| Abuse –Mother | 12.5 | 10.5 | 34.3 | 15.9 | 15.43\*\* |
| Father | 15.8 | 29.4 | 20 | 33.3 | 4.04 |

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| 46 |  |
| 47 | Phys. Ab—Mother | 7.8 | 5.3 | 28.6 | 9.1 | 19.1\*\*\* |
| 48 |  |  |  |  |  |  |
| 49 | Father | 11.9 | 17.6 | 16.4 | 16.7 | 1.15 |
| 50 |  |  |  |  |  |  |

Pers.

Mental ²

51 \*\*\*p < .0001; \*\*.0001 < p < .01; \*.01 < p <=.05

3 Table 3: Prediction of Neglect and Abuse by Parent’s Mental Health and Case

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5 Characteristics

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Neglect |  | Abuse |  |
| Variable | Mother | Father | Mother | Father |
| Parent Cognitive Dis. | 2.7 | 1.8 | 1.26 | 2.09 |
| Emot. Prob. | 3.9 | 2.5 | 1.02 | 2.06 |
|  |  |  |  |  |
| Personality Dis. | 4.89\* | 1.68 | 2.52\* | 1.02 |
| Mental Illness | 5.42\* | 4.1 | 1.06 | 2.69 |
| Child’s Age | 0.89\*\* | 0.89\*\* | 1 | 1 |
|  |  |  |  |  |
| Child’s Cog. Dis. | 3.87\* | 4.4\*\* | 2.3\* | 2.57\* |
| Poverty | 3.03\* | 6.27\*\*\* | 1.09 | 1 |

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