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Predictors of Termination of Parental Rights Following Allegations of Child Maltreatment

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To the Graduate Council:

I am submitting herewith a thesis written by JoAnna Marie Elmquist entitled "Predictors of Termination of Parental Rights Following Allegations of Child Maltreatment." I have examined the final electronic copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Arts, with a major in Psychology.

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Abstract

Extant research has identified important risk factors for single and recurrent child maltreatment. Parental substance use, severe mental illness, and intimate partner violence (IPV) are among the risk factors significantly associated with child maltreatment. However, there is a paucity of research that examines whether empirically supported risk factors are significantly associated with psychologists' assessments of parental fitness and courts' decisions regarding reunification following allegations of child maltreatment. Thus, in an effort to elucidate the process through which reunification or termination of parental rights is achieved in cases of child maltreatment, the current study (1) examined the relative importance of different varieties of psychopathology in predicting outcomes; and history of IPV on evaluations of parental risk and fitness made by an assessing forensic psychologist, and the factors associated with courts' decisions regarding the termination of parental rights. The sample consisted of a large sample of parents ($n = 320$) seeking reunification following allegations of child maltreatment. Results demonstrated that the prevalence of substance use disorders, IPV perpetration, and severe mental illness was significantly higher than in the general population. Results further indicated that drug diagnoses and severe mental illness were associated with psychologist-assessed higher parental unfitness. Finally, results indicated that parental substance use, severe mental illness, IPV, and the psychologist's assessment of parental fitness were not significantly associated with the court's termination of parental rights rulings. The clinical and research implications of the study's findings are discussed.

Keywords: Child maltreatment, parental fitness assessments, termination of parental rights, intimate partner violence

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Chapter 1

Introduction and Literature Review

Child maltreatment is a significant and prevalent social problem in the United States. Child maltreatment is defined as "any act or series of acts of commission (i.e., child abuse) or omission (i.e., child neglect) by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child" (Leeb, Paulozi, Melanson, Simon, & Arias, 2008, p. 19). Acts of commission include physical, sexual, or emotional abuse, while acts of omission or child neglect include a failure to satisfy a child's basic needs or to provide supervision (Leeb et al., 2008).

Numerous studies reveal that there are significant physical (e.g., traumatic brain injury, broken bones, death), mental health (e.g., depression, increased risk for suicide), and behavioral (e.g., increased risk for deviant behaviors, increased risk for partner violence) consequences (e.g., Leeb et al., 2008). Given the alarmingly high prevalence of child maltreatment and the numerous negative consequences associated with child maltreatment, a significant amount of research has attempted to elucidate the risk factors associated with initial and recurrent incidents of child maltreatment. Research into the risk factors is also important because this knowledge helps guide and influence parental fitness assessments and ultimately decisions regarding whether victims of child maltreatment should be reunified or removed from their parents or primary caregivers. Furthermore, an understanding of the factors that contribute to assessments of parental risk and fitness is of great importance, because this information could ultimately aid in reducing the likelihood of recurrent maltreatment and increase the accuracy of assessments of parental risk. While extant research has identified risk factors for child maltreatment and recurrent maltreatment, there is a dearth of research examining the specific factors that contribute to assessments of parental risk and fitness. Thus, in the current study, we examined the relative

importance of different varieties of psychological disturbance (e.g., severe psychopathology), substance use by the parent(s), and history of intimate partner violence in predicting assessments of parental risk. According to the American Psychological Association's *Specialty Guidelines for Forensic Psychologists,* when making recommendations to courts regarding parental fitness assessments, forensic psychologists give assessments of risk instead of actual risk, because actual risk cannot be reliably determined by the assessment measures utilized by forensic psychologists (APA, 2013). Furthermore, forensic psychologists are recommended against offering definitive opinions on legal questions (e.g., assessments of actual risk), because psychologists do not possess the expertise to make legal decisions (Budd, 2001).

Numerous studies have examined and identified risk factors associated with single and recurrent episodes of child maltreatment (Bae, Solomon, & Gelles, 2009; Connell, Bergeron, Katz, Saunders, & Tebes, 2007; Forrester, 2007; Fuller, 2005; Helie & Bouchard, 2010; Proctor, Aarons, et al., 2012; Reid, Emery, Drake, & Stahlschmidt, 2010). Researchers have argued the importance of elucidating the risk factors for recurrent child maltreatment, in particular, because recurrent child maltreatment is associated with increased adverse outcomes (Thompson & Wiley, 2009; Wolock & Magura, 1996). It has been estimated that in the general population the risk of recurrent child maltreatment is between 15 and 50% (Hindley, Ramchandani, & Jones, 2006). The extant literature has identified a number of risk factors for recurrent child maltreatment that can be classified into child (e.g., child age, health), parental (e.g., age, socioeconomic status (SES), parental substance use, partner aggression), and case characteristics (alleged type of maltreatment, whether the case was substantiated; Connell et al., 2007).

For the purposes of the current study, we will only focus on the family or parental characteristics that serve as risk factors for single and recurrent child maltreatment. For example,

existing literature has identified a number of parental (e.g., ethnicity/ race, socioeconomic status) and case characteristics (e.g., type of maltreatment charge) that have been associated with single and recurrent maltreatment (Bogacki & Weiss, 2007; Campbell, Thomas, Cook, & Keenan, 2012; Sidebotham, Golding, the ALSPAC Study Team, 2001). Sidebotham and colleagues (2001) examined parental risk factors associated with child maltreatment and found that for both mothers and fathers' young age, (i.e., less than 20 years old) and low educational achievement were associated with an increased risk for child maltreatment. Moreover, Connell and colleagues (2007) examined the rates of recurrent child maltreatment among a sample of children who were reunified with parents following an initial allegation of child maltreatment, and found that low parental SES was a strong predictor of recurrent child maltreatment. Additional studies have found relationship status (i.e., single or living with a partner, but not married; Bae et al., 2009; Reid et al., 2010; Wolock & Magura, 1996), low parental education (Reid et al., 2010; Thompson & Wiley, 2009), and race/ethnicity (Bae et al., 2009) to be associated with recurrent child maltreatment.

In addition, parental substance use is one of the most widely researched and cited risk factors for child maltreatment recidivism (i.e., re-reports). Wolock and Magura (1996) examined the association between parental substance use and re-reports of child maltreatment and found that the probability of recurrent child maltreatment was highest among families with a history of parental alcohol and drug use and abuse. In addition, Forrester (2007) examined the risk factors related to recurrent child maltreatment in a sample of 400 child maltreatment cases and found that drug and alcohol misuse were among the strongest predictors of re-referral.

In addition, previous literature has demonstrated that parental substance use is a strong contributing factor for decisions regarding reunification. Smith (2003) examined whether past

and current drug use and drug treatment compliance were associated with decisions regarding reunification. Results demonstrated that ongoing drug use was a strong predictor of reunification decisions, such that parents with ongoing drug use and treatment noncompliance were less likely to reunify with their children compared to parents with no current or past history of drug use.

Parental severe mental illness is another well-cited risk factor for single and recurrent child maltreatment (Dinwiddie & Bucholz, 1993; Forrester, 2007; Fuller, 2005; Reid et al., 2010). Fuller (2005) examined the factors that predicted short-term re-reports of child maltreatment (i.e., within 60 days) and found that the caretakers' mental illness significantly predicted short-term recurrent child maltreatment. Furthermore, Fontaine and Nolin (2012) demonstrated that parents charged with child abuse and neglect were more likely to meet diagnostic criteria for borderline and antisocial personality disorder compared to parents with no history of child maltreatment allegations.

Given research that has found a high prevalence of co-occurring child maltreatment and intimate partner violence (IPV), researchers have hypothesized that intimate partner violence maybe a predictor of recurrent child maltreatment. Findings related to the relative risk of IPV on recurrent child maltreatment have yielded mixed findings. Fuller and colleagues (2001) indicated that the risk of recurrent child maltreatment increased when there were multiple problems, including IPV. Furthermore, in a systematic review of the factors associated with recurrent child maltreatment, Hindley and colleagues (2006) found that parental conflict and IPV were associated with an increased risk for re-occurring child maltreatment. In contrast, in a community sample, Forrester (2007) found that a history of IPV did not significantly increase the odds of recurrent child maltreatment. These mixed findings in conjunction with the dearth of research that has examined whether IPV is associated with reunification decisions highlights the

need for continued research examining the influence of IPV on both recurrent child maltreatment and decisions regarding parental reunification.

Collectively, the existing literature has identified a number of risk factors that are associated with recurrent child maltreatment, particularly parental characteristics (e.g., low SES, relationship status, low parental education, race/ethnicity), parental substance use, and severe mental illness. Given the prevalence of recurrent child maltreatment and the adverse outcomes associated with recurrent child maltreatment, it is essential to elucidate whether these risk factors influence decisions regarding reunification, parental fitness, and parental risk following allegations of child maltreatment.

Following allegations of child maltreatment, it falls upon the courts to determine whether parental rights should be terminated (Azar, Benject, Fuhrmann, & Cavallero, 1995; Ezzo, Evans, & McGovern- Kondik, 2004; McWey, Henderson, Alexander, 2008). Cases in which children are removed from the home during the decision process have two possible outcomes- children can be reunified with their parents or primary caregivers or there could be a termination of parental rights (McWey et al., 2008). Although there are specific variations in the statutes governing the termination of parental rights, there are common statutes that all states must uphold (Berrick, Young, D'Andrade, & Frame, 2009; Bogacki & Weiss, 2007; Hines, Lee, Osterling, & Drablle, 2007). Specifically, according to the Adoption and Safe Families Act of 1997, in order to terminate parental rights, the state must prove (a) "that the parent has demonstrated current parental unfitness that is unamenable to intervention; (b) that it (the state) provided the services necessary to fix the parent's deficits and that either those were not used or the parent did not show adequate progress (e.g., improved parenting skills); and (c) that it has a better alternative for the child (e.g., an adoptive home, foster care; Azar et al., 1995, p. 601).

The determination of parental fitness or unfitness is informed by and largely based on evaluations made by mental health workers (e.g., forensic psychologists; Azar et al., 1995; McWey et al., 2008). Although the American Psychological Association (APA) has published ethical standards and guidelines for forensic assessments, there currently does not exist a standardized protocol or guidelines for assessing parental fitness (Mart, 2003). As a result, the criteria used to assess parental fitness often vary based on the psychologist conducting the assessment (Azar et al., 1995; Berrick et al., 2009; Ezzo et al., 2004). This variability in conjunction with the dearth of research examining the risk factors most strongly associated with psychologists' assessments of fitness and risk highlights the need for research that can shed light on the process through which assessments of risk are determined.

Although there is a paucity of research that has examined the specific factors that are the most significant predictors in psychologists' assessments of risk, existing literature has examined the characteristics of court termination of parental rights cases (Azar et al., 1995; Berrick et al., 2009; Bogacki et al., 2007; Ezzo et al., 2004; Hines et al., 2007; McWey et al., 2008; Meyer, McWey, McKendrick, & Henderson, 2010). For example, previous research has demonstrated that maternal severe mental illness (e.g., schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder; Hollingswoth, 2004; McWey, Henderson, & Tice, 2006; Park, Solomon, Mandell, 2006), parental substance abuse (Blakey, 2012; Brook & McDonald, 2009; Meyer et al., 2010; Smith, 2003), and the presence of a significant number of harmful risk factors (e.g., serious social or economic problems, failure to follow the courts' case plan, children with health problems or disabilities, the number of prior child maltreatment reports, the number of children in the home; Hines et al., 2007) are commonly identified characteristics of cases in which the courts decided to terminate parental rights.

In addition, Hines and colleagues (2007) examined whether race/ethnicity is a significant factor influencing courts' decisions regarding reunification. Results demonstrated that African American and White children reunified at the same rate, while Asian children were less likely to be reunified than White children. The authors further found that for each ethnic group there was a specific set of risk factors that influenced decisions regarding reunification. Specifically, the significant predictors for reunification for White children were the type of abuse (i.e., neglect was associated with less reunification), child's age (i.e., younger children were more likely to be reunified), and the mother's marital status (i.e., children whose mothers were currently married were more likely to be reunified). For Latino children, the predictor of reunification was the child's age (i.e., younger children were more likely to be reunified). For African American children, predictors of reunification were parental substance abuse history (i.e., substance abuse was associated with non-reunification) and child's age (i.e., younger children were more likely to be reunified).

Collectively, the existing literature on the termination of parental rights and reunification following allegations of child maltreatment demonstrate that there are specific characteristics that are common among termination of parental rights cases. Specifically, parental substance use and abuse, parental severe mental illness, and family characteristics (e.g., low SES, low educational attainment, relationship status, race/ethnicity) are among the most cited risk factors associated with recurrent child maltreatment and are commonly endorsed by parents whose parental rights were terminated. However, there are few studies that examine the specific factors that predict psychologists' assessments of parental risk and fitness. An understanding of these factors is crucial, for assessments of parental fitness significantly contribute to and influence the courts' ultimate decisions regarding reunification and whether the termination of parental rights

is warranted. In addition, research has yet to elucidate the risk factors that significantly predict court's decisions regarding the termination of parental rights; thus, continued research is needed to clarify which factors are most strongly associated with court's decisions regarding reunification and the termination of parental rights.

In an effort to elucidate the process through which reunification or the termination of parental rights is achieved in cases of child maltreatment, the current study had two main aims. The first aim was to examine the relative importance of different varieties of psychological disturbance (e.g., bipolar disorder, major depressive disorder, schizophrenia), substance use by the parent(s), and history of IPV on evaluations of parental risk and fitness made by an assessing forensic psychologist. The second aim was to examine the factors associated with court's decisions regarding reunification and the termination of parental rights. In the current study, we focused on parental substance use and severe mental illness because of the existing literature, which has demonstrated that these factors are associated with recurrent maltreatment and courts' decisions regarding reunification. Additionally, we chose to include IPV perpetration based on extant literature, which has demonstrated that IPV and child maltreatment commonly co-occur (Hamby, Finkelhor, Turner, & Ormrod 2010). With regard to the first aim of the study, based on existing literature that has examined the risk factors for single and recurrent maltreatment and the significant predictors of courts' decisions regarding the termination of parental rights, we hypothesized that parental substance use and severe mental illness would be the most powerful predictors of the assessments of parental fitness and recommendations made by an assessing psychologist and the court's decisions regarding the termination of parental rights. Given existing literature that has supported the co-occurrence of IPV and child maltreatment, we further hypothesized that a history of IPV would influence parental fitness assessments and court's

decisions, but not as strongly as the other risk factors (Hamby et al., 2010). Moreover, given that courts often consult forensic psychologists to help inform decisions regarding the termination of parental rights, it was hypothesized that the psychologist's parental fitness assessment would be a strong predictor of the court's decisions regarding the termination of parental rights.

      To our knowledge, this is one of the first studies to examine the characteristics and the process through which decisions regarding the termination of parental rights are determined in a large sample of parents seeking reunification. Additionally, in order to ensure a more systematic assessment of risk and to reduce the influence of clinical judgment, the assessing psychologist utilized an extensive battery of measures with demonstrated reliability and validity.

Chapter 2

Methods

Participants

The sample consisted of 408 parents seeking psychological evaluations following charges of child neglect or abuse in the state of Rhode Island. Thirty parents did not complete the full forensic evaluation, thus they were removed from analyses. Court data were collected for 320 of the remaining 378 parents. Of the fifty-eight cases in which court data was not collected, there were five cases that were blocked by the Rhode Island Department of Children, Youth, and Families (DCYF). These cases were blocked for multiple reasons, including that the case involved an employee of the Department of Children, Youth, and Families or the case involved an influential member of the Rhode Island community. The analyses presented are on the 320 parents for whom there were court data and data from the forensic psychologist. The sample consisted of 35.1% males and 64.9% females. The mean age of parents in the sample was 31.5($SD = 9.0$), the mean annual income was $15, 422 ($SD = $16,656$), and the mean number of years of education completed was 11.7 ($SD= 2.2$). The ethnic/ racial composition was as follows: 66.6% non-Hispanic Caucasian, 16.2 % Black, 12.1% Hispanic, 2.9% "Other", 1.6% American Indian or Alaskan Native, and less than 1% Asian or Pacific Islander. The relationship status reported by the sample was: 26.4% were living together, 24.2% were separated, 17.5% of the sample reported having no partner, 15.9% were married, 12.4% were dating their partner, 2.5% were divorced, and 1.0% were widowed. At the time of the study, 49.5% of the sample was unemployed, 34.1% was employed, and 16.4% was employed part time. In terms of charges, 68.4% of the sample was charged with child neglect, 16.5% with multiple charges, 11.3% with

dependency (i.e., a parent's inability to provide for the child/children), 2.9% with physical abuse, less than 1% with sexual abuse, less than 1% with "other".

Procedure

In the current study, data were gathered from a collection of archived Division of Children, Youth, and Families (DCYF) psychological evaluations of parents charged with neglect or abuse of their children. A clinical psychologist who has been conducting forensic evaluations for over 15 years and is considered one of the leading experts in Rhode Island provided these data. The sample reflected 408 consecutive cases seeking an evaluation by the forensic psychologist, and this single forensic psychologist completed all the evaluations presented in the current study. The cases were not randomly selected, or chosen for a specific reason. Specifically, all parents who sought parental fitness evaluations during the assessment period were asked to participate in the current study. Of primary interest were the results of the psychological testing given to parents and the assessment report generated by the forensic psychologist for each case, as well as the decision of the court. No compensation for participating was provided.

The forensic psychologist completing the parental fitness evaluations met with all participants over multiple sessions and gathered demographic information (e.g., relationship status, arrest history, age, income, disability and employment status), assessed for the presence of Axis I and II symptomatology, and observed parent-child interactions. Furthermore, all parents seeking reunification completed multiple standardized measures, including the Alcohol Use Disorders Identification Test, the Drug Use Disorders Identification Test, the Revised Conflict Tactics Scale, and the Wechsler Adult Intelligence Scale (WAIS). Following the completion of the evaluation, the forensic psychologist generated a comprehensive report that included the

results from the assessments, his recommendations regarding reunification, and his assessments of parental fitness.

Approximately five years following the completion of the forensic evaluations, research personnel worked with the School of Social Work at Rhode Island College to review court records maintained by the Rhode Island Department of Children, Youth, and Families (DCYF). Data on the disposition of the cases evaluated by the forensic psychologist was collected. All relevant Institutional Review Boards approved all research procedures.

Measures

Demographics Questionnaire. A demographics questionnaire was utilized to assess participants' age, race/ethnicity, relationship status, years of education, income, and the child maltreatment charge.

Parental Substance Use. Parental substance use was assessed using the Alcohol Use Disorders Identification Test (AUDIT; Saunders, Aasland, Babor, De La Fuente, & Grant 1993) and the Drug Use Disorders Identification Test (DUDIT; Stuart, Moore, Kahler, & Ramsey, 2003; Stuart, Moore, Kahler, & Ramsey, 2004). The AUDIT is a 10-item self-report measure that was used to assess alcohol use in the 12 months prior to the psychological evaluation. Participants' reports provided assessments of the frequency and intensity of alcohol use, presence of tolerance or dependence to alcohol, and the negative consequences associated with alcohol use. On the AUDIT, hazardous or problem drinking is defined as a total score of 8 or greater for men, and 5 or greater for women (Babor Higgins-Biddle, Saunders, & Monteiro 2001; Saunders et al. 1993). Barbor and colleagues (2001) reported good reliability and validity for the measure in a variety of different populations. The DUDIT is a 14-item self-report measure that assessed the frequency of use of the following substances in the 12 months prior to the

psychological evaluation: cannabis; cocaine; hallucinogens/PCP; nonprescribed stimulants, sedatives/hypnotics/ anxiolytics, and opiates; and other substances. The DUDIT also assessed problems relating to use of those substances. The DUDIT has evidence of good reliability, with estimates ranging from .89 to .90 (Stuart et al., 2003,2004).

The forensic psychologist's diagnostic impression suggesting the presence of a substance abuse or dependence disorder was also used to assess parental substance abuse. The presence of an alcohol or drug use disorder is a dichotomous variable based on the forensic psychologist's diagnostic impressions and interviews with participants (0 = no alcohol/ drug disorder; 1= alcohol/drug disorder). Separate variables were used for alcohol and drug use disorders.

Intimate Partner violence. The 78-item Revised Conflict Tactics Scale (CTS2) was used to assess intimate partner violence perpetration and victimization (Straus, Hamby, Boney-McCoy, & Sugarman, 1996; Straus, Hamby, & Warren, 2003). The CTS2 assesses the frequency of physical and psychological aggression, sexual coercion, injury, and negotiation that has occurred within an intimate relationship. For this study, participants were asked to report the frequency with which they either perpetrated or were the victims of physical or psychological aggression in the past year. Items were rated on a 7-point scale (0= never; 6 = more than twenty times), with higher scores indicating more frequent aggression. The CTS2 has evidence of good reliability and validity (Straus et al., 1996). In the current sample, the psychological aggression (perpetration, α = .78; victimization α =.86) and physical (perpetration, α = .78 ; victimization α = .90) subscales demonstrated good reliability.

Psychopathology. The assessing psychologist's diagnostic impressions of Axis I and II disorders were dichotomized (0 = no, 1 = yes). Based on previous literature, severe mental illness in the current study included diagnosis of schizophrenia, schizoaffective disorder, major

depressive disorder, or bipolar disorder. The overall severe mental illness variable is a dichotomous variable based on the psychologist's diagnostic impressions (0= no severe mental illness, 1= severe mental illness).

Parental Fitness Assessment. The psychologists' parental fitness assessment was quantified on a 7-point scale (1= Very low risk; 7= Very high risk), with higher scores indicating higher risk for reunification. Parental fitness assessments were based on the forensic psychologist's evaluations. Specifically, the forensic psychologist's assessment of parental fitness was based on compilation of three main factors. First, the presence of multiple risk factors (i.e., Social Security, substance use, number of prior case openings, prior parental right terminations, and low intellectual ability); (2) the presence of more negative risk factors compared to positive factors; (3) and clinical intuition.

Disposition of Cases. The court's decision regarding whether parental rights should be terminated was quantified on a dichotomous scale (0= no, 1= yes). For cases in which multiple children were involved, the case was coded as positive for the termination of parental rights if parental rights were terminated for one of the children.

Data Analytic Strategy

Descriptive statistics were obtained for all demographic variables. In order to determine the prevalence of IPV and substance use in the current sample and to explore any gender differences, prevalence statistics and t-tests were utilized. To assess for associations between control variables (e.g., age, gender, relationship status, number of children, education), independent variables (e.g., severe mental illness, AUDIT, DUDIT, IPV, alcohol/drug disorder) and the outcome variables (i.e., reunification risk and court decisions) bivariate correlations were analyzed. Finally, linear regression analyses were utilized to examine which factors (i.e., severe

mental illness, ADUIT, DUDIT, IPV, alcohol/drug diagnosis) were the most significant predictors of parental fitness assessments and court decisions. Raw scores were used for all measures, with the exception of CTS2. The CTS2 demonstrated a positive skew; thus, log transformations of all CTS2 variables were utilized in the analyses.

Chapter 3

Results

Additional Description of Sample Characteristics

The prevalence of IPV, alcohol or drug use disorders, and severe mental illness in the current sample was higher than that of the general population. Among women in the current sample, the overall prevalence of past year physical IPV perpetration was 43.1% and psychological IPV perpetration was 82.4%. Among men, the overall prevalence of physical IPV perpetration was 40.2% and psychological IPV perpetration was 77.7%. Thus, the prevalence of IPV perpetration in the current sample was higher than in the general population. Population estimates of the prevalence of male and female perpetrated physical IPV are 14.8% and 29.3%, respectively. Female participants who endorsed at least one act of IPV perpetration in the year prior to the evaluation reported perpetrating a mean of 30.6 (*SD* = 31.0) acts of psychological aggression and 10.4 (*SD* = 16.1) acts of physical aggression. Male participants who endorsed at least one act of IPV perpetration in the year prior to the evaluation perpetrated 29.0 (*SD* = 26.8) acts of psychological aggression and 10.3 (*SD* = 20.7) acts of physical aggression. *T*-tests revealed no significant gender differences in physical or psychological aggression perpetration.

The prevalence of alcohol diagnoses was 27.0% among females and 28.6% among males and the prevalence of drug diagnoses was 45.6% among females and 40.2% among males. The prevalence of severe mental illness among female participants was 31.9% and 30.4% among male participants. Prevalence statistics were based on the forensic psychologist's diagnostic impressions of the presence of Axis I symptomatology.

Predictors of Psychologist's Parental Fitness Assessments

Means, standard deviations, and bivariate correlations for the predictor variables and parental fitness assessment are presented in Table 1. Analysis indicated that physical IPV perpetration, alcohol diagnoses, drug diagnoses, and severe mental illness were significantly correlated with the parental fitness assessment. Thus, these variables were the only predictors included in the hierarchical regression analysis. The AUDIT and DUDIT total scores were not significantly correlated with the parental fitness assessment; thus, only the psychologist's diagnostic impression of the presence of alcohol or drug use disorders was utilized for the remainder of analyses. Furthermore, because none of the demographic variables were significantly correlated with the reunification parental fitness assessment, no control variables were included in the model.

Results from the regression analysis are presented in Table 2. Based on the hypothesis that substance use disorders and severe mental illness would account for more variability than IPV, IPV was entered separately in the first model and substance use disorders and severe mental illness were entered into the second model. According to the first model, 1.6% of the variability in the parental fitness assessment was accounted for by physical aggression perpetration, and physical IPV perpetration was significantly associated with the parental fitness assessment (β=. 13, p =. 026). In the second model, the addition of the alcohol and drug diagnoses and severe mental illness ($p <$. 001) was statistically significant, such that the proportion of variance accounted for by the parental fitness assessment increased to 14.8% with the inclusion of the alcohol and drug diagnoses and severe mental illness. Interestingly, the relationship between the parental fitness assessment and alcohol diagnoses was not significant (β=. 06, p =. 27); however, drug diagnoses (β=. 17, $p <$. 01) and severe mental illness (β=. 27, $p <$. 001) were significantly

associated with the parental fitness assessment. Thus, drug diagnoses and severe mental illness influenced parental fitness assessments more strongly than alcohol diagnoses and physical IPV perpetration.

Predictors of Court's Decisions of Termination of Parental Rights

Means, standard deviations, and bivariate correlations are presented in Table 1. Bivariate correlation analysis was used to examine the relationship between the court's decision (i.e., a dichotomous variable) and the predictor variables. Since termination of parental rights is a dichotomous variable and the other variables are continuous, point-biserial correlations were calculated. The prevalence of termination of parental rights in the current study was 24.3%. Results further indicated that the court's decision regarding parental rights was not associated with any of the proposed predictor variables (i.e., the psychologist's parental fitness assessment, IPV, alcohol/drug diagnosis, or severe mental illness). Results for the regression analyses are presented in Table 3. Regression analyses indicated that the psychologist's parental fitness assessment, physical IPV perpetration, substance use diagnoses and severe mental illness did not significantly influence decisions regarding the termination of parental rights.

Chapter 4

Discussion

The current study sought to examine the process through which reunification or TPR is achieved in cases of child maltreatment. The goals of the current study were: examine the relative importance of different varieties of psychological disturbance (e.g., bipolar disorder, major depressive disorder, schizophrenia), substance use by the parent(s), and history of IPV on evaluations of parental risk and fitness made by an assessing forensic psychologist; and to examine the factors associated with court's decisions regarding reunification and the termination of parental rights.

Descriptive statistics indicated that the sample primarily consisted of non-Hispanic Caucasian parents with less than a high school education and an annual income less than $20,000. Furthermore, a majority of the participants were unemployed at the time of the evaluation and were living with their partners, but not married. Finally, in the current sample, the mean age was above that which has been previously reported in the literature (e.g., see Bogacki & Weiss, 2007; Wolock & Magura, 1996). Additionally, prevalence statistics indicated that the prevalence of IPV, alcohol and drug use disorders, and severe mental illness in the sample was above that of the general population. Specifically, among women the prevalence of physical IPV perpetration was 40.0% and the prevalence of psychological IPV perpetration was 80.4%. Among men, the overall prevalence of physical IPV perpetration was 36.9% and the prevalence of psychological IPV perpetration was 81.1%. This prevalence rate is substantially higher than in the general population. Specifically, estimates of the prevalence of male and female perpetrated IPV are 14.8% and 29.3%, respectively (Black et al., 2011). Additionally, the prevalence rates of alcohol and drug diagnoses and severe mental illness were significantly

greater than in the general population. Extant research has demonstrated that IPV perpetration, alcohol and drug disorders, and severe mental illness (e.g., Fuller, 2005; Reid et al., 2010) are significant predictors of single and recurrent incidents of child maltreatment (Forrester, 2007; Hindley et al., 2006; Reid et al., 2010). The fact that this study assessed a sample of parents seeking reunification following reports of child maltreatment could explain the higher prevalence rate of IPV perpetration, substance use disorders, and severe mental illness found in the current study.

This is one of the first known studies to include a relatively large sample of parents seeking reunification following allegations of child maltreatment within the same geographic area. Additionally, the same psychologist conducted all forensic evaluations, which enabled a more systematic investigation. The sample in this study was mostly comprised of individuals of low SES and educational attainment. These demographic characteristics might be overrepresented because the parents in the current sample may have had limited access to resources, which could have ultimately led to more allegations of child maltreatment. However, extreme caution should be made when interpreting these findings. Caution should be used regarding the generalizability of the present results to other samples of parents seeking reunification. Additionally, even though parental characteristics are a well-cited and researched risk factor for recurrent child maltreatment, there are other mediating factors that need to be considered when interpreting the descriptive results of the current study. Specifically, systemic inequalities could have produced the current findings. For example, parents who are younger are more likely to come from lower SES backgrounds.

The high prevalence of IPV perpetration and substance use disorders is striking given the sample and the context in which the evaluations were conducted. Extant literature has indicated

that participants tend to underreport IPV perpetration (Hamby, 2009; Shorey, Febres, Brasfield, & Stuart, 2012; Sugarman & Hotaling, 1997) and substance use (Davis, Thake, & Vihena, 2010; Norberg, Mackenzie, & Copeland, 2012; Schell, Chan, & Morral, 2006; Zemore, 2012). Given that participants in the current study were seeking reunification with their children, it is likely that they underreported their IPV perpetration and substance use; thus, prevalence rates are likely to be an underrepresentation of the true behavior in the current sample. Future research utilizing different assessments for assessing substance use and IPV perpetration are likely to provide more accurate rates of IPV perpetration and substance use.

Results indicated that severe mental illness, drug and alcohol diagnoses, and physical IPV perpetration were the only variables significantly associated with a psychologist's assessment of risk. Extant literature has demonstrated that severe mental illness and substance use (Lietz & Strength, 2011) are significant predictors of reunification decisions. It is estimated that substance use and severe mental illness are associated with a greater risk for violence (Benjet, Azar, & Kuersten-Hofan, 2003; Lewin & Abdrbo, 2009; McWey, Henderson, & Tice, 2006; Shorey et al., 2012; Stuart, Moore, Gordon, Ramsey, & Kahler, 2006). Furthermore, research has indicated that the interaction between substance use and severe mental illness and co-occurring IPV significantly reduces the likelihood of reunification following allegations of child maltreatment (Lewin & Abdrbo, 2009**;** Lietz & Strength, 2011). Thus, it is possible that the violence associated with substance diagnoses, severe mental illness, and physical IPV perpetration had a greater influence on assessments of reunification risk.

Consistent with our hypothesis, findings from the regression analyses revealed that severe mental illness and substance use disorders (i.e., alcohol and drug diagnoses) were more strongly associated with assessments of parental fitness relative to physical IPV perpetration. Research

has demonstrated that severe mental illness (Lewin & Abdrbo, 2009; McWey et al., 2006) and substance use (Lietz & Strength, 2011; Meyer et al., 2010; Smith, 2003) are stronger predictors of single and recurrent child maltreatment and decisions regarding reunification and the termination of parental rights. Hollingsworth (2004) examined the individual and environmental factors that predict the termination of parental rights in a sample of mothers with severe mental illness. Results demonstrated that mothers with more prolonged mental illness histories and more psychiatric hospitalizations were more likely to lose custody of their children following allegations of child maltreatment.

Additionally, Smith (2003) examined the relative influence of ongoing drug use, drug treatment compliance, and hazardous parenting behaviors on decisions regarding reunification. Findings indicated that ongoing drug use and drug treatment compliance were stronger predictors of decisions regarding reunification than hazardous parenting behaviors (e.g., IPV perpetration), which is consistent with findings from the current study. With the exception of the current study and the study by Smith (2003), much of the existing literature has examined the combined influence of alcohol and drug use on single and recurrent child maltreatment and decisions regarding reunification and the termination of parental rights. Findings from the current study suggest that alcohol and drug use disorders differentially influence outcomes and should be examined separately. It is likely that ongoing drug use, persistent severe mental illness symptomatology, and more psychiatric hospitalization might have negatively impacted the parent-child relationship and might have been associated with poorer home environments than IPV perpetration, which could have ultimately contributed to more severe assessments of reunification risk (Benjet, Azar, & Kuersten-Hogan, 2003).

It is worth noting that that the variance in psychologist's assessments of reunification risk accounted for by severe mental illness, substance use disorders, and physical IPV perpetration was small. Thus, additional studies examining the predictors of assessments of parental fitness are needed in order to further elucidate the process through which these assessments are determined.   It is also notable that self-report measures assessing substance use (i.e., AUDIT and DUDIT) were not significantly associated with parental fitness assessments; however, the forensic psychologist's own substance use diagnoses were significantly associated with assessments of parental fitness. One possible reason for this discrepant finding is that the semi-structured clinical interview conducted by the forensic psychologist may have been more sensitive to actual substance use and substance use history than self-repot questionnaires. A second possible explanation is that the diagnostic impressions were better predictors of parental fitness assessments because of method variance. In other words, the same forensic psychologist making diagnostic impressions was also responsible for making assessments of risk.

 It is noteworthy that none of the proposed predictors (i.e., alcohol/drug diagnoses, severe mental illness, IPV perpetration) were significantly associated with court's decisions regarding parental rights. It is possible that the proposed predictors were not significantly associated with court's decisions because a significant number of parents in the current sample met the following essential considerations: (a) the parents demonstrated that they were amenable to intervention; (b) the parents demonstrated improved parenting skills or utilized the services provided by the state; (c) or there wasn't a better alternative for the child (Azar et al., 1995). Although there are different statues that might influence the court's decision regarding parental rights, the state must prove that the parents were unable to meet the preceding considerations regardless of the initial child maltreatment charge (Azar et al., 1995). Alternatively, the current study focused on the

influence of a specific set of factors (i.e., substance use, severe mental illness, and IPV perpetration) on decisions regarding the termination of parental rights. It is possible that other factors not examined in this current study have a more significant influence on the court's decisions. Future research is needed that examines the influence of other factors associated with single and recurrent child maltreatment on decisions regarding the termination of parental rights.

Implications

The finding that drug diagnoses and physical IPV perpetration were significantly correlated with the psychologist's assessment of risk in conjunction with results indicating that these same predictors were not significantly associated with the court's decisions regarding the termination of parental rights have potentially important research, treatment, and clinical implications. Specifically, results from the current study suggest the potential importance of incorporating interventions that increase awareness of the effect of substance use and IPV on parenting behaviors in services and treatments provided to parents seeking reunification. It is possible that a significant number of parents in the current sample were compliant with treatment recommendations and demonstrated a significant decrease in the frequency of drug use and IPV, which ultimately reduced the rate of the court's decision to terminate parental rights. However, little research has examined the rate of treatment compliance among parents seeking reunification, which is essential to elucidating the process through which determinations of parental rights are made by both assessing psychologists and the courts (Azar et al., 1995). Additionally, extant literature has demonstrated that parental fitness assessments and assessment measures can introduce bias into the court's decisions regarding parental rights (Bogacki & Weiss, 2007).

The results from the current study also have potentially important research implications. As discussed previously, severe mental illness, parental substance use, and IPV are empirically supported risk factors for single and recurrent child maltreatment, thus providing the theoretical basis for the current study. However, the results from the current study indicate that other factors are likely to have a more significant influence on decisions regarding the termination of parental rights. For example, Fontaine & Nolin (2012) compared the personality profiles of parents charged with maltreatment (i.e., abuse and/or neglect) with a control group and found that parents charged with maltreatment were significantly more likely to have subclinical elevations on the paranoid, schizotypal, antisocial, borderline, and avoidant scales. This indicates that characterlogical disorders might have more of an influence on decisions regarding parental rights than other mental disorders. Given extant literature that has demonstrated that individuals with personality disorders (i.e., antisocial personality disorder) are more likely to perpetrate physical violence, engage in illegal behaviors, and have low empathy, it is possible that characterological disorders are viewed as unamenable to treatment (Edwards, Scott, Yarvis, Paizis, & Panizzon, 2003). Thus, future research should examine the influence of personality disorders on decisions regarding parental rights. Furthermore, personality assessments, such as the Minnesota Multiphasic Personality Inventory-2 or the Millon Clinical Multiaxial Inventory, are likely important assessments that could be included in assessments of parental risk. Additionally, the current study examined the predictors of a psychologist's assessment of parental risk and the court's decisions regarding parental rights; however, there were no assessments of the parent's treatment compliance. Thus, research examining treatment compliance in reunification cases is an essential and important research area that could help elucidate the process through which decisions regarding reunification and the termination of parental rights are determined.

Limitations and Future Directions

When interpreting the findings of the current investigation, the following limitations need to be considered. To begin, extant literature has consistently demonstrated that individuals tend to underreport IPV perpetration, and given that the participants in the sample were attempting to reunify with their children, it is likely that they underreported their IPV perpetration (Hamby, 2009). Future research examining the association between IPV and assesmsents of parental risk should include more extensive assessments of IPV perpetration. Second, the determination of causality among study variables was precluded because of the cross-sectional design of the study. Future research utilizing longitudinal designs is needed and could elucidate the factors that influence decisions regarding parental risk and the termination of parental rights. In addition, the generalizability of the study's findings is limited by the lack of diversity among study participants. Although 35% of the sample was an ethnic/ racial minority, the study primarily consisted of non-Hispanic Caucasian participants. Thus, future research is needed with more diverse samples. Fourth, given the frequency of recurrent child maltreatment, future research should examine whether there are additional case openings subsequent to evaluations of parental risk and court decisions regarding TPR, and the factors that are associated with multiple case openings. Finally, a notable limitation of the current study is that self-report questionnaire assessments of substance use were not significantly associated with parental fitness assessments and decisions regarding the termination of parental rights. One possible explanation for this finding is that the semi-structured clinical interview used by the forensic psychologist was a more sensitive assessment of substance use than self-report questionnaires. Future research utilizing other assessments of substance use (e.g., the Timeline Follow back interview) and

assessments of impression management could help further inform research on parental fitness assessments and TPR decisions.

Conclusions

In summary, this is one of the first studies to examine the characteristics and the process through which decisions regarding the termination of parental rights are determined in a large sample of parents seeking reunification. Results indicated that drug diagnoses and physical IPV perpetration were significantly associated with a psychologist's assessment of risk, such that increased drug use and IPV perpetration was associated with greater risk. However, results also demonstrated that none of the proposed variables (i.e., severe mental illness, substance use, IPV perpetration) were significantly associated with TPR decisions by the court. It is imperative that future research utilizing longitudinal designs continues to examine the process through which assessments of parental risk and decisions regarding TPR are determined. Longitudinal designs are especially important.

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Appendix

Table 1.

Correlations, means, and standard deviations among study variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. SMI	--	.04	.06	.09	.26**	.15**	.07	.08	.001	.09	.01	.05	.32**	-.001
2. AUDIT	--	--	.06	-.002	.007	.02	-.01	-.03	-.02	.01	-.05	-.10	-.01	-.06
3. DUDIT	--	--	--	0.07	.04	-.01	.02	-.04	-.01	-.01	.03	-.06	-.08	-.06
4. Alcohol Diagnoses	--	--	--	--	.33**	.10	.11	.07	-.05	.03	-.05	-.03	.15**	-.08
5. Drug Diagnoses	--	--	--	--	--	.08	.13*	.05	.04	-.02	.02	-.06	.26**	-.05
6. Physical Aggression	--	--	--	--	--	--	.60**	-.02	-.08	.08	-.05	-.12*	.12*	-.01
7. Psychological Aggression	--	--	--	--	--	--	--	.03	-.09	.01	-.02	-.13*	.03	-.01
8. Age	--	--	--	--	--	--	--	--	-.13	.05	.21**	.21**	-.001	.001
9. Race/Ethnicity	--	--	--	--	--	--	--	--	--	-.07	-.14	-.07	-.01	.02
10. Relationship Status	--	--	--	--	--	--	--	--	--	--	-.06	-.06	.04	-.12*
11. Years of Education	--	--	--	--	--	--	--	--	--	--	--	.29**	.02	-.01
12. Income	--	--	--	--	--	--	--	--	--	--	--	--	.06	.12*
13. Reunification Risk Assessment	--	--	--	--	--	--	--	--	--	--	--	--	--	-.10
14. Termination of Parental Rights	--	--	--	--	--	--	--	--	--	--	--	--	--	--
M	--	4.38	11.83	--	--	4.33	24.91	31.52	--	--	11.73	15422.00	--	--
SD	--	9.59	9.08	--	--	12.45	29.21	8.98	--	--	2.24	16656.00	--	--

*p < .05, **p < .01

Table 2

Multiple Regression Analyses for Variables Predicting Reunification Risk Assessments

	B	SE	β	R^2	F
Model 1					
Physical Aggression	.16	.07	.13*	.02	5.0
Model 2					
Physical Aggression	.08	.07	.07	.15	13.6
Alcohol Diagnoses	.19	.17	.06		
Drug Diagnoses	.48	.16	.17**		
SMI	.82	.17	.27***		

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

Table 3

Multiple Regression Analyses for Variables Predicting TPR

	B	SE	β	R²	F
Model 1					
Physical Aggression	-.005	.02	-.01	0	.04
Model 2					
Physical Aggression	-.001	.02	.003	.02	1.07
Alcohol Diagnoses	-.07	.06	-.06		
Drug Diagnoses	-.01	.06	-.01		
SMI	.04	.06	.01		
Reunification Risk Assessment	-.04	.02	-.11		

*p < .05, **p < .01, ***p < .001

Vita

JoAnna Elmquist received her B.A. from Trinity University in May 2010. Her current research interests are in the areas of intimate partner violence (e.g., motivations for perpetration and risk and protective factors) and violence throughout the lifespan, including child maltreatment.