

# **Correlates of a Measure of Parenting Capacity with Parent and Child Characteristics in a Child Welfare Sample <sup>1</sup>**

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**Abstract**

Parent competency is a critical issue in the assessment of risk for children in the child welfare system. The decision regarding a child being admitted to care is frequently determined by a parenting capacity assessment. The present study investigated the relationship between a measure of parenting capacity and characteristics of parents and children involved in a child protection agency. Results identified important variables that relate to parental adequacy, specifically adult mental illness, socioeconomic adversity and exposure to family violence. A variety of child outcomes relevant to child protection, specifically child neglect and physical abuse, school related problems, conduct disorder, and psychological distress were investigated. The contribution of parental capacity, maternal depression, and socioeconomic status to childhood risk was examined. The adequacy of an empirical measure to assess parental competency is reported. Intervention strategies and policies that are aimed at reducing the risk to children are discussed.

**KEYWORDS:** parental capacity, risk assessment, child protection, intervention

## **Introduction**

Child protection agencies develop standards for parenting practices consistent with community standards for child safety. This is based on the view that the primary goal of parenting is to raise children safely such that they become productive members of society, reflected in healthy emotional, interpersonal and social development (Reder & Lucey, 1995).

Positive outcomes for children are associated with a number of parenting behaviours including protection, emotional warmth, support, encouragement, and positive role modelling (Davies, 1999). Despite child protection experts identifying important parental behaviours, there is a lack of general agreement on a universally accepted standard describing minimal parenting adequacy. The concept of parental capacity, however, remains a central concept of child well being, and is the basis on which decisions regarding children's needs in the child protection system are made (Azar, 1994; 1998).

Child protection agencies reflect a community's minimal standards of parental care variously referred to as competence, fitness, ability, and adequacy. Despite what is a significant body of research and clinical expertise, parental capacity concepts are difficult to define and measure (Wolfe, 1988; Patterson, 1982). It is relevant for child protection agencies to identify which parental behaviours constitute optimal care-giving that either facilitate or inhibit the development of parental competencies.

### **1.1 What is Parenting Capacity?**

There is general agreement that parental care involves a number of activities including the provision of resources for healthy growth and development, sensitivity to the child's needs, appropriate sensory stimulation, positive emotional expression, child centred interaction, predictable routines, a safe environment, and appropriate boundaries and limits in family interaction. Adequate parenting requires an emotionally sensitive and responsive adult, who has the ability to form an attachment with a child, plan and organize a home, ensure safety, provide adequate care, nutrition, shelter and medical care (Bornstein, 1995; Quinton & Rutter, 1988; Ainsworth et al., 1978).

## **1.2 Parental Competency in Relation to Child Maltreatment**

A range of personality characteristics have been identified describing parental competency in relation to child maltreatment. These include low self-esteem, poor impulse control, a lack of personal power, negative emotions, and antisocial behaviour (Pianta, Egeland & Erickson, 1989; National Research Council, 1993). No single personality trait is associated with child maltreatment and a model of abuse has been proposed that combines parent-child daily interaction, frustration-aggression responses and cognitive-social-informational processes (Wolfe, 1999). Parents who were abused as children are frequently identified as being more likely to abuse their own children than are parents who were not abused (Egeland, Jacobvitz & Sroufe, 1988). Merrill, Hervig & Milner (1996) found that childhood abuse experiences accounted for the most variance in explaining current child abuse potential among both males and females. Additional parental vulnerability factors include: poverty, ongoing stress, failure to understand a child's needs, relationship instability, violence, substance abuse, lack of social support, and job loss (Belsky, 1988; Cicchetti & Olson, 1990). Parenting styles of abusive parents are described as less flexible and more punitive, with unrealistic expectations and abuse of parental power (Wolfe, 1987).

Many abused children develop insecure attachments (Crittendon, 1992) which lead to behaviour problems and maladaptive patterns of interaction in the family. Children who have been abused may develop behaviours that are difficult for parents to manage which can trigger a reciprocal pattern of child-parent conflict leading to child physical abuse. Family interaction culminating in child maltreatment involves a complex interaction of child, family and environmental factors (Belesky, 1984; Knutson 1995).

Although many aspects of parenting are considered universal, there are significant differences in parenting practices associated with race, ethnicity, religion and socioeconomic status (Harkness & Super, 1995; Hoff-Ginsberg & Tardif, 1995). Cultural differences are also reflected in the assessment of parenting ability (Rothbaum et al., 2000; Chen et al., 1998; Whiting & Edwards, 1988). Child protection agencies in large metropolitan areas in particular must be sensitive to cultural factors that affect parenting practices and balance the risk to children within an ethno-cultural community.

### **1.3 Assessment of Parenting Capacity**

A number of assessment strategies have emerged describing parenting capacity from a clinical perspective. Some of these strategies are relevant for caseworkers in child protection (Steinhauer, 1983; Adcock & White, 1985; Budd, 2001). However, caseworkers who provide assessments of parental capacity in child protection frequently do not employ empirically based criteria in making their recommendations (Budd et al., 2001). There is the view of some researchers that parenting capacity as an interactional process cannot be adequately assessed without direct child-parent observation (Browne 1986, 1988; Jenner & McCarthy, 1995).

A number of instruments have been developed to assess parental competence in relationship to the risk for child maltreatment (Ballantyne & Scott, 1997; Milner, 1986; Milner, 1994; Steinhauer, 1983). The Parenting Capacity Instrument developed by Steinhauer (1983) is amongst the most widely used. It describes nine guidelines based on factors predicting future parenting capacity. This measure yields an overall assessment of parenting appropriate for use in a child protection context. Six of the guidelines relate specifically to parenting including identification of the child's needs, skills in limit setting, parental impulse control, acceptance of responsibility for negative parenting, parental mental health and parental ability to use social supports (Wolpert, 2002). The instrument was piloted in a large urban child protection agency. Social workers reported that the guidelines were useful in identifying the strengths and weaknesses of parents and in managing case information. (Clarey, Cumming-Speirs, Duder & Gales, 1999). The guidelines, though clinically useful, have yet to be empirically verified.

Recent studies on parenting capacity have also related risk scores on a risk assessment tool. The Ontario Risk Assessment Measure (ORAM) is currently used in Ontario's fifty-two Children's Aid Societies (CASs) (Leschied, Chiodo, Whitehead, Hurley & Marshall, 2003). Child welfare researchers suggest that in the absence of a standardized parenting measure, "[items from the ORAM] may provide an acceptable measure for tracking parenting capacity" (Trocmé, Fallon, Nutter, MacLaurin & Thompson, 1999, p. 16). Items related to parental competency include the caregiver's expectations of their child; the caregiver's acceptance of their child; family identity and interactions.

#### **1.4 Increase of Children Admitted to Care in Ontario CASs**

Between 1993 and 1998, the estimated number of investigations of child maltreatment substantiated by CASs in Ontario nearly doubled, rising from 12,300 to 24,400 (Trocmé et al., 2001). This increase in substantiated maltreatment varies considerably by form of maltreatment. The estimated number of substantiated investigations of emotional maltreatment increased nearly nine-fold, while neglect and physical abuse investigations nearly doubled. Consistent with decreases reported across the United States (Jones, Finkelhor & Kopiec, 2001), the estimated number of investigations of substantiated sexual abuse in Ontario decreased by almost 50%. In 1998, 8% of these child maltreatment investigations led to a child being placed in child welfare care (Trocmé et al., 2001). There is now considerable interest in understanding factors that could be contributing to this increase (King, Leschied, Whitehead, Chiodo & Hurley, 2003). The assessment of parenting capacity in families involved in child protection services could provide a useful perspective in identifying one critical aspect of family functioning related to causes for children increasingly coming to the attention of children's aid societies.

#### **1.5 The Present Study**

The present study relates parenting capacity, child maltreatment and the placement of children under protection in a child protection agency. Both child and parental factors were identified as significant in the occurrence of child maltreatment. Comparisons of parental risk scores were made between children admitted to CAS care and children not admitted to CAS care. Comparisons on parent capacity factors were made between years to evaluate potential differences in parental competency in the context of the increasing rate at which children and families are coming to the attention of child protection services.

#### **1.6 Hypotheses**

1. Consistent with the finding that the number of children in care has increased between 1995 and 2001, it is anticipated that a corresponding decrease in parenting capacity will be evident at the two time periods.

2. Consistent with the view that child outcomes are related to parental competency, scores in parenting capacity will differentiate parents of children admitted to care versus parents whose children are not admitted to care.
3. More children with significant medical, psychiatric, and behavioural problems would be consistent with parents having higher parenting capacity scores. (Higher parenting capacity scores indicate more severe and compromised parenting capacity).
4. High parental capacity scores will be associated with higher rates of psychosocial problems in the adults reflected in poorer housing arrangements, lower incomes, depression, violence, substance abuse, and mental illness.

## **Method**

### **2.1 Participants**

Participants in this study are 1,042 caregiver-child dyads randomly selected from 2,316 child protection cases from the Children's Aid Society of London and Middlesex from 1995 and 2001. The referral from which the data were collected was based on a new case opening in either 1995 or 2001 where the child/family received the most intensive CAS intervention. To capture sufficient cases of our sub-groups of interest (i.e., children in care), we over-sampled from these groups. That is, we included a larger proportion of cases in the sample than would have been found in the population of cases in the given year. To correct for this discrepancy we applied a mathematical correction, referred to as a statistical weight – to each case, to allow for population inferences to be made from this sample.

To examine the relationship between parenting capacity and child outcomes, the *Risk Assessment Tool* (Ontario Association of Children's Aid Societies (OACAS), 2000) is used to assess parenting capacity and family functioning (Figure 1). The Risk Assessment Tool is an instrument currently in use by Ontario's CASs and is part of the revised Risk Assessment Model for Child Protection in Ontario (ORAM) (OACAS, 2000) that was developed as part of the Ministry's standards for the management of child protection cases.

Three items on the Risk Assessment Tool were suggested as acceptable measures for tracking parenting capacity in the population served by CASs (Trocmé, Fallon, Nutter, MacLaurin, & Thompson, 1999): 1) Caregiver's Expectations of Child; 2) Caregiver's Acceptance of Child; and 3) Family Identity and Interactions (Figure 1). Each risk element is assessed on a scale of 0 to 4, with a score of 0 being the absence of risk and a score of 4 being maximum severity. The result yields a 'cumulative parenting capacity score' comprised of a total of the ratings from each of the three risk elements, ranging from 0 to 12, with higher scores indicating greater impairment in parenting capacity.

Parenting capacity scores are rated on the child's primary caregiver. In 82% of the cases, the child's primary caregiver is the biological mother. In 11% of the cases, the child's primary caregiver is the biological father. The remaining primary caregivers (7%) refer to other family members (e.g., grandmother) and friends who are currently responsible for the child. The mean parenting capacity scores for the total sample is  $M = 4.16$  (S.D. = 2.72; range = 0 - 11).

## Figure 1

### *Summary of Areas for Risk Assessment*

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1. Caregiver Influence
    - Abuse – Neglect
    - Alcohol/Drug Use
    - Expectations of child\*
    - Acceptance of child\*
    - Physical capacity to care for child
    - Mental/Emotional/Intellectual Capacity
  
  2. Child's Influence
    - Child's vulnerability
    - Child's response to caregiver
    - Child's behaviour
    - Child's mental health and development
    - Physical health and development
  
  3. Family Influence
    - Family violence
    - Ability to cope with stress
    - Availability of social supports
    - Living conditions
    - Family identity and interactions\*
  
  4. Intervention Influence
    - Caregiver's motivation
    - Caregiver's cooperation with intervention
  
  5. Abuse/Neglect
    - Access to child by perpetrator
    - Intention and acknowledgement of responsibility
    - Severity of abuse/neglect
    - History of abuse/neglect/Neglect committed by present caregivers
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*Note: \* Items used to assess parenting capacity*

The sub-sample in 1995 consists of 450 children, of whom 176 (39%) were considered to be in need of protection and admitted to CAS care and 274 (61%) who were considered to be in need of protection, but, received services from the CAS and other community agencies while living in their own homes. The sub-sample in 2001 consists of 592 children, of whom 381 (64%) were considered to be in need of protection and admitted to

CAS care and 211 (36%) who were considered to be in need of protection, but, received services from the CAS and other community agencies while living in their own homes.

Parents of CAS children in 2001 score higher in impaired parenting capacity [ $t(1040) = 2.844, p < .01$ ], compared to parents of CAS children in 1995 (Table 13). For children admitted to CAS care, parents in 2001 score higher in impaired parenting capacity ( $F(1, 1038) = 10.25, p < .01$ ), compared to parents of children in CAS care in 1995 (Table 1). Subsequent analyses are performed on the 2001 data ( $n = 592$ ).

**Table 1**

*Means and Standard Deviations of Parenting Capacity Scores in 1995 and 2001*

Parenting Capacity Scores*	1995	2001
All Sample ( $n = 1042$ )**	3.88 (2.6)	4.37 (2.79)
Children Admitted to CAS Care** ( $n = 569$ )	4.6 (2.56)	5.18 (2.66)

*Note: \* higher parenting capacity scores indicate a greater impairment in parenting capacity; Total minimum score is 0, total maximum score is 12; Scores for parents range from 0 - 11.*

*\*\*  $p < .01$*

## 2.2 Materials

Child protection files from the CAS of London and Middlesex were reviewed. A standardized coding instrument was created by the authors to guide the extraction of information from each case file. Information recorded about the family included current and historical family information, as well as the history of the family's mental health, the family's history with the CAS, family violence and access to social services. Information on children included past and present access to mental health, young offender, educational, and developmental services, as well as outcomes related to psychological, behavioural, developmental, and academic concerns. The sample is of cases opened in 1995 or 2001. Data are collected as of the time in the year that the child/family received the most intensive CAS intervention that year. A manual was created that detailed the inclusion and exclusion criteria for each item to be recorded.

A risk analysis was completed for all cases randomly selected in 1995 and 2001. Six trained researchers completed a risk assessment form and risk analysis independently

from the risk analysis completed by the CAS worker in the child protection file. For each case, the risk elements were assessed on a scale of 0 to 4, with a score of 0 being the absence of risk and a score of 4 being maximum severity. For the purpose of the current study, a risk analysis is based on a ‘cumulative risk assessment score’ comprised of a total score of the 22 individual risk elements. Each case could, therefore, receive a cumulative risk assessment score between 0 - 88. It is important to note that the application of Risk Assessment by Ontario CASs does not include a cumulative risk assessment score. Parenting capacity scores were derived from the risk analysis completed by the trained researchers.

### **2.3 Procedure**

Five trained researchers working under the supervision of a project manager collected the data. To enhance reliability, the researchers received training prior to the beginning of data collection. Senior managers of the CAS of London and Middlesex and the research team met on a weekly basis to review concerns related to the file information, risk assessment analysis, or data collection procedures to ensure consistency in data interpretation and collection.

## **Results**

To examine the relationship between parenting capacity and outcomes related to child psychopathology, academic concerns, cumulative risk assessment scores, caregiver psychopathology, poverty, and family violence, Pearson product-moment correlations were conducted.

### **3.1 Participant Characteristics**

Children are on average 7.5 years of age (S.D = 5.02, range = new born to 16 years). The mean age of the child’s biological mother is 24 years (S.D. = 5.8, range = 15 to 42 years). Biological fathers are on average 28 years (S.D. = 7.0, range = 16 to 51 years). Age data for caregivers other than the child’s biological parents was not collected. 33% (n = 197) of caregivers are single parents.

### **3.2 Child Psychopathology**

Two behavioural outcomes and one psychological outcome are considered: identification of attention deficit hyperactivity disorder (ADHD); conduct disorder; and the primary psychological (emotional) concern of the child. Whether the child was currently (or previously) on medication for an adjustment-related disorder is also examined.

Higher parenting capacity scores (i.e., greater impairment in parenting capacity) are related to children being diagnosed with ADHD ( $r(592) = .19, p < .001$ ), conduct disorder ( $r(592) = .17, p < .001$ ), and on medication for an adjustment related disorder ( $r(591) = .19, p < .001$ ). On the contrary, higher parenting capacity scores are not related to the child being identified with a primary psychological (emotional) concern ( $r(591) = .05, ns$ ).

### **3.3 Academic Concerns**

Three variables are used to characterize the child's academic experience: 1) evidence that the child has repeated a grade; 2) chronic truancy from school; and 3) whether the child was ever expelled from school. School history was obtained from school records in the child protection files. Children under 6 years of age are excluded from this analysis because they are not attending school. Analyses are based on a sub-sample of 345 school-aged children.

Higher parenting capacity scores (i.e., greater impairment in parenting capacity) are related to children having been suspended from school more often ( $r(345) = .17, p < .01$ ), and experiencing chronic truancy from school ( $r(345) = .14, p < .01$ ). Inconsistent with expectations, parenting capacity scores are not related to the child being expelled from school ( $r(345) = .08, ns$ ), or having repeated a grade ( $r(345) = .1, ns$ ).

### **3.4 Outcomes Related to the Intensity and Nature of Risk**

The cumulative risk assessment score is used as a measure of risk to which the child is exposed. The cumulative risk score was derived using the 19 risk elements that are not directly related to parenting capacity. The results indicate that higher parenting capacity scores (i.e., greater impairment in parenting capacity) are strongly related to higher cumulative risk assessment scores ( $r(592) = .65, p < .001$ ).

### **3.5 Caregiver Psychopathology**

To determine whether parenting capacity is associated with greater caregiver psychopathology, three dichotomous variables are used to characterize the caregiver's mental health status: 1) caregiver has been identified with major depression; 2) caregiver has been identified with a substance abuse condition; and 3) caregiver has been diagnosed with a major mental disorder (e.g., schizophrenia, personality disorder). Major depression, substance abuse, and major mental illness are coded if they were identified by a formal diagnosis documented in medical records. In some instances, the conditions are noted as being present in the absence of formal diagnoses based on sufficient evidence from multiple sources of information such as the CAS worker's case notes, case history information, or other documents from mental health professionals that suggested the caregiver was experiencing mental health concerns to an extent that interfered with parenting. The rationale for including these cases is that psychiatric and medical records of the caregiver are not commonly present in child protection files; excluding these cases would under represent the range of psychopathology present in the caregivers.

Consistent with expectations, higher parenting capacity scores (i.e., greater impairment in parenting capacity) are related to the caregiver being diagnosed with depression ( $r(592) = .17, p < .001$ ), and a major mental illness ( $r(592) = .24, p < .001$ ). Inconsistent with expectations, parenting capacity scores are not related to the caregiver being diagnosed with a substance abuse disorder ( $r(592) = .01, ns$ ).

### **3.6 Outcomes Related to Family Violence**

To determine whether parenting capacity is related to family violence, data on the mother's experience with woman abuse is reported. Two variables are used to characterize mother abuse and child maltreatment: 1) mother has experienced woman abuse; and 2) the presence of child maltreatment. Woman abuse is broadly defined and includes cases of excessive arguments or disagreements and aggressive physical action or sexual abuse perpetrated by a woman's current partner (i.e., spouse, boyfriend, or common-law partner) at some time during their relationship. Woman abuse is assessed with a single item in this study (yes/no) based on current and historical information present in the child protection file that corresponded to the definition of woman abuse.

The presence of child maltreatment is assessed with a single item (yes/no) based on current and historical information present in the child protection file. Forms of child maltreatment include: 1) neglect; 2) physical abuse; 3) sexual abuse; and 4) exposure to woman abuse. Children exposed to woman abuse is a broad measure of emotional harm and describes children living in homes where women abuse is a major concern.

Consistent with expectations, higher parenting capacity scores (i.e., greater impairment in parenting capacity) are related to the mother experiencing abuse ( $r(478) = .19, p < .001$ ), and strongly related to the presence of child maltreatment ( $r(592) = .3, p < .001$ ).

### **3.7 Outcomes Related to a Broader Social Context**

The relationship between parenting capacity and variables that relate to socio-economic adversity are investigated. Variables that relate to socio-economic adversity are coded as: 1) source of income (welfare/social assistance); 2) employment status; and 3) homelessness. The homelessness variable measures whether the family has ever been without a place of residence for any given period of time. All three variables are measured as dichotomous (yes/no) variables.

Consistent with expectations, higher parenting capacity scores (i.e., greater impairment in parenting capacity) are related to the caregiver experiencing homelessness ( $r(592) = .16, p < .001$ ), being on welfare/social assistance ( $r(592) = .16, p < .001$ ), and unemployed ( $r(592) = .13, p < .01$ ).

## **Discussion**

Results from this study reflect a significant decrease in parenting capacity in a child protection population that has increased over the same six-year period. This is reflected in an increase of children referred to and admitted to care of the Children's Aid Society. Parents of children admitted to care in 2001 scored significantly higher in impaired parenting capacity compared to parents of children admitted to CAS care in 1995.

The two parenting variables from the ORAM most strongly associated with placement outcomes for children reflect the caregiver's expectations of the child and the caregiver's acceptance of the child. These child-parent interactions reflect harsh physical discipline, inconsistent expectations, escalating child-parent conflict, unrelenting

criticism and rejection. Such negative communication patterns often lead to escalating child-parent conflict. Recognition of elevation on these items could allow child protection workers to plan interventions that target areas of parental competence and family functioning which, if not interrupted, could be associated with children coming to the attention of child protection agencies.

The two areas of child functioning most highly related to admission to care are behaviour and school problems. Unexpectedly, emotional problems were not identified as a cause of child dysfunction. Children who internalize problems are harder to identify than children with behavioural problems; children who express their difficulties through anxiety related disorders are more likely to be seen in mental health settings than in child protection.

The adult factors most highly related to dysfunctional parenting were parental mental health, particularly maternal depression, and exposure to woman abuse. These findings underline the importance of parents accessing appropriate and timely mental health services. There is urgency in identifying and supporting depressed mothers who have difficulty meeting even the most basic needs of their children (Leschied, Chiodo, Whitehead & Hurley, 2003). Weberling et al. (2003) suggest that prevention efforts need to begin during the prenatal period and an effective prenatal screening has been developed for mothers at risk for later child abuse. Positive evaluations are also reported describing programs that emphasize early screening for high risk parenting with depressed mothers such as The Prenatal/Early Infancy Project (Olds et al., 1997).

This study identified the relationship between impairment in parenting capacity and woman abuse. This is particularly important, mindful that children exposed to the abuse of their mothers are over represented in a child welfare protection both in care and not in care (Chiodo, Leschied, Whitehead & Hurley, 2003).

Finally, the relationship between parental capacity within the larger social context – poverty – underscores the importance of addressing issues of poverty, unemployment, and homelessness as they relate to parenting capacity in the child protection population.

## **Conclusion**

This study has identified parental competency variables that correspond at two time periods, 1995 and 2001, with the increase in referrals made to one large urban children's

aid society in Ontario. From the Ontario Risk Assessment Tool (ORAM), items that describe parental competency reflect the nature of discipline and child expectations. Further, the caregiver's experience with poverty, physical violence and mental illness also add to the understanding regarding factors that place parents at risk for poor parental competency. If there is something encouraging in this data, it is that the majority of these risk factors are dynamic in nature; that is they are learned responses amenable to intervention. The literature regarding treatment outcomes promoting improved parenting *that is also related to lower risk for child maltreatment* is now well substantiated (Wolfe, 1999). Policies regarding the management of child protection services need to draw on this existing literature as part of the answer to ever increasing referrals and admission to child protection.

## References

- Adcock, M. & White, R. (eds). (1985). *Good-Enough Parenting: A Framework for Assessment*. London: British Association for Adoption and Fostering.
- Ainsworth, M.D.S., Blehar, M.C., Waters, E. & Wall, S. (1978). *Patterns of Attachment: A Psychological Study of the Strange Situation*. Hillsdale NJ: Erlbaum.
- Azar, S.T. & Benjet, C.L. (1994). A cognitive perspective on ethnicity, race, and termination of parental rights. *Law and Human Behavior*, 18, 249 - 268.
- Azar, S.T., Lauretti, A.F. & Loding, B.V. (1998). The evaluation of parental fitness in termination of parental rights cases: A functional-contextual perspective. *Clinical Child and Family Psychology Review*, 1, 77 - 100.
- Ballantyne, M. & Scott, A. (1997). Implementing a risk assessment model for child protection in Ontario. *Journal of the Ontario Association of Children's Aid Societies*, 41(4), 5 - 7.
- Belsky, J. (1988). Child maltreatment and the emergent family system. In K. Browne, C. Davies, and P. Strattan (Eds.), *Early Prediction and Prevention of Child Abuse*, 8, 291 - 302. New York: Wiley.
- Belsky, J. (1984). 'The determinants of parenting: a process model'. *Child Development* 55, pp. 83 - 96.
- Bornstein, M.H. (Ed.). (1995). *Handbook of parenting* (Vols. 1-4). Mahwah, NJ: Erlbaum.
- Browne, K.D. (1988) 'The nature of child abuse and neglect: an overview', in K. Browne, C. Davies and P. Stratton (eds) *Early Prediction and Prevention of Child Abuse*, Chichester: Wiley.
- Budd, K.S., Poindexter, L.M., Felix, E.D. & Naik-Polan, A.T. (2001). Clinical assessment of parents in child protection cases: An empirical analysis. *Law and Human Behavior*, 25, 93 - 108.
- Budd, K.S. (2001). Assessing parenting competence in child protection cases. *A Clinical Practice Model, Clinical Child and Family Psychology Review*, 4(1).
- Chen, X., Hastings, P.D., Rubin, K.H., Chen, H., Cen, G. & Stewart, S.L. (1998). Child

- rearing attitudes and behavioral inhibition in Chinese and Canadian toddlers: A cross-cultural study. *Developmental Psychology*, 34, 677 - 686.
- Chiodo, D., Leschied, A.W., Whitehead, P.C. & Hurley, D. (manuscript submitted). The impact of violence on child outcomes in a child protection sample: Implications for intervention.
- Cicchetti, D. & Olsen, K. (1990). The developmental psychopathology of child maltreatment. In M. Lewis and S.M. Miller (Eds.), *Handbook of Developmental Psychopathology*. New York: Plenum. 261 - 279.
- Clarey, D., Cumming-Speirs, C., Dulcer, S. & Gales, L. (1999). Could the parenting capacity instrument help judges trust social workers? *O.A.C.A.S. Journal*, 43(2).
- Harkness, S. & Super, C. (1995). Culture and parenting. In M.H. Bornstein (Ed.), *Handbook of parenting* (Vol. 2, pp. 211 - 234). Mahwah, NJ: Erlbaum.
- Hoff-Ginsberg, E. & Tardif, T. (1995). Socioeconomic status and parenting. In M.H. Bornstein (Ed.), *Handbook of parenting* (Vol. 2, pp. 161 - 188). Mahwah, NJ: Erlbaum.
- Jenner, S. & McCarthy, G. (1995) 'Quantitative measures of parenting-clinical, developmental perspective', in Reder, P. & Lucy, C. (eds.), *Assessment of Parenting-Psychiatric and Psychological Contributions*. London: Routledge.
- Jones, A.M., Finkelhor, D., Kopiec, K. (2001). Why is sexual abuse decreasing? A survey of state child protection administrators. *Child Abuse and Neglect*, 25, 1139 - 1158.
- King, C.B., Leschied, A.W., Whitehead, P.C., Chiodo, D. & Hurley, D. Child protection legislation in Ontario: Past, present, and Future? *Education and Law*, 13(1), 105 - 126.
- Knutson, J.F. (1995). Psychological characteristics of maltreated children: Putative risk factors and consequences. *Annual Review of Psychology*, 46, 401 - 422.
- Leschied, A.W., Chiodo, D., Whitehead, P.C., Hurley, D. & Marshall, L. (2003). The empirical basis of risk assessment in child welfare: The accuracy of risk assessment and clinical judgement. *Child Welfare*, 82(5).
- Leschied, A.W., Chiodo, D., Whitehead, P.C. & Hurley, D. (manuscript submitted). The

- relationship between maternal depression and child outcomes in a child welfare sample: Implications for policy and treatment.
- Milner, J.S. (1986). *The Child Abuse Potential Inventory: Manual* (2<sup>nd</sup> ed.). Dekalb, IL: Psytec.
- Milner, J.S. (1994). Assessing physical child abuse risk: The Child Abuse Potential Inventory. *Clinical Psychology Review, 14*, 547 - 583.
- Patterson, G.R. (1982). *Coercive family process*. Eugene, OR: Castalia.
- Patterson, G.R. (1997). Performance models for parenting: A social interactional perspective. In J.E. Grusec & L. Kuczynski (Eds.), *Parenting and children's internalization of values* (pp. 193 - 226). New York: Wiley.
- Pianta, R., Egeland, B. & Erickson, M.F. (1989). The antecedents of maltreatment: Results of the mother-child interaction project. In D. Cicchetti & V. Carlson, *Child Maltreatment*. Cambridge University Press.
- Quinton, D. & Rutter, M. (1998). *Parenting Breakdown-The Making and Breaking of Inter Generational Links*. Aldershot: Gower.
- Reder, P. & Lucey, C. (1995). *Assessment of Parenting-Psychiatric and Psychological Contributions*. London: Routledge.
- Rothbaum, F., Pott, M., Azuma, H., Miyake, K. & Weisz, J. (2000b). The development of close relationships in Japan and the United States: Paths of symbiotic harmony and generative tension. *Child Development, 71*, 1121 - 1142.
- Steinhauer, P. (1983). Assessing for parenting capacity. *American Journal of Orthopsychiatry, 53*, 458 - 481.
- Trocmé, N., Fallon, B., Nutter, B., MacLaurin, B. & Thompson, J. (1999). Outcomes For Child Welfare Services in Ontario. *Queen's Printer of Ontario*.
- Whiting, B.B. & Edwards, C.P. (1988). *Children of Different Worlds: The Formation of Social Behaviour*. Cambridge MA: Harvard University Press.
- Wolfe, D.A. (1988). Child abuse and neglect. In E.J. Mash & L.G. Terdal (Eds.), *Behavioral assessment of childhood disorders* (2<sup>nd</sup> ed., pp. 627 - 669). New York: Guilford.
- Wolfe, D.A. & McEachran, A. (1997). Child physical abuse and neglect. In E.J. Mash

- & L.G. Terdal (Eds.), *Assessment of childhood disorders* (3<sup>rd</sup> ed., pp. 523 - 568).  
New York: Guilford.
- Wolfe, D.A. (1999). *Child Abuse: Implications for Child Development and Psychopathology*. Sage Publications Inc.
- Wolpert, R. (2002). Assessing parenting capacity guidelines, *O.A.C.A.S. Journal*, 46(1).