

## Article

# Associations between Parental Mental Health and Child Maltreatment: The Importance of Family Characteristics

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**Abstract:** The study expands the literature on parents' mental health and risk of poor parenting by exploring the association between parental mental health diagnoses and types of child maltreatment among 522 parents who were adjudicated for child maltreatment by Israeli courts. The study was cross-sectional and used a manual for the content analysis of court cases. The results showed that 62% of the parents suffered from mental health problems, including emotional problems, personality disorders, mental illness or intellectual disability. Child neglect was associated with all types of mental health diagnoses for both the mothers and fathers. However, child abuse and specifically physical abuse were associated only with the mother's mental health diagnoses. The mother's mental illness and personality disorder predicted child neglect and the mother's personality disorder predicted child abuse, after controlling for poverty, child's intellectual disability and age. No mental health diagnosis of the father predicted child maltreatment. The study concluded that the effect of mental health condition is greater for mothers. A mother's personality disorder and mental illness should raise a special concern. Screening for maternal mental health in every case involved in the child welfare system and implications of the findings for prevention of child maltreatment are discussed.



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**Keywords:** child maltreatment; cross-sectional design; family; mental health problems; parenting; termination of parental rights

## 1. Introduction

Termination of parental rights (TPR) by the state represents the most severe kind of cases involving child maltreatment allegations. In TPR legal proceedings, 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 et al. 2001). The result is a complete severance of all legal bonds between the biological parent and the child (Tefre 2015). Parental rights are terminated when the child's welfare is endangered and the child faces imminent risk of harm or receives care that undermines the child's basic needs (Barone et al. 2005; Benjet et al. 2003; MacDonald and 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 et al. 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 aimed at helping the parent cope with specific problems and enhance parental skills; the parent is unamenable to treatment; the parent's conduct will not change (Benjet et al. 2003; Budd and Holdsworth 1996; Schetky 2002).

Parental failure to care for the child has been associated in the research literature with various risk factors, a mental health problem being one of the most prominent (e.g., Schetky 2002; Smith 2015; Wattenberg et al. 2001; Zilberstein 2016). The present study examines types of mental health professional diagnoses in TPR rulings and associations between mental health diagnoses and child maltreatment types.

Parental mental health problems have been recognized as a major risk factor for child maltreatment (Constantino 2016; Kohl et al. 2011; Sun et al. 2001; Stith et al. 2009). The

mental illness of a parent may compromise the quality of parenting provided to the child and is associated with negative outcomes for children, including developmental and mental health problems (Constantino 2016; Constantino et al. 2016; Duong 2020; Huntsman 2008; Madhlopa et al. 2020; Marcal 2021; Smith 2004; Wolford et al. 2019). Parents with a mental health problem may be emotionally unavailable, withdrawn, less responsive, have a less sensitive interaction with the child and a harsh parenting style (Bromfield et al. 2010; Lovejoy et al. 2000; Newman et al. 2007).

Studies have demonstrated that poor parental mental health is a risk factor for families involved with the child protection system (Gonzalez et al. 2020; O'Donnell et al. 2015; Park et al. 2006; Taplin and Mattick 2013; Westad and McConnell 2012), while other studies have shown that a high proportion of parents in the child welfare system suffer from mental health issues (Kohl et al. 2011; Wattenberg et al. 2001). Increased risk of child abuse and neglect has been associated with parental mental health problems. Parental depression has been associated with both neglect and abuse (e.g., Berger and Brooks-Gunn 2005; Stith et al. 2009) and increases the risk of child neglect (De Bellis et al. 2001; DiLauro 2004). Maternal depression specifically increases the risk of hostile parenting and physical child abuse (Chaffin et al. 1996; Cohen et al. 2008; Duong 2020; Hentges et al. 2021; Marcal 2021; Windham et al. 2004). Children of parents with schizophrenia or anti-social behavior are at an elevated risk of abuse (Walsh et al. 2002). A recent study found that maternal intellectual disability was associated with the greatest risk of child maltreatment allegations followed by childhood and psychological development disorders, personality disorders, substance-related disorders, and organic disorders (O'Donnell et al. 2015). Schizophrenia and major affective disorders have been associated with a higher risk of involvement with child welfare services (Park et al. 2006). Another study found a link between maternal mental health problems and child maltreatment recurrence: a higher rate of subsequent maltreatment was associated with mood and anxiety disorders among mothers involved with child protection following a substantiated maltreatment report (Kohl et al. 2011).

The pathway from parental mental health problems to child maltreatment is attributed, in the literature, to a low sense of personal mastery (Slack et al. 2011), feelings of despair and hopelessness, low self-esteem and other psychosocial factors (DiLauro 2004). The stress of parenting has also been associated with maternal child maltreatment (Windham et al. 2004), specifically neglect (DiLauro 2004; Ethier et al. 2004). Maltreatment risk is higher among children with intellectual disability (Gonzalez et al. 2020; Maclean et al. 2017). They experience more severe maltreatment, and are more often referred to ongoing child protection services (Dion et al. 2018).

Parental mental health problems have been shown to increase the risk not just of involvement with the child protection system but also of TPR. In a study of 97 TPR cases, parental mental health problems such as depression, bipolar disorder, schizophrenia or personality disorders were prevalent in almost fifty percent of cases and intellectual disability was present in 17.5% (Wattenberg et al. 2001). In another study of 51 cases, 35% of the mothers suffered from schizophrenia while the fathers were more likely to have inadequate or antisocial personalities (Schetky et al. 1979). Another study demonstrated the prevalence of depressive disorders in 72% of TPR cases and personality disorders in 64% (Bogacki and Weiss 2007). Increased risk has also been associated with parental intellectual disability (Llewellyn et al. 2003).

## 2. The Present Study

As the evidence suggests, a considerable percentage of parents involved in the legal and child protection systems due to allegations of child abuse and neglect suffer from considerable mental health problems and intellectual disabilities. Less is known on the risk associated with parental mental health problems 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 TPR decisions:

- (1) Is there an association between types of parental mental health problems and types of child maltreatment? It is assumed that different mental health diagnoses will be associated with different child maltreatment types, although an overlap between certain diagnoses with both abuse and neglect is also assumed. For example, the literature indicates that maternal depression is associated with both neglect and abuse, but it is unclear how other diagnoses are connected with other 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 between mothers and fathers. Given possible gender differences in mental health problems (Smith 2004), both maternal and paternal mental health problems in child maltreatment cases need to be examined. Given the state of the literature in this regard, no hypothesis is offered and the research question is exploratory in nature.
- (3) Can we determine the impact of parental mental health problems on parental dysfunction (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 and Llewellyn 2005; Slack et al. 2011; Wattenberg et al. 2001; Zilberstein 2016). Given the fact that the literature does not provide any guidance in this regard, no hypothesis is provided.

### 3. Materials and Method

#### 3.1. Sample

The study sample comprised 522 parents (261 mothers and 261 fathers) whose parental rights were terminated due to child maltreatment allegations. These parents were involved in 261 court cases in favor of TPR and were retrieved from the official public judiciary records where the parental identity is concealed for privacy and confidentiality reasons. Selection was based on two main criteria: the state had to file a motion declaring the child free for adoption due to allegations of child abuse and/or neglect and the court had to rule in favor of TPR.

A parental mental health problem was defined as the professional diagnosis of a mental health problem and/or intellectual disability (O'Donnell et al. 2015). A parental mental health diagnosis 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. Such assessments were made in every case and referred to by the courts in their judicial rulings in favor of TPR. Based on mental health diagnoses, the mental health of the parents in the current study, was placed into three main categories: emotional problems, personality disorders, and mental illness, according to the following guidelines:

- (1) Emotional problems included diagnoses of depression or anxiety disorders; parents who were diagnosed with depression and/or anxiety were classified in the study as having "emotional problems."
- (2) Personality disorders included diagnoses of antisocial or borderline disorders; parents who were diagnosed with antisocial or borderline disorders were classified in the study as having a "personality disorder."
- (3) Mental illness included diagnoses of schizophrenia or bipolar disorder; parents who were diagnosed with schizophrenia or bipolar disorder were classified in the study as having a "mental illness." In cases with comorbidity (more than one type of mental health diagnosis), only the serious cases were analyzed.

In addition, based on the professional assessments, the intellectual capability of the parents was categorized into mild, medium or severe intellectual disability.

Accordingly, 61.7% of the parents in the study ( $n = 161$ ) were diagnosed with at least one type of mental health diagnosis. Personality disorder was diagnosed for 30.7% of the parents, followed by intellectual disability (20.3%), mental illness (18.8%) and emotional problems (7.7%). The majority of the parents (83%) who were diagnosed with intellectual disability were also diagnosed with another type of mental health problem, in particular, personality disorder (45.3%) (Table 1).

The analysis of mental health problems by gender revealed that 7.3% of the mothers were diagnosed with emotional problems, 26.8% with personality disorders and 16.9% with mental illness. Of the mothers, 17.2% were found to be intellectually disabled. A somewhat different pattern was observed among the fathers: 6.5% were diagnosed with emotional problems, 21.2% with personality disorders and only 4.6% with mental illness. Of the fathers, 9.6% were diagnosed with intellectual disability. In addition, 37.2% of the children involved were diagnosed with intellectual disability.

**Table 1.** Family Characteristics of Study's Cases.

Variable	Frequency %
MH Diagnoses of Parents	61.7
Personality Dis.	30.7
Parent Intellectual Dis.	20.3
Mental Illness	18.8
Emot. Prob.	7.7
Mothers	
Emot. Prob.	7.3
Personality Dis.	26.8
Mental Illness	16.9
Intellectual Dis.	17.2
Fathers	
Emot. Prob.	6.5
Personality Dis.	21.2
Mental Illness	4.6
Intellectual Dis.	9.6
Child's Intellectual Dis.	37.2
Poverty	59.4
Age	Mean (SD)
Mother	31.69 (9.32)
Father	42.2 (10.42)
Child	6.08 (4.42)

### 3.2. Procedure

Cases were searched using keywords such as child abuse, parental rights, termination of parental rights and so forth. The search was conducted on several electronic databases. 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 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 Zefat College's institutional review board guidelines on the protection of human subjects.

### 4. Data Analysis

The study used a cross-sectional design and information about the parents' mental health problems and type of child maltreatment these were associated with was culled from the court cases by means of a manual for the content analysis of court decisions. The content analysis of the cases was undertaken according to the following categories: (1) 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 intellectual disability; (2) 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 intellectual 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. Family poverty was documented in approx. 60% of the cases. In addition, the ages of the mothers, fathers and children were calculated. The average age of the mothers in the study was 31.69 years ( $SD = 9.32$ ), and that of the fathers 42.2 ( $SD = 10.42$ ). The average age of the child was 6.08 years ( $SD = 4.42$ ) (Table 1). Inter-rater reliability had been tested and a reliability of 0.945 had been found.

A series of chi-square tests was 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 to determine the impact of parental mental health problems on neglect and abuse according to the parental mental health problem, controlling for child and parent characteristics. Variables were entered in the following order: first, parental mental health diagnoses; second, the child's age and intellectual disability; third, family poverty. The aim was to track the connection between mental health problems and types of child maltreatment as other child and parent characteristics were added to the model. All analyses were conducted in SPSS version 25.

## 5. Results

### 5.1. Parents' Mental Health Diagnoses and Types of Child Maltreatment

As can be seen in Table 2, a diagnosis of intellectual disability and mental health problems co-occurred. Thirty percent of the parents with emotional problems and personality disorders had been diagnosed with intellectual disability and 28.6% of parents with mental illness had the same diagnosis. Neglect, including physical, emotional and educational neglect, was associated with all types of mental health diagnoses, with a somewhat increased risk of diagnosis for emotional problems. Lack of supervision was mostly associated with personality disorder. Increased risk of child abuse, specifically physical abuse, was found for parents with personality disorders. The differences between categories of parents' mental health diagnoses with regard to sexual or emotional abuse were not significant.

**Table 2.** Associations between Parents' Mental Health Diagnoses and Child Maltreatment.

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) %	$\chi^2$ ( <i>p</i> Value)
Parents Intellectual. Dis.	8	30	30	28.6	18.3 *** (0.000)
Neglect	66.1	95	95	95.9	38.31 *** (0.000)
Physical Neglect	53.6	85	82.5	81.6	25.7 *** (0.000)
Emotional Neglect	58	95	93.8	93.9	48.98 *** (0.000)
Educational Neglect	19.6	55	38.8	49	19.1 *** (0.000)
Lack of Supervision	2.7	5	16.3	6.1	12.63 ** (0.005)
Abuse	11.6	15	30	16.3	10.91 * (0.012)
Physical Abuse	6.3	10	26.3	10.2	16.94 ** (0.001)

\*\*\*  $p < 0.0001$ ; \*\*  $0.0001 < p < 0.01$ ; \*  $0.01 < p \leq 0.05$ .

### 5.2. Differences between Mental Health Diagnoses of Mothers and Fathers

Table 3 presents differences between types of mental health diagnoses for mothers and Table 4 for fathers. Of the mothers, 49% ( $n = 128$ ) had no professional diagnosis, 7.3% ( $n = 19$ ) were diagnosed with emotional problems, 26.8% ( $n = 70$ ) with personality disorders and 16.9% ( $n = 44$ ) with mental illness. As for the fathers, 67.8% ( $n = 177$ ) had no mental health diagnoses, 6.5% ( $n = 17$ ) were diagnosed with emotional problems, 21.1% ( $n = 55$ ) with personality disorders and 4.6% ( $n = 12$ ) with mental illness.

**Table 3.** Associations between Mothers' Mental Health Diagnoses and Child Maltreatment.

Variable	No Diag. %	Emot. Problems %	Pers. Disorder %	Mental Illness %	$\chi^2$ ( $p$ Value)
Intellectual. Dis.	10.9	26.3	28.6	13.6	11.36 * (0.01)
Neglect	69.5	94.7	95.7	95.5	30.81 *** (0.000)
Emot. Ng.	62.5	94.7	94.3	93.2	38.4 *** (0.000)
Phy. Ng.	56.3	84.2	84.3	81.8	23.13 *** (0.000)
Edu. Ng.	23.4	47.4	40	47.4	12.74 ** (0.005)
Multi. Ng.	55.5	89.5	85.7	84.1	29.1 *** (0.000)
Lack suprv.	3.9	5.3	17.1	4.5	12.2 ** (0.007)
Abuse	12.5	10.5	34.3	15.9	15.43 ** (0.003)
Phys. Ab.	7.8	5.3	28.6	9.1	19.1 *** (0.000)

\*\*\*  $p < 0.0001$ ; \*\*  $0.0001 < p < 0.01$ ; \*  $0.01 < p \leq 0.05$ .

**Table 4.** Associations between Fathers' Mental Health Diagnoses and Child Maltreatment.

Variable	No Diag. %	Emot. Problems %	Pers. Disorder %	Mental Illness %	$\chi^2$ ( $p$ Value)
Intellectual Dis.	3.4	17.6	27.3	8.3	29 *** (0.000)
Neglect	76.8	100	92.7	100	14.22 ** (0.003)
Emot. Ng.	70.6	100	92.7	100	21.080 *** (0.000)
Phy. Ng.	65	88.2	76.4	91.7	8.580 * (0.035)
Edu. Ng.	27.7	58.8	41.8	50	10.720 * (0.013)
Multi. Ng.	62.7	100	81.8	100	20.820 *** (0.000)
Lack suprv.	5.6	5.9	12.7	16.7	4.46
Abuse	15.8	29.4	20	33.3	4.04
Phys. Ab.	11.9	17.6	16.4	16.7	1.15

\*\*\*  $p < 0.0001$ ; \*\*  $0.0001 < p < 0.01$ ; \*  $0.01 < p \leq 0.05$ .

Parental intellectual disability was specifically prevalent among parents with a personality disorder diagnosis (28.6% of diagnosed mothers and 27.3% of diagnosed fathers).

Emotional and physical neglect were prevalent among all three types of mental health diagnoses for both mothers and fathers. There was a slightly higher rate of neglect in mothers with emotional problems (emotional neglect 94.7%; physical neglect 84.2%) and



personality disorder (emotional neglect 94.3%; physical neglect 84.3%) than in mothers with mental illness or no diagnosis (emotional neglect: 93.2% and 62.5%, respectively; physical neglect: 81.8% and 56.3%, respectively).

A somewhat different pattern was found with respect to the fathers: a higher rate of neglect was found in fathers with emotional problems (emotional neglect 100%; physical neglect 88.2%) and mental illness diagnosis (emotional neglect 100%; physical neglect 91.7%) compared to fathers with personality disorder and no diagnosis (emotional neglect: 92.7% and 70.6%, respectively; physical neglect 76.4% and 65%, respectively).

Educational neglect was mostly associated with emotional problems for both mothers and fathers. Lack of supervision was associated with the mother's personality disorder (17.1%) and the father's mental illness (16.7%).

Child abuse was mostly associated with the mother's personality disorder (34.3%) and father's mental illness (33.3%).

### 5.3. Increased Risk of Child Maltreatment Related to Poor Parental Mental Health

Two sets of hierarchical logistic regressions were run in order to determine the association of parental mental health with neglect and abuse. The analysis was conducted separately for mothers and fathers. In the first step, the mother or father's mental health diagnoses of intellectual disability, emotional problems, personality disorder and mental illness were entered. In the second step, the variables of the child's age and intellectual disability were entered. In the final step, the variable of poverty was included in the model. Table 5 presents the findings of the third step of logistic regressions for determining the impact of parental mental health on child neglect for both the mother and father. The mother's mental illness and personality disorder remained significant in the third step and were the most influential variables, increasing the chance of child neglect 5.4 and 4.8 times, respectively. The child's intellectual disability increased the chance of neglect 3.8 times. Families with documented poverty were three times more likely to be reported for neglect than families with no such background. Every year of the child's age decreased the chance of neglect. With regard to the fathers, no mental health diagnoses significantly increased the risk for child neglect. As was the case of the mothers, the variables of the child's intellectual disability, age and poverty increased the chances of neglect.

**Table 5.** Impact of Parental Mental Health on Child Maltreatment.

Variable	Neglect		Abuse	
	Mother (p Value)	Father (p Value)	Mother (p Value)	Father (p Value)
Parent Intellectual Dis.	2.7	1.8	1.26	2.09
Emot. Prob.	3.9	2.5	1.02	2.06
Personality Dis.	4.89 * (0.035)	1.68	2.52 ** (0.006)	1.02
Mental Illness	5.42 * (0.019)	4.1	1.06	2.69
Child's Age	0.89 ** (0.002)	0.89 ** (0.002)	1	1
Child's Intellectual. Dis.	3.87 * (0.033)	4.4 ** (0.005)	2.3 * (0.021)	2.57 * (0.016)
Poverty	3.03 ** (0.001)	6.27 *** (0.000)	1.09	1

\*\*\*  $p < 0.0001$ ; \*\*  $0.0001 < p < 0.01$ ; \*  $0.01 < p \leq 0.05$ .

Table 5 presents the findings of the third step of logistic regression for determining the impact of parental mental health on child abuse for both the mother and father. The mother's personality disorder was the only diagnosis that was associated with child abuse, increasing the odds by 2.5 times. All other diagnoses were insignificant in their association with abuse. The only other significant variable in the association between parental mental

health and abuse for the fathers was the child's intellectual disability, with a 2.3-times likelihood of abuse in such cases. No mental health diagnosis of the father was significantly associated with abuse.

## 6. Discussion

The study examined the association between parental mental health diagnoses (e.g., emotional problems, personality disorder, mental illness) and child maltreatment among parents whose parental rights were terminated. It found that a parental mental health problem is an important risk factor in TPR cases: 62% of the parents were diagnosed with mental health problems, including emotional problems, personality disorders, mental illness or intellectual disability. These findings, in the TPR context, corroborate previous studies showing an elevated risk of maltreatment when parents suffer from mental health problems (Kohl et al. 2011; Stith et al. 2009; Sun et al. 2001; Walsh et al. 2002).

All three mental health groups were associated with increased maltreatment risk, but there were variations in risk levels across the diagnostic groups. Greater risk of neglect was found in cases where a *mother* suffered from *mental illness* or *personality disorder*. A mother's personality disorder was also associated with child *abuse*. Given the fact that mothers are the primary caregivers of children, these findings point to the importance of early identification of unmet mental health among mothers involved in the child welfare system. Children with intellectual disabilities were at greater risk of abuse and neglect. These associations remained significant in the model after adjusting for poverty and the child's age. The connection between maternal mental illness and neglect can be explained by low levels of responsiveness and emotional involvement shown by mothers with mental illness (Goodman and Brumley 1990; Roscoe et al. 2018). An association between personality disorder and child abuse was established in past studies (Walsh et al. 2002). It was also found that mothers with personality disorder were less sensitive to their children's needs, experience more distress in their parenting role and tend to engage in lower quality parenting than mothers without this disorder (Newman et al. 2007; Simons et al. 1993).

Interestingly, in the current study, depression and anxiety disorders (the emotional problem category) of the mother or father were not significantly associated with abuse or neglect when other child and family variables were considered in the statistical model, although previous studies have demonstrated a link between these disorders and child maltreatment (Kohl et al. 2011). An explanation could be that, since the study focused on the most serious cases of families involved in the child protection system, the differences between cases with mood disorders in the sample were limited. It is also possible that for parents whose parental rights have been terminated, it is not depression or anxiety per se that impacts the parental behavior, but other factors such as poverty, the child's age, the child's intellectual disability or other potential variables which co-occur in families with parental mental health problems. In fact, studies indicate an association between poor maternal mental health and the type of financial and social parenting stressors that are found at a higher rate among low-income families (Gonzalez et al. 2020; Mistry et al. 2007). Lack of adequate financial means can impede access to child care, mental health services, educational opportunities and put extra stress burden on mothers who are already dealing with mental health problems. In addition, a recent study found that mothers with depressive symptoms and a history of maltreatment reported the use of psychological and physical aggression with their children (Wolford et al. 2019). The study did not examine parental history of maltreatment or the mediating role of harsh parenting practices. Further research is clearly needed to deepen our understanding of the connection between mental health problems and child maltreatment among low-income and multiple-problem families involved in TPR cases.

Contrary to the findings regarding mothers in the study, the father's mental health condition was not shown to have an impact on abuse or neglect when statistically accounting for the child's age and family social disadvantage. These findings may reflect the fact that mothers are still considered the primary caregivers and fathers are usually less involved in



the child protection system (Zanoni et al. 2013). Nevertheless, the literature indicates the important role of the father in the family system to the development of the child as well as to the fulfillment of the maternal role. Therefore, further studies are required to examine the ways by which fathers are involved in the child's life in families involved in the child welfare system (Baker et al. 2018; Brewsaugh et al. 2018).

### 6.1. Implications of the Findings

The findings indicate that a large proportion of parents who are at high risk of TPR suffer from mental health problems. The rate of mental health problems is expected to be high among this group of parents (Constantino et al. 2016). A recent study found that 34.6% of infants born to mothers with a mental health disorder, in a birth cohort from the general population, were reported to CPS within one year, and a majority of these reports were made within the first month of life (Hammond et al. 2017). It is therefore not surprising that among the high-risk group of parents of this study the rate of parental mental health problems was almost double.

The fact that the prevalence of parental mental health problems in child maltreatment cases varies across studies (e.g., Bogacki and Weiss 2007) may indicate that many parents go undiagnosed or are underdiagnosed (Chuang et al. 2014). This suggests that parents involved in TPR cases may have unmet mental health needs which can impede effective intervention (Constantino et al. 2016; Siegenthaler et al. 2012). Screening for parental mental health problems is thus warranted in every case of child maltreatment allegations (Chuang et al. 2014). It also underscores the need to expand access to mental health services for parents (Constantino et al. 2016; O'Donnell et al. 2015). It has been shown that children whose caregivers received mental health services following a maltreatment report had decreased risk of re-reporting (Jonson-Reid et al. 2010). The early identification and treatment of parental mental health problems are therefore important in order to prevent maltreatment re-occurrence and facilitate successful family intervention.

While all mental health groups were associated with increased maltreatment risk, the variation found in risk levels across the diagnostic groups can provide guidelines for prevention programs and support. For example, the present findings indicate that the greatest risk of child neglect was maternal mental illness and that a mother's personality disorder doubled the risk of child abuse. They also show that intellectual disability in a child and the younger the child's age increase the risk of abuse and neglect. Therefore, high priority should be given to targeting support and services for diagnosed mothers of young children, specifically children suffering from intellectual disability who come from low-income families. There should be greater awareness of the needs of these children and their parents. Integrated collaboration between professionals to ensure that the family's complex needs are met and services to support parents are recommended (Maclean et al. 2017).

Furthermore, depression or anxiety disorder in a mother or father was strongly associated with educational neglect of the child. There is therefore a need to coordinate services in cases where parents suffer from affective disorders, with specific emphasis on preventing school or pre-school truancy.

The provision of adult mental health services should cover a range of mental health problems and other family needs. Given that families in the child protection system face multiple problems, mental health intervention needs to be accompanied by services that also address other family problems that increase the risk of child maltreatment. In these cases, there is a need for service collaboration and synchronized delivery of services (Constantino 2018; Westad and McConnell 2012). As shown in the regression model, the mother's poverty and mental illness were significantly associated with child neglect. Intervention aimed at ameliorating the impact of poverty and the accompanying stress (Pelton 2015; Russell et al. 2008) alongside mental health treatment seems especially important. Supporting this conclusion are results of a recent study suggesting that mental health services for parents combined with material resources at the outset of a child welfare case may help prevent future maltreatment and faster reunification (Roscoe et al. 2018).

## 6.2. Limitations of the Study and Future Research Suggestions

The findings of the present study add to the limited literature on the role of parents' mental health problems in TPR cases by identifying associations between maternal and paternal mental health diagnoses and child neglect/abuse in a sample of high-risk parents involved in TPR. Several limitations, however, should be pointed out. Lacking a comparison group, it is impossible to demonstrate a causality relationship between risk of maltreatment, TPR and parental mental health problems. Future studies on the role of parent's mental health problems in TPR cases should include a comparison group of parents involved in the child protection system but whose parental rights were not terminated. The present study also did not examine the role of mental health services in TPR cases. Treatment and intervention services for parents with mental health issues and their children are crucial (Siegenthaler et al. 2012). The court cases, in the sample, alluded primarily to professional mental health diagnoses of parents, which are presented in court as part of the narration of the family circumstances and do not elaborate on treatments received by parents, either medical or psychological. It could be that, given the severity of the cases and the fact that the courts had to determine whether or not to terminate parental rights, they did not consider this type of information significant to the decision-making process. Another possibility is that the courts did not distinguish between treatment and diagnosis. The fact that they did not discuss the type of mental health treatment the parents received supports the point we make for the need to enhance awareness of mental health issues in the legal process by all professionals involved including social workers, judges, etc. Future research would benefit from analyzing the connection between types of mental health problems, the treatment received by parents, the risk of child maltreatment, and TPR. The present study analyzed the parent's mental health problems based on the professional assessments of mental health experts presented in court. It was impossible to determine whether parents who were not presented with a mental health diagnosis had been professionally assessed and found not to have a mental health problem or whether they had simply not been assessed. Such an analysis would help us to understand the proportion of parents whose mental needs are not identified.

## 7. Conclusions

Different mental health diagnoses were connected to different types of child maltreatment and there were differences in these associations based on gender. For both mothers and fathers, mental health diagnoses of emotional problems, personality disorder and mental illness were associated with a child's physical, emotional and educational neglect. However, only for the mothers in the study, one of such a diagnosis was connected to child abuse in general and particularly physical abuse. For the fathers in the study, these associations were not found. In addition, a mother's diagnosis of personality disorder could significantly predict child neglect or abuse; a mother's diagnosis of personality disorder could significantly predict child abuse as well. No such predictions were found with regard to the fathers in the study. In addition, with regard to family characteristics, an equal pattern emerged for mothers and fathers: child's age, intellectual disability as well as family poverty could predict child neglect for both genders. Similarly, a child's intellectual disability could predict child abuse for both mothers and fathers. If we better understand the connection between risk factors and parental mental health in termination cases, interventions that address these issues are more likely to be effective in reducing the risk of child maltreatment.

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**Institutional Review Board Statement:** The study did not involve human subjects. Since the study relied on the analysis of publicly published texts where identifying information was not included, no approval of the study by an ethical committee was warranted and this was in compliance with the Zefat College's institutional review board guidelines on the protection of human subjects.

**Informed Consent Statement:** Not applicable.

**Data Availability Statement:** The data presented in this study are available upon reasonable request from the corresponding author. The data are not publicly available due to privacy issues and the language of the data which is Hebrew.

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## References

- Azar, Sandra T., Corina L. Benjet, Geri S. Fuhrmann, and Linda Cavallero. 1995. Child maltreatment and termination of parental rights: Can behavioral research help Solomon? *Behavior Therapy* 26: 599–623. [\[CrossRef\]](#)
- Baker, Claire E., Kirsten L. Kainz, and Elizabeth R. Reynolds. 2018. Family poverty, family process and children's preschool achievement: Understanding the unique role of fathers. *Journal of Child & Family Studies* 27: 1242–51.
- Barone, Natalie M., Elayne I. Weitz, and Philip H. Witt. 2005. Psychological bonding evaluations in termination of parental rights cases. *The Journal of Psychiatry & Law* 33: 387–411.
- Benjet, Corina, Sandra T. Azar, and Regina Kuersten-Hogan. 2003. Evaluating the parental fitness of psychiatrically diagnosed individuals: Advocating a functional-contextual analysis of parenting. *Journal of Family Psychology* 17: 238–51. [\[CrossRef\]](#)
- Berger, Lawrence M., and Jeanne Brooks-Gunn. 2005. Socioeconomic status, parenting knowledge and behaviors, and perceived maltreatment of young low-birth-weight children. *Social Service Review* 79: 237–67. [\[CrossRef\]](#)
- Bogacki, David F., and Kenneth J. Weiss. 2007. Termination of parental rights: Focus on defendants. *The Journal of Psychiatry & Law* 35: 25–45.
- Brewsaugh, Katrina, Katherine E. Masyn, and Alison Salloum. 2018. Child welfare workers' sexism and beliefs about father involvement. *Children & Youth Services Review* 89: 132–44.
- Bromfield, Leah, Alister Lamont, Robyn Parker, and Briony Horsfall. 2010. *Issues for the Safety and Wellbeing of Children in Families with Multiple and Complex Problems: The Co-Occurrence of Domestic Violence, Parental Substance Misuse, and Mental Health Problems*. Melbourne: NCPCC, National Child Protection Clearinghouse.
- Budd, Karen S., and Michelle J. Holdsworth. 1996. Issues in clinical assessment of minimal parenting competence. *Journal of Clinical Child Psychology* 25: 2–14. [\[CrossRef\]](#)
- Chaffin, Mark, Kelly Kelleher, and Jan Hollenberg. 1996. Onset of physical abuse and neglect: Psychiatric, substance abuse, and social risk factors from prospective community data. *Child Abuse & Neglect* 20: 191–203.
- Chuang, Emmeline, Rebecca Wells, and Gregory A. Aarons. 2014. Identifying depression in a national sample of caregivers investigated in regard to their child's welfare. *Psychiatric Services* 65: 911–17. [\[CrossRef\]](#)
- Cohen, Lisa R., Denise A. Hien, and Sarai Batchelder. 2008. The impact of cumulative maternal trauma and diagnosis on parenting behavior. *Child Maltreatment* 13: 27–38. [\[CrossRef\]](#) [\[PubMed\]](#)
- Constantino, John N. 2016. Child maltreatment prevention and the scope of child and adolescent psychiatry. *Child & Adolescent Psychiatric Clinics* 25: 157–65.
- Constantino, John N. 2018. Prevention of child maltreatment: Strategic targeting of a curvilinear relationship between adversity and psychiatric impairment. *World Psychiatry* 17: 103–4. [\[CrossRef\]](#)
- Constantino, John Nicholas, Vered Ben-David, Neha Navsaria, T. Eric Spiegel, Anne L. Glowinski, Cynthia E. Rogers, and Melissa Jonson-Reid. 2016. Two-generation psychiatric intervention in the prevention of early childhood maltreatment recidivism. *American Journal of Psychiatry* 173: 566–73. [\[CrossRef\]](#)
- De Bellis, Michael D., Elsie R. Broussard, David J. Herring, Sandra Wexler, Grace Moritz, and John G. Benitez. 2001. Psychiatric co-morbidity in caregivers and children involved in maltreatment: A pilot research study with policy implications. *Child Abuse & Neglect* 25: 923–44.
- DiLauro, Michelle Deninno. 2004. Psychosocial factors associated with types of child maltreatment. *Child Welfare* 83: 69–99.
- Dion, Jacinthe, Geneviève Paquette, Karine-N. Tremblay, Delphine Collin-Vézina, and Martin Chabot. 2018. Child maltreatment among children with intellectual disability in the Canadian Incidence Study. *American Journal on Intellectual & Developmental Disabilities* 123: 176–88.
- Duong, Jacqueline Bich Thuy. 2020. Pathways from Maternal Childhood Abuse to Child Emotional and Behavioral Problems: The Roles of Maternal Depressive Symptoms and Mother-Child Aggression. Doctoral dissertation, San Diego State University, San Diego, CA, USA.
- Ethier, Louise S., Jean-Pascal Lemelin, and Carl Lacharité. 2004. A longitudinal behavioral and emotional problems. *Child Abuse & Neglect* 28: 1265–78.
- Gonzalez, Dulce, Arian Bethencourt Mirabal, and Janelle D. McCall. 2020. *StatPearls [Internet]*. Treasure Island: StatPearls Publishing. [\[PubMed\]](#)
- Goodman, Sherryl H., and H. Elizabeth Brumley. 1990. Schizophrenic and depressed mothers: Relational deficits in parenting. *Developmental Psychology* 26: 31–39. [\[CrossRef\]](#)
- Hammond, Ivy, Andrea Lane Eastman, John M. Leventhal, and Emily Putnam-Hornstein. 2017. Maternal mental health disorders and reports to child protective services: A birth cohort study. *International Journal of Environmental Research & Public Health* 14: 1320.
- Hentges, Rochelle F., Susan A. Graham, Andre Plamondon, Suzanne Tough, and Sheri Madigan. 2021. Bidirectional associations between maternal depression, hostile parenting, and early child emotional problems: Findings from the all our families cohort. *Journal of Affective Disorders* 287: 397–404. [\[CrossRef\]](#)

- Huntsman, Leone. 2008. *Parents with Mental Health Issues: Consequences for Children and Effectiveness of Interventions Designed to Assist Children and Their Families*. Sydney: Centre for Parenting and Research, NSW Department of Community Service.
- Jonson-Reid, Melissa, Clifton R. Emery, Brett Drake, and Mary Jo Stahlschmidt. 2010. Understanding chronically reported families. *Child Maltreatment* 15: 271–81. [\[CrossRef\]](#)
- Kohl, Patricia L., Melissa Jonson-Reid, and Brett Drake. 2011. Maternal mental illness and the safety and stability of maltreated children. *Child Abuse & Neglect* 35: 309–18.
- Llewellyn, Gwynnyth, David McConnell, and Luisa Ferronato. 2003. Prevalence and outcomes for parents with disabilities and their children in an Australian court sample. *Child Abuse & Neglect* 27: 235–51.
- Lovejoy, M. Christine, Patricia A. Graczyk, Elizabeth OHare, and George Neuman. 2000. Maternal depression and parenting behavior: A meta-analytical review. *Clinical Psychology Review* 20: 561–92. [\[CrossRef\]](#)
- MacDonald, Mandi, and Priscilla McLoughlin. 2016. Paramountcy, family rights and contested adoption: Does contact with birth relatives balance the scales? *Child Care in Practice* 22: 401–7. [\[CrossRef\]](#)
- Macleane, Miriam J., Scott Sims, Carol Bower, Helen Leonard, Fiona J. Stanley, and Melissa O'Donnell. 2017. Maltreatment risk among children with disabilities. *Pediatrics* 139: e20161817. [\[CrossRef\]](#) [\[PubMed\]](#)
- Madhlopa, Yananda, Jiangliang Qin, and Chen Chen. 2020. The relationships between child maltreatment and child behavior problems. Comparative study of Malawi and China. *Children and Youth Services Review* 119: 105533. [\[CrossRef\]](#)
- Marcal, Katherine E. 2021. Pathways to adolescent emotional and behavioral problems: An examination of maternal depression and harsh parenting. *Child Abuse & Neglect* 113: 104917.
- McConnell, David, and Gwynnyth Llewellyn. 2005. Social inequality, 'the deviant parent' and child protection practice. *Australian Journal of Social Issues* 40: 553–66. [\[CrossRef\]](#)
- Mistry, Ritesh, Gregory D. Stevens, Harvinder Sareen, Roberto De Vogli, and Neal Halfon. 2007. Parenting-related stressors and self-reported mental health of mothers with young children. *American Journal of Public Health* 97: 1261–68. [\[CrossRef\]](#) [\[PubMed\]](#)
- Newman, Louise K., Caroline S. Stevenson, Lindy R. Bergman, and Philip Boyce. 2007. Borderline personality disorder, mother-infant interaction and parenting perceptions: Preliminary findings. *Australian & New Zealand Journal of Psychiatry* 41: 598–605.
- O'Donnell, Melissa, Miriam J. Maclean, Scott Sims, Vera A. Morgan, Helen Leonard, and Fiona J. Stanley. 2015. Maternal mental health and risk of child protection involvement: Mental health diagnoses associated with increased risk. *Journal of Epidemiology & Community Health* 69: 1175–83.
- Park, Jung Min, Phyllis Solomon, and David S. Mandell. 2006. Involvement in the child welfare system among mothers with serious mental illness. *Psychiatric Services* 57: 493–97. [\[CrossRef\]](#) [\[PubMed\]](#)
- Pelton, Leroy H. 2015. The continuing role of material factors in child maltreatment and placement. *Child Abuse & Neglect* 40: 30–39.
- Roscoe, Joseph N., Bridgette Lery, and Jaclyn E. Chambers. 2018. Understanding child protection decisions involving parents with mental illness and substance abuse. *Child Abuse & Neglect* 81: 235–48.
- Russell, Mary, Barbara Harris, and Annemarie Gockel. 2008. Parenting in poverty: Perspectives of high risk parents. *Journal of Children & Poverty* 14: 83–98.
- Schetky, Diane H. 2002. Termination of parental rights. In *Principles and Practice of Child and Adolescent Forensic Psychiatry*. Edited by Diane H. Schetky and Elissa P. Benedek. Washington, DC: American Psychiatric Publishing, Inc., pp. 109–16.
- Schetky, Diane H., Richard Angell, Carl V. Morrison, and William H. Sack. 1979. Parents who fail: A study of 51 cases of termination of parental rights. *Journal of the Academy of Child Psychiatry* 18: 366–83. [\[CrossRef\]](#)
- Siegenthaler, Eliane, Thomas Munder, and Matthias Egger. 2012. Effect of preventive interventions in mentally ill parents on the mental health of the offspring: Systematic review and meta-analysis. *Child Adolescent Psychiatry* 51: 8–17.e8. [\[CrossRef\]](#)
- Simons, Ronald L., Jay Beaman, Rand D. Conger, and Wei Chao. 1993. Stress, support and antisocial behavior trait as determinants of emotional well-being and parenting. *Journal of Marriage & Family* 55: 385–98.
- Slack, Kristen Shook, Lawrence M. Berger, Kimberly DuMont, Mi-Youn Yang, Bomi Kim, Susan Ehrhard-Dietzel, and Jane L. Holl. 2011. Risk and protective factors for child neglect during early childhood: A cross-study comparison. *Children & Youth Services Review* 33: 1354–63.
- Smith, Charisa. 2015. Finding solutions to the termination of parental rights in parents with mental health challenges. *Law & Psychology Review* 39: 205–37.
- Smith, Marjorie. 2004. Parental mental health: Disruptions to parenting and outcomes for children. *Child & Family Social Work* 9: 3–11.
- Stith, Sandra M., Ting Liu, L. Christopher Davies, Esther L. Boykin, Meagan C. Alder, Jennifer M. Harris, Anurag Som, Mary McPherson, and J. E. M. E. G. Dees. 2009. Risk factors in child maltreatment: A meta-analytic review of the literature. *Aggression & Violent Behavior* 14: 13–29.
- Sun, An-Pyng, Audrey M. Shillington, Melinda Hohman, and Loring Jones. 2001. Caregiver AOD use, case substantiation, and AOD treatment: Studies based on two southwestern counties. *Child Welfare* 80: 151–77.
- Taplin, Stephanie, and Richard P. Mattick. 2013. Mothers in methadone treatment and their involvement with the child protection system: A replication and extension study. *Child Abuse & Neglect* 37: 500–10.
- Tefre, Øyvind S. 2015. The justifications for terminating parental rights and adoption in the United States. *Children & Youth Services Review* 48: 87–97.
- Walsh, Christine, Harriet MacMillan, and Ellen Jamieson. 2002. The relationship between parental psychiatric disorder and child physical and sexual abuse: Findings from the Ontario Health Supplement. *Child Abuse & Neglect* 26: 11–22.

- Wattenberg, Esther, Meghan Kelley, and Hyungmo Kim. 2001. When the rehabilitation idea fails: A study of parental rights termination. *Child Welfare* 80: 269–89.
- Westad, Callie, and David McConnell. 2012. Child welfare involvement of mothers with mental health issues. *Community Mental Health Journal* 48: 29–37. [[CrossRef](#)]
- Windham, Amy M., Leon Rosenberg, Loretta Fuddy, Elizabeth McFarlane, Calvin Sia, and Anne K. Duggan. 2004. Risk of mother-reported child physical and psychological abuse in the first 3 years of life. *Child Abuse & Neglect* 28: 645–67.
- Wolford, Sarah N., Ashley N. Cooper, and Lenore M. McWey. 2019. Maternal depression, maltreatment history, and child outcomes: The role of harsh parenting. *American Journal of Orthopsychiatry* 89: 181. [[CrossRef](#)] [[PubMed](#)]
- Zanoni, Lee, Wayne Warburton, Kay Bussey, and Anne McMaugh. 2013. Fathers as 'core business' in child welfare practice and research: An interdisciplinary review. *Children & Youth Services Review* 35: 1055–70.
- Zilberstein, Karen. 2016. Parenting in families of low socioeconomic status: A review with implications for child welfare practice. *Family Court Review* 54: 221–31. [[CrossRef](#)]