



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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6 **of Parental Rights in Israel**
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8 **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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17 types of child maltreatment and mental health diagnoses of 522 parents whose
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19 parental rights were terminated due to maltreatment allegations by Israeli courts were
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21 analyzed. The results showed that 62% of the parents suffered from mental health
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23 problems, including emotional problems, personality disorders, mental illness or
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25 cognitive disability. Child neglect was associated with all types of mental health
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27 diagnoses for both the mothers and fathers. The mother's mental illness and
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29 personality disorder predicted child neglect while only the mother's personality
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31 disorder predicted child abuse. No mental health diagnosis of the father predicted
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33 child abuse and neglect. Implications of the findings for future identification and
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35 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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Parental Mental Health and Child Maltreatment

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

Termination of parental rights (TPR) by the state represent the most sever kind of cases with child maltreatment allegations. In the legal proceeding of termination of parental rights, the parent's constitutional right to parenting is revoked and the child is declared by the court as free for adoption against the biological parents' will (Wattenberg, Kelley, & Kim, 2001). The result is thus a complete severance of all legal bonds between the biological parent and the child (Tefre, 2015). Parental rights will be terminated when the child's welfare is concerned and the child faces imminent risk of harm or receives care that undermines the child's basic needs (Barone, Weitz, & Witt, 2005; Benjet, Azar, & Kuertsten-Hogan, 2003; MacDonald & McLoughlin, 2016; Smith, 2015). If a parent's capacity to care for the child is assessed by professionals to be irredeemable within a reasonable timeframe, the parent's right to parent can be terminated (Azar, Benjet, Fuhrman, & Cavallero, 1995; Tefre, 2015; Zilberstein, 2016). The state has to provide clear and convincing evidence that the parent cannot meet a minimal level of parenting, in spite of aid to help the parent cope with specific problems and enhance parental skills, that the parent is unamenable to treatment, and that one's conduct will not change (Benjet et al., 2003; Budd & Holdsworth, 1996; Schetky, 2002).

Parental failure to care for the child was associated in the research literature with various risk factors, mental health being one of the most prominent one (e.g., Schetky, 2002; Smith, 2015; Wattenberg et al., 2002; Zilberstein, 2016). The present study examines types of mental health professional diagnosis in TPR courts' rulings and associations between mental health diagnoses and child maltreatment types.

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3 Parental mental health has been recognized as a major risk factor for child
4 maltreatment (Constantino, 2016; Kohl, Jonson-Reid, & Drake, 2011; Sun,
5 Shillington, Hohman, & Jones, 2001; Stith et al., 2009). The mental illness of a parent
6 may compromise the quality of parenting provided to the child and is associated with
7 negative outcomes for children, including developmental and mental health problems
8 (Constantino, 2016; Constantino et al., 2016; Huntsman, 2008; Smith, 2003). Parents
9 with a mental health problem may be emotionally unavailable, withdrawn, less
10 responsive, have a less sensitive interaction with the child and a harsh parenting style
11 (Bromfield et al., 2010; Lovejoy, Craczyk, O'Hare, & Neuman, 2000; Newman,
12 Stevenson, Bergman, & Boyce, 2007).

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26 Studies have demonstrated that parental mental health is a risk factor for family
27 involvement with the child protection system (Westad & McConnell, 2012; Park,
28 Solomon, & Mandell, 2006; Taplin & Mattick, 2013; O'Donnell et al., 2015), while
29 other studies have shown that a high proportion of parents in the child welfare system
30 suffer from mental health issues (Kohl et al., 2011; Wattenberg, Kelley, & Kim,
31 2001). Increased risk of child abuse and neglect has been associated with parents'
32 mental health problems. Parental depression has been associated with both neglect
33 and abuse (e.g., Berger & Brooks-Gunn, 2005; Stith et al., 2009) and increases the
34 risk of child neglect (Bellis et al, 2001; DiLauro, 2004). Maternal depression
35 specifically increases the risk of child physical abuse (Chaffin, Kelleher, &
36 Hollenberg, 1996; Cohen, Hein, & Batchelder, 2008; Windham, Rosenberg, Fuddy,
37 McFarlane, Sia, & Duggan, 2004). The stress of parenting has also been associated
38 with maternal child maltreatment (Windham et al., 2004), specifically neglect
39 (DiLauro, 2004; Ethier, Lemelin, & Lacharite, 2004). Children of parents with
40 schizophrenia or anti-social behavior are at an elevated risk of abuse (Walsh,
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3 MacMillan, & Jamieson, 2002). A recent study found that maternal intellectual
4 disability was associated with the greatest risk of child maltreatment allegations
5 followed by childhood and psychological development disorders, personality
6 disorders, substance-related disorders, and organic disorders (O'Donnell et al., 2015).
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8 Schizophrenia and major affective disorders have been associated with a higher risk
9 of involvement with child welfare services (Park et al., 2006). Another study found a
10 link between maternal mental health and child maltreatment recurrence: a higher rate
11 of subsequent maltreatment has been associated with mood and anxiety disorders
12 among mothers involved with child protection following a substantiated maltreatment
13 report (Kohl et al., 2011). The pathway from parental mental health problems to child
14 maltreatment is attributed, in the literature, to a low sense of personal mastery (Slack
15 et al., 2011), feelings of despair and hopelessness, low self-esteem and other
16 psychosocial factors (DiLauro, 2004).
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33 Parental mental health problems have been shown to increase the risk not just of
34 involvement with the child protection system but also of termination of parental rights
35 (TPR). In a study of 97 TPR cases, parental mental health problems such as
36 depression, bipolar disorder, schizophrenia or personality disorders, were prevalent in
37 almost fifty percent of the cases and intellectual disability was present in 17.5%
38 (Wattenberg et al., 2001). In another study of 51 cases, 35% of the mothers suffered
39 from schizophrenia while the fathers were more likely to have inadequate or antisocial
40 personalities (Schetky, Angell, Morrison, & Sack, 1979). Another study demonstrated
41 the prevalence of depressive disorders in 72% of TPR cases and personality disorders
42 in 64% (Bogacki & Weiss, 2007). Increased risk has also been associated with
43 parental intellectual disability (Llewellyn, McConnell, & Ferronato, 2003).
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The Present Study

As the evidence suggests, parents involved in the legal and child protection systems due to allegations of child abuse and neglect suffer from considerable mental health problems. Less is known, on the risk associated with parental mental health and types of child maltreatment (O'Donnell et al., 2015), specifically among parents whose parental rights were terminated. This study examines this connection, in the hope that greater knowledge about the subject will help child protection workers make early identification of families at greatest risk of child maltreatment and in need of intervention. The study builds upon and extends the scope of prior research by examining the following research questions based on a sample of court decisions of TPR:

(1) Is there an association between types of parental mental health problems and types of child maltreatment?

(2) Is this association similar for fathers and mothers or is the parent's gender an important variable? It is unclear from the existing literature whether this association differs for mothers and fathers. Given possible gender differences in mental health problems (Smith, 2003), both maternal and paternal mental health problems in child maltreatment cases need to be examined.

(3) Can parental mental health problems predict child neglect and abuse, while controlling for family and child characteristics? It is important to analyze the contribution of parental mental health problems to the risk of maltreatment, apart from other risk factors, since it has been shown that families involved in maltreatment cases are likely to suffer from co-occurring problems and risk factors (Constantino et al., 2016; McConnell & Llewellyn, 2005; Slack et al., 2011; Wattenberg et al., 2001; Zilberstein, 2016).

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Method**Sample**

The study sample comprised 522 parents whose parental rights were terminated due to child maltreatment allegations. These parents were involved in 261 court cases in favor of termination of parental and were retrieved from the official public judiciary records where parental identity is concealed for privacy and confidentiality reasons. Selection was based on two main criteria: the state had filed a motion declaring the child free for adoption due to allegations of child abuse and/or neglect and the courts ruled in favor of TPR. Cases were searched using key words such as child abuse, parental rights, termination of parental rights and so forth. The search was conducted on several electronic data bases. Rulings from three judiciary instances were selected: Family Courts, District Courts and the Supreme Court. If a case was discussed by several judiciaries, only the version issued by the higher judiciary was included in the sample.

It should be noted that the official public records of court decisions are open to public review, but any identifying information relating to the mother, child or the family is removed in order to protect the privacy of the parties. Since the study relied on the analysis of publicly published texts where identifying information was not included in the ruling, no approval of the study by an ethical committee was warranted and this was in compliance with the (omitted for blind review) College's institutional review board guidelines on protection of human subjects.

Parental mental health in the study was based on professional assessments of mental health experts such as psychiatrists and psychologists during the TPR proceedings, based on the DSM classification system. These assessments were made in every case and referred to by the courts in their judicial rulings in favor of TPR.

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3 Based on mental health diagnoses, the mental health of the parents in the current
4 study, were put into three main categories: emotional problems, personality disorders
5 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
11 anxiety disorders; parents who were diagnosed with depression and/or anxiety, were
12 thus classified in the study as having “emotional problems”.
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16 (2) Personality disorders of the parents included diagnosis such as antisocial or
17 borderline disorders; parents who were diagnosed with antisocial personality disorder,
18 were thus classified in the study as having “personality disorder”.
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24 (3) Mental illness of the parents included diagnosis such as schizophrenia or
25 bipolar disorders; parents who were diagnosed with bipolar disorder were thus
26 classified in the study as having “mental illness”. In cases with comorbidity (more
27 than one type of mental health diagnosis),
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33 Based on professional assessments, the cognitive capability of the parents was
34 also categorized into mild, medium or severe cognitive disability. Accordingly, 61.7%
35 of the parents in the study ($n = 161$) were diagnosed with at least one type of mental
36 health diagnosis. Personality disorder was diagnosed for 30.7% of the parents,
37 followed by cognitive disability (20.3%), mental illness (18.8%) and emotional
38 problems (7.7%). The majority of the parents (83%) who were diagnosed with
39 cognitive disability were also diagnosed with another type of mental health problem,
40 in particular, personality disorder (45.3%).
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51 The analysis of mental health by gender revealed that 7.3% of the mothers were
52 diagnosed with emotional problems, 26.8% with personality disorders and 16.9% with
53 mental illness. 17.2% of the mothers were found to be cognitively disabled. A
54 somewhat different pattern was observed among the fathers: 6.5% were diagnosed
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with emotional problems, 21.2% with personality disorders and only 4.6% with mental illness. 9.6% of the fathers were diagnosed with cognitive disability.

Procedure

Information about the parents' mental health and type of child maltreatment they were associated with was culled from the court cases by means of a questionnaire specifically developed for the study. The content analysis of the cases was undertaken according to the following categories: (1) the parent's (mother and father) mental health including emotional problems, personality disorder and mental illness diagnoses based on professional assessments and the parents' mental capacity covering mild, medium or severe cognitive disability; (2) the type of child maltreatment including physical, emotional, sexual and/or physical, emotional, educational neglect, medical neglect, lack of parental supervision, abandonment of the child as well as the child's cognitive disability based on professional assessments by mental health experts; (3) family poverty based on one or more of the following indicators: family income below poverty line, dependency on social security allowance, unemployed for over two years, direct references by professionals to the family's economic hardship.

Statistical Analyses

A series of Chi-square tests were conducted in order to examine the connection between different mental health diagnoses and types of child maltreatment and the same tests were carried out separately for mothers and fathers in order to examine possible differences according to gender. Two sets of hierarchical logistic regressions were run, one for prediction of neglect and one for prediction of abuse according to parental mental health, controlling for child and parent characteristics; variables were entered in hierarchical fashion in order to be able to track the connection between

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3 mental health problems and types of child maltreatment as other child and parent
4 characteristics were added to the model.
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Results**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
14 all types of mental health diagnoses and considerably lower in cases with no such
15 diagnosis. 30% of the parents with emotional problems and personality disorders had
16 been diagnosed with cognitive disability and a close number of 28.6% of parents with
17 mental illness had the same diagnosis. Neglect, including physical, emotional and
18 educational neglect, was associated with all types of mental health diagnoses, with a
19 somewhat increased risk of diagnosis for emotional problems. Lack of supervision
20 was mostly associated with personality disorder. Increased risk of child abuse,
21 specifically physical abuse, was found for parents with personality disorder. The
22 differences between categories of parents' mental health diagnoses with regard to
23 sexual or emotional abuse were not significant.
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Differences between Mental Health Diagnoses of Mothers and Fathers

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40 Table 2 presents differences between the types of mental health diagnoses for
41 mothers and fathers. Of the mothers, 49% ($n = 128$) had no professional diagnosis,
42 7.3% ($n = 19$) were diagnosed with emotional problems, 26.8% ($n = 70$) with
43 personality disorders and 16.9% ($n = 44$) with mental illness. As for the fathers,
44 67.8% ($n = 177$) had no mental health diagnoses, 6.5% ($n = 17$) were diagnosed with
45 emotional problems, 21.1% ($n = 55$) with personality disorders and 4.6% ($n = 12$)
46 with mental illness.
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3 Parental cognitive disability was specifically prevalent among parents with a
4 personality disorder diagnosis (28.6% of diagnosed mothers and 27.3% of diagnosed
5 fathers).
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10 Emotional and physical neglect were prevalent among all three types of mental
11 health diagnoses for both mothers and fathers. There was slightly higher rate of
12 neglect in mothers with emotional problems (emotional neglect 94.7%; physical
13 neglect 84.2%) and personality disorder (emotional neglect 94.3%; physical neglect
14 84.3%) than in mothers with mental illness or no diagnosis (emotional neglect: 93.2%
15 and 62.5%, respectively; physical neglect: 81.8% and 56.3%, respectively).
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24 A somewhat different pattern was found with respect to the fathers: a higher rate
25 of neglect was found in fathers with emotional problems (emotional neglect 100%;
26 physical neglect 88.2%) and mental illness diagnoses (emotional neglect 100%;
27 physical neglect 91.7%) compared to fathers with personality disorder and no
28 diagnoses (emotional neglect: 92.7% and 70.6%, respectively; physical neglect 76.4%
29 and 65%, respectively).
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38 Educational neglect was mostly associated with emotional problems for both
39 mothers and fathers. Lack of supervision was associated with the mother's personality
40 disorder (17.1%) and the father's mental illness (16.7%).
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45 Child abuse was mostly associated with the mother's personality disorder
46 (34.3%) and father's mental illness (33.3%).
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49 **Prediction of Child Neglect and Abuse by Parents' Mental Health Diagnoses and** 50 **Case Characteristics** 51 52

53 Two sets of hierarchical logistic regressions were run, one for prediction of
54 neglect and one for prediction of abuse. The analysis was conducted separately for
55 mothers and fathers. In the first step, the mother or father's mental health diagnoses of
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3 cognitive disability, emotional problems, personality disorder and mental illness were
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5 entered. In the second step, the variables of the child's age and cognitive disability
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7 were entered. In the final step the variable of poverty was included in the model.
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10 Table 3 presents the findings of the third step of the logistic regressions for predicting
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12 child neglect for both the mother and father. The mother's mental illness and
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14 personality disorder remained significant in the third step and were the most
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16 influential variables, increasing the chance of child neglect 5.4 and 4.8 times,
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18 respectively. The child's cognitive disability increased the chance of neglect 3.8
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20 times. Families with documented poverty were three times more likely to be reported
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22 for neglect than families with no such background. Every year of the child's age
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24 decreased the chance of neglect. With regard to the fathers, no mental health
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26 diagnoses significantly predicted the child's neglect. As was the case of the mothers,
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28 the variables of the child's cognitive disability, child's age and poverty increased the
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30 chances of neglect.
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36 Table 3 presents the findings of the third step of logistic regression for
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38 prediction of child abuse. The mother's personality disorder was the only diagnosis
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40 that predicted child abuse, increasing the odds by 2.5 times. All other diagnoses were
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42 insignificant as predictors. The only other significant variable as predictor was the
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44 child's cognitive disability, with 2.3 times likelihood of abuse in such cases. This was
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46 the only significant variable in the prediction of abuse in relation to the fathers. No
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48 mental health diagnoses of the father could significantly predict abuse.
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51 Discussion

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53 The study examined the association between parental mental health diagnoses
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55 (e.g., emotional problems, personality disorder, mental illness) and child maltreatment
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57 among parents whose parental rights were terminated. The study shows that parental
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3 mental health is an important risk factor in TPR cases. It was found that 62% of the
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5 parents were diagnosed with mental health problems, including emotional problems,
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7 personality disorders, mental illness or cognitive disability. These findings, in the
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9 context of termination of parental rights, corroborate previous studies showing an
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11 elevated risk of maltreatment when parents suffer from mental health problems (Kohl
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13 et al., 2011; Stith et al., 2009; Sun, Shillington, Hohman, & Jones, 2001; Walsh,
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15 MacMillan, & Jamieson, 2002).

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19 All three mental health groups were associated with increased maltreatment
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21 risk, but there were variations in risk levels across the diagnostic groups. Greater risk
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23 of neglect was found in cases where a *mother* suffered from *mental illness* or
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25 *personality disorder*. A mother's personality disorder was also predictive of child
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27 *abuse*. Children with cognitive disability were at greater risk of abuse and neglect.
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29 These associations remained significant in the model after adjusting for poverty and
30
31 the child's age. The connection between maternal mental illness and neglect can be
32
33 explained by low levels of responsiveness and emotional involvement shown by
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35 mothers with mental illness (Goodman & Brumley, 1990; Roscoe, Lery, & Chambers,
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37 2018). An association between personality disorder and child abuse was established in
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39 past studies (Walsh, MacMillan, & Jamieson, 2002). It was also found that mothers
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41 with personality disorder were less sensitive to their children's needs, experience
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43 more distress in their parenting role and tend to engage in lower quality parenting than
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45 mothers without this disorder (Newman, Stevenson, Bergman, & Boyce, 2007;
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47 Simons, Beaman, Conger, & Chao, 1993). Interestingly, in the current study,
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49 depression and anxiety disorders (the category of emotional problems) of the mother
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51 or father were not predictors of abuse or neglect when other child and family variables
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53 were considered in the statistical model, although previous studies have demonstrated
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3 a link between these disorders and child maltreatment (Kohl et al., 2011). An
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5 explanation could be that, since the study focused on the most serious cases of
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7 families who are involved in the child protection system, then variation of mood
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9 disorders among the sample was restricted. It is also possible that for parents whose
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11 parental rights have been terminated, it is not the depression or anxiety per se that
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13 impacts on the parental behavior, but other factors such as poverty, the child's age,
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15 the child's cognitive disability or other potential variables which co-occur in families
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17 with parental mental health problems. In fact, studies indicate an association between
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19 poor maternal mental health and the type of financial and social parenting stressors
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21 that are found at a higher rate among low-income families (Mistry, Stevents, Gregory,
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23 Harvinder;De Vogli, & Halfon, 2007). Further research is needed to deepen our
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25 understanding of the connection between mental health and child maltreatment among
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27 low-income and multiple-problem families involved in TPR cases.
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33 Contrary to the findings regarding mothers in the study, the father's mental
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35 health was not shown to influence the prediction of abuse or neglect when statistically
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37 accounting for the child's age and family social disadvantage. These findings may
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39 reflect the fact that mothers are still considered the primary caregivers and fathers are
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41 usually less involved in the child protection system (Zanoni, Warburton, Bussey, &
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43 McMaugh, 2013).
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47 **Implications of the Findings**

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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
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53 expected to be high among this group of parents (Constantino et al., 2016). A recent
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55 study found that 34.6% of infants born to mothers with a mental health disorder in a
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57 birth cohort from the general population were reported to CPS within one year, and a
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3 majority of those reports were made within the first month of life (Hammond,
4 Eastman, Leventhal, & Putnam-Hornstein, 2017). It is therefore not surprising that
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6 among the high risk group of parents of this study the risk of mental health was
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8 double.
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12 The fact that the prevalence of parental mental health problems in child
13 maltreatment cases varies across studies (e.g., Bogacki & Weiss, 2007) may indicate
14 that many parents are undiagnosed or underdiagnosed (Chuang, Wells, & Aarons,
15 2014). This suggests that parents involved in TPR cases may have unmet mental
16 health needs which can impede effective intervention (Constantino et al., 2016;
17 Siegenthaler, Munder, & Egger, 2012). Screening for parental mental health problems
18 is thus warranted in every case of child maltreatment allegations (Chuang, Wells, &
19 Aarons, 2014). It also underscores the need to expand access to mental health services
20 for parents (Constantino et al., 2016; O'Donnell et al., 2015). It has been shown that
21 children whose caregiver received mental health services following a maltreatment
22 report had decreased risk of re-reporting (Jonson-Reid, Emery, Drake, &
23 Stahlschmidt, 2010). The early identification and treatment of parental mental health
24 problems is therefore important in order to prevent maltreatment re-occurrence and
25 facilitate successful family intervention.
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44 While all mental health groups were associated with increased maltreatment
45 risk, the variation found in risk levels across the diagnostic groups can provide
46 guidelines for prevention programs and support. For example, the present findings
47 indicate that the greatest risk of child neglect was maternal mental illness and that a
48 mother's personality disorder doubled the risk of child abuse. They also show that
49 cognitive disability in a child and the younger the child's age increase the risk of
50 abuse and neglect. Therefore, high priority should be given to targeting for support
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3 and services diagnosed mothers of young children, specifically children suffering
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5 from cognitive disability who come from low-income families. Furthermore,
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7 depression or anxiety disorder in a mother or father was strongly associated with
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9 educational neglect of the child. There is therefore a need to coordinate services in
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11 cases where parents suffer from affective disorders, with specific emphasis on
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13 preventing school or pre-school truancy.
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17 The provision of adult mental health services should cover a range of mental
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19 health problems and other family needs. Given that families in the child protection
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21 system face multiple problems, mental health intervention needs to be accompanied
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23 by services that also address other problems faced by the family, which increase the
24
25 risk of child maltreatment. In these cases, there is a need for service collaboration and
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27 synchronized delivery of services (Constantino, 2018; Westad & McConnell, 2012).
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29 As shown in the regression model, the mother's poverty and mental illness were
30
31 significant in the prediction of child neglect. Intervention aimed at ameliorating the
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33 impact of poverty and the accompanying stress (Pelton, 2015; Russell, Harris, &
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35 Gockel, 2008) alongside mental health treatment seems especially important.
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37 Supporting this conclusion are results of a recent study suggesting that mental health
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39 services for parents combined with material resources at the outset of a child welfare
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41 case may help prevent future maltreatment and faster reunification (Roscoe, Lery, &
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43 Chambers, 2018).
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49 **Limitations of the Study and Future Research Suggestions**

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51 The findings of the present study add to the limited literature on the role of
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53 parents' mental health in TPR cases by identifying associations between maternal and
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55 paternal mental health diagnoses and child neglect/abuse in a sample of high-risk
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57 parents involved in TPR. Several limitations, however, need to be pointed out.
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3 Lacking a comparison group, it is impossible to demonstrate a causality relationship
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5 between risk of maltreatment, termination of parental rights and parental mental
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7 health problems. Future studies on the role of parent's mental health in TPR cases
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9 should include a comparison group of parents involved in the child protection system
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11 but whose parental rights were not terminated. The present study also did not examine
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13 the role of mental health services in TPR cases. Treatment and intervention services
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15 for parents with mental health issues and their children are crucial (Siegenthaler,
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17 Munder, & Egger, 2012). Future research would benefit from analyzing the
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19 connection between types of mental health problems, the treatment received by the
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21 parents, the risk of child maltreatment and termination of parental rights. The present
22
23 study analyzed the parent's mental health based on the professional assessments of
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25 mental health experts as presented in court. It was impossible to determine from the
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27 cases studied whether parents who were not presented with a mental health diagnosis
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29 had been professionally assessed and found not to have a mental health problem or
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31 whether they had simply not been assessed. Such an analysis would help us to
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33 understand the proportion of parents whose mental needs are not identified. If we
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35 better understand the connection between risk factors and parental mental health in
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37 termination cases, interventions that address these issues are more likely to be
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39 effective in reducing the risk of child maltreatment.
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Declaration of Interest

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48 The author declares that no competing interests exist.
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References

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6 Azar, S., Benjet, C., Fuhrmann, G., & Cavallero, L. (1995). Child maltreatment and
7 termination of parental rights: Can behavioral research help Solomon?
8
9
10
11 *Behavior Therapy* 26(2), 599-623.
12
- 13 Barone, N., Weitz, E., & Witt, P. (2005). Psychological bonding evaluations in
14 termination of parental rights cases. *The Journal of Psychiatry & Law*, 33, 387–
15
16 411.
17
18
- 19 Benjet, C., Azar, S. T., & Kuersten-Hogan, R. (2003). Evaluating the parental fitness
20 of psychiatrically diagnosed individuals: Advocating a functional–contextual
21
22 analysis of parenting. *Journal of Family Psychology*, 17, 238–251.
23
24
- 25 Berger, L. M., & Brooks-Gunn, J. (2005). Socioeconomic status, parenting knowledge
26 and behaviors, and perceived maltreatment of young low-birth-weight children.
27
28
29
30
31
32
33 *Social Service Review*, 79, 237-267.
- 34 Bogacki, D. F., & Weiss, K. J. (2007). Termination of parental rights: Focus on
35 defendants. *The Journal of Psychiatry & Law*, 35, 25–45.
36
37
- 38 Bromfield, L., Lamont, A., Parker, R., & Horsfall, B. (2010). *Issues for the safety*
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
*and wellbeing of children in families with multiple and complex problems:
The co-occurrence of domestic violence, parental substance misuse, and
mental health problems*. NCPC, Issues (33), National Child Protection
Clearinghouse, Melbourne.
- Budd, K. S., & Holdsworth, M. J. (1996). Issues in clinical assessment of minimal
parenting competence. *Journal of Clinical Child Psychology*, 25(1), 2–14.
- Chaffin, M., Kelleher, K., & Hollenberg, J. (1996). Onset of physical abuse and
neglect: Psychiatric, substance abuse, and social risk factors from prospective
community data. *Child Abuse & Neglect*, 20(3), 191–203.

Parental Mental Health and Child Maltreatment

- 1
2
3 Chuang, E., Wells, R., & Aarons, G. A. (2014). Identifying depression in a national
4 sample of caregivers investigated in regard to their child's welfare. *Psychiatric*
5 *Services, 65*(7), 911–917.
6
7
8
9
10 Cohen, L. R., Hien, D. A., & Batchelder, S. (2008). The impact of cumulative
11 maternal trauma and diagnosis on parenting behavior. *Child Maltreatment,*
12 *13*(1), 27–38.
13
14
15
16 Constantino, J. N. (2016). Child maltreatment prevention and the scope of child and
17 adolescent psychiatry. *Child & Adolescent Psychiatric Clinics, 25*(2), 157-165.
18
19
20
21 Constantino, J. N. (2018). Prevention of child maltreatment: strategic targeting of a
22 curvilinear relationship between adversity and psychiatric impairment. *World*
23 *Psychiatry, 17*(1), 103-104.
24
25
26
27
28 Constantino, J. N., Ben-David, V., Navsaria, N., Spiegel, T. E., Glowinski, A. L.,
29 Rogers, C. E., & Jonson-Reid, M. (2016). Two-generation psychiatric
30 intervention in the prevention of early childhood maltreatment recidivism.
31 *American Journal of Psychiatry, 173*(6), 566-573.
32
33
34
35
36
37
38 De Bellis, M. D., Broussard, E. R., Herring, D. J., Wexler, S., Moritz, G., & Benitez,
39 J. (2001). Psychiatric co-morbidity in caregivers and children involved in
40 maltreatment: A pilot research study with policy implications. *Child Abuse &*
41 *Neglect, 25*, 923-944.
42
43
44
45
46
47
48 DiLauro, M. D. (2004). Psychosocial factors associated with types of child
49 maltreatment. *Child Welfare, 83*, 69-99.
50
51
52
53
54
55
56
57
58
59
60

Parental Mental Health and Child Maltreatment

- 1
2
3 Hammond, I., Eastman, A., Leventhal, J., & Putnam-Hornstein, E. (2017). Maternal
4
5 mental health disorders and reports to child protective services: A birth cohort
6
7 study. *International Journal of Environmental Research & Public Health*,
8
9 *14*(11), 1320.
- 10
11
12 Huntsman, L. (2008). *Parents with mental health issues: Consequences for children*
13
14 *and effectiveness of interventions designed to assist children and their families*.
15
16 Sydney: Centre for Parenting and Research, NSW Department of Community
17
18 Service.
- 19
20
21 Jonson-Reid, M., Emery, C. R., Drake, B., & Stahlschmidt, M. J. (2010).
22
23 Understanding chronically reported families. *Child Maltreatment*, *15*, 271–281.
- 24
25
26 Kohl, P. L., Jonson-Reid, M., & Drake, B. (2011). Maternal mental illness and the
27
28 safety and stability of maltreated children. *Child Abuse & Neglect*, *35*(5), 309-
29
30 318.
- 31
32
33 Llewellyn, G., McConnell, D., & Ferronato, L. (2003). Prevalence and outcomes for
34
35 parents with disabilities and their children in an Australian court sample. *Child*
36
37 *Abuse & Neglect*, *27*, 235-251.
- 38
39
40 Lovejoy, M. C., Craczyk, P. A., O'Hare, E., & Neuman, G. (2000). Maternal
41
42 depression and parenting behavior: A meta-analytical review. *Clinical*
43
44 *Psychology Review*, *20*, 561–592.
- 45
46
47 MacDonald, M., & McLoughlin, P. (2016). Paramourncy, family rights and contested
48
49 adoption: Does contact with birth relatives balance the scales? *Child Care in*
50
51 *Practice*, *22*(4), 401-407.
- 52
53
54 Mistry, R., Stevens, G. D., Sareen, H., De Vogil, R., & Halfon, N. (2007). Parenting-
55
56 related stressors and self-reported mental health of mothers with young children.
57
58 *American Journal of Public Health*, *97*(7), 1261–1268.
- 59
60

Parental Mental Health and Child Maltreatment

- 1
2
3 McConnell, D., & Llewellyn, G. (2005). Social inequality, 'the deviant parent' and
4 child protection practice. *Australian Journal of Social Issues*, 40(4), 553-566.
5
6
7
8 Newman, L. K., Stevenson, C. S., Bergman, L. R., & Boyce, P. (2007). Borderline
9 personality disorder, mother-infant interaction and parenting perceptions:
10 Preliminary findings. *Australian & New Zealand Journal of Psychiatry*, 41,
11 598-605.
12
13
14
15
16
17 O'Donnell, M., Maclean, M. J., Sims, S., Morgan, V. A., Leonard, H., & Stanley, F. J.
18 (2015). Maternal mental health and risk of child protection involvement: Mental
19 health diagnoses associated with increased risk. *Journal of Epidemiology &*
20 *Community Health*, 69(12), 1175-1183.
21
22
23
24
25
26 Park, J. M., Solomon, P., & Mandell, D. S. (2006). Involvement in the child welfare
27 system among mothers with serious mental illness. *Psychiatric Services*, 57,
28 493-497.
29
30
31
32
33 Pelton, L. (2015). The continuing role of material factors in child maltreatment and
34 placement. *Child Abuse & Neglect*, 40, 29-30.
35
36
37
38 Roscoe, J. N., Lery, B., & Chambers, J. E. (2018). Understanding child protection
39 decisions involving parents with mental illness and substance abuse. *Child Abuse*
40 *& Neglect*, 81, 235-248.
41
42
43
44
45 Russell, M., Haarris, B., & Gockel, A. (2008). Parenting in poverty: Perspectives of
46 high risk parents. *Journal of Children & Poverty*, 14, 83-98.
47
48
49 Schetky, D. H., Angell, R., Morrison, C. V. & Sack, W. H. (1979). Parents who fail:
50 A study of 51 cases of termination of parental rights. *Journal of the Academy of*
51 *Child Psychiatry*, 18, 366-383.
52
53
54
55
56
57
58
59
60

Parental Mental Health and Child Maltreatment

- 1
2
3 Schetky, D. H. (2002). Termination of parental rights. In Schetky, D.H. & Benedek,
4
5 E.P. (eds.), *Principles and practice of child and adolescent forensic psychiatry*
6
7 (pp. 109-116). Washington, DC: American Psychiatric Publishing, Inc.
8
9
- 10 Siegenthaler, E., Munder, T., & Egger, M. (2012). Effect of preventive interventions
11
12 in mentally ill parents on the mental health of the offspring: Systematic review
13
14 and meta-analysis. *Child Adolescent Psychiatry, 51*, 8–17.e8
15
16
- 17 Simons, R. L., Beaman, J., Conger, R. D., & Chao, W. (1993). Stress, support and
18
19 antisocial behavior trait as determinants of emotional well-being and
20
21 parenting. *Journal of Marriage & Family, 55*(2), 385–398.
22
23
- 24 Slack, K. S., Berger, L. M., DuMont, K., Yang, M. Y., Kim, B., Ehrhard-Dietzel, S.,
25
26 & Holl, J. L. (2011). Risk and protective factors for child neglect during early
27
28 childhood: A cross-study comparison. *Children & Youth Services Review,*
29
30 33(8), 1354-1363.
31
32
- 33 Smith, M. (2004). Parental mental health: Disruptions to parenting and outcomes for
34
35 children. *Child & Family Social Work, 9*(1), 3-11.
36
37
- 38 Smith, C. (2015). Finding solutions to the termination of parental rights in parents
39
40 with mental health challenges. *Law & Psychology Review, 39*, 205-237.
41
42
- 43 Stith, S. M., Liu, T., Davies, L. C., Alder, M. C., Som, A., Dees, J. E. M. E. G...et al.
44
45 (2009). Risk factors in child maltreatment: A meta-analytic review of the
46
47 literature. *Aggression & Violent Behavior, 14*(1), 13–29.
48
49
- 50 Sun, A., Shillington, A. M., Mohman, M., Jones, L. (2001). Caregiver AOD use, case
51
52 substantiation, and AOD treatment: Studies based on two southwestern
53
54 counties. *Child Welfare, 80*(2), 151-177.
55
56
57
58
59
60

Parental Mental Health and Child Maltreatment

- 1
2
3 Taplin, S., & Mattick, R. P. (2013). Mothers in methadone treatment and their
4 involvement with the child protection system: A replication and extension
5 study. *Child Abuse & Neglect*, 37(8), 500-510.
6
7
8
9
10 Tefre, O. (2015). The justifications for terminating parental rights and adoption in the
11 United States. *Children & Youth Services Review*, 48, 87–97.
12
13
14 Walsh, C., MacMillan, H., & Jamieson, E. (2002). The relationship between parental
15 psychiatric disorder and child physical and sexual abuse: Findings from the
16 Ontario Health Supplement. *Child Abuse & Neglect*, 26(2), 11–22.
17
18
19
20
21 Wattenberg, E., Kelley, M., & Kim, H. (2001). When the rehabilitation idea fails: A
22 study of parental rights termination. *Child Welfare*, 80(4), 269–289.
23
24
25
26 Westad, C., & McConnell, D. (2012). Child welfare involvement of mothers with
27 mental health issues. *Community Mental Health Journal*, 48, 29–37.
28
29
30
31 Windham, A., Rosenberg, L. A., Fuddy, L., McFarlane, E., Sia, C., & Duggan, A. K.
32 (2004). Risk of mother-reported child physical and psychological abuse in the
33 first 3 years of life. *Child Abuse & Neglect*, 28, 645–667.
34
35
36
37
38 Zanoni, L., Warburton, W., Bussey, K., & McMaugh, A. (2013). Fathers as ‘core
39 business’ in child welfare practice and research: An interdisciplinary review.
40 *Children & Youth Services Review*, 35(7), 1055-1070.
41
42
43
44
45 Zilberstein, K. (2016). Parenting in families of low socioeconomic status: A review
46 with implications for child welfare practice. *Family Court Review*, 54(2), 221-
47
48
49
50
51
52
53
54
55
56
57
58
59
60

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Table 1: Differences between Parents' Mental Health Diagnoses in Child
Maltreatment Types and Parental Cognitive Disability

Variable	No diagnosis (<i>n</i> = 112) %	Emotional problems (<i>n</i> = 20) %	Personality disorder (<i>n</i> = 80) %	Mental illness (<i>n</i> = 49) %	χ^2
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 Neglect	19.6	55	38.8	49	19.1***
Lack of Supervision	2.7	5	16.3	6.1	12.63**
Abuse	11.6	15	30	16.3	10.91*
Physical Abuse	6.3	10	26.3	10.2	16.94**

*** $p < .0001$; ** $.0001 < p < .01$; * $.01 < p \leq .05$

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Table 2: Differences between Mental Health Diagnoses and Types of Child Maltreatment for Mothers and Fathers

Variable	No Diag. %	Emot. Problems %	Pers. Disorder %	Mental illness %	χ^2
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
Phys. Ab—Mother	7.8	5.3	28.6	9.1	19.1***
Father	11.9	17.6	16.4	16.7	1.15

*** $p < .0001$; ** $.0001 < p < .01$; * $.01 < p \leq .05$

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

Characteristics	Neglect		Abuse	
	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

*** $p < .0001$; ** $.0001 < p < .01$; * $.01 < p \leq .05$