

# Parental alcohol misuse and the impact on children

## Literature review



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## Executive summary

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As part of the NSW Government's commitment to the Summit on Alcohol Abuse (2003), DoCS' Centre for Parenting and Research has undertaken a review of the literature concerning the impact of parental alcohol misuse on children and the effectiveness of interventions designed to help parents and carers manage alcohol misuse within families.

Alcohol misuse represents a growing concern in Australia, with estimations that approximately 10 percent of the population consumes alcohol in a way that is considered risky or highly risky to their health in the long term (AIHW, 2005). However, calculating the number of children living in families with parental alcohol misuse is difficult.

### Scope of the review

Research examining the impact of alcohol misuse on individuals, families and society spans the past 40 years, and there is an extensive body of literature concerning the impact of parental alcohol misuse on children and adolescents. This review does not attempt to comprehensively cover the relevant literature, but does draw on earlier reviews, as well as recent publications, in the area. Furthermore, not all aspects of the literature have been addressed; for example, Indigenous issues in relation to alcohol misuse are not specifically examined.

The focus of the review is on younger children who are unable to seek support or assistance themselves. Some studies that relate to adolescents have also been included in Section 2 to demonstrate the impacts of alcohol misuse on young people. Interventions that are available for older children and adolescents are not the focus of this review but have been reviewed elsewhere (e.g. Mitchell, Spooner, Copeland, Vimpani, Toumbourou, Howard & Sanson, 2001; Foxcroft, Ireland, Lister-Sharp, Lowe & Breen, 2002).

### Factors influencing the impact of parental alcohol misuse on children

A considerable amount of research has examined the impact of parental alcohol misuse on children's development. The research reveals that children can and do suffer from a range of maladaptive outcomes spanning all areas of development, including the cognitive, behavioural, psychological, emotional and social domains (West & Prinz, 1987; Johnson and Leff, 1999; Tunnard, 2002; Velleman & Templeton, 2003; Grekin, Brennan & Hammen, 2005). Children themselves report feeling socially excluded, frequently being left alone, having a sense of not being loved, and having feelings of low self-worth. They may also take on responsibility for caring for their parent/s.

However, children and families living with parental alcohol misuse are not a heterogenous group. Families differ according to the composition of risk factors that contribute to outcomes, and studies show that not all children experience adverse outcomes. One exception is the epidemiological research that supports an association between the excessive consumption of alcohol by pregnant women and the risk of fetal alcohol syndrome and its effects<sup>1</sup> (O'Leary, 2002). Most research now supports explanatory models in which the outcomes for children are not only dependent on parental alcohol misuse but on the aggregation of factors such as family demographics, individual characteristics, family interaction, and the psychological functioning of both parents.

Key findings of this review on the impacts on children are as follows:

- The effects of parental alcohol misuse appear to be cumulative. The longer the child has been exposed to parental alcohol misuse, the greater the impact may be.
- Disruptive behaviour, such as aggressiveness, hyperactivity and mental health problems, are particularly apparent in sons of parents who misuse alcohol.

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<sup>1</sup> Alcohol has teratogenic effects, with the potential to result in abnormalities such, as growth retardation, characteristic facial features, and central nervous system anomalies (including intellectual impairment).

- There is no clear evidence that maternal alcohol misuse has a greater or lesser impact on children than paternal alcohol misuse. However, children of mothers who misuse alcohol are more likely to be exposed to a variety of risks and it is the accumulation of risk factors that poses the greatest threat.
- Children from families containing three or more immediate or extended family members who misuse alcohol are more likely to have adverse outcomes.
- Antisocial personality disorders and mood disorders in parents appear to be associated most strongly with alcohol misuse by parents.
- Parental alcohol misuse brings disruption to family functioning. In general, such families perceive their environment to be less cohesive, lack ritual and routines, tend not to positively express feelings, warmth or caring (either physically or verbally), and have higher levels of unresolved conflict.
- Several studies have found alcohol consumption increases aggression. Increased marital conflict can contribute to physical abuse of one's partner and children.
- Parents who misuse alcohol and other drugs are more likely to be excessively authoritarian or permissive in their parenting style and hold unrealistic expectations of children's abilities.
- Positive family functioning in conjunction with external support for the family (e.g. the presence of a stable adult figure) is considered valuable in terms of increasing children's resilience.
- Monitoring of child behaviour and greater sensitivity and consistency in discipline and social support for children are important in reducing the impact of parental alcohol misuse.

### **Parental alcohol misuse in the child protection context**

There are varying estimates of the level of parental alcohol misuse involved in child protection cases, but evidence suggests alcohol and other substance misuse is a significant concern in a large proportion of child protection cases. There are two situations of concern in terms of violence and children: the possibility of children being physically abused by a parent, and the possibility of children witnessing violence. When parental judgement is impaired under the influence of alcohol, children are at risk of suffering both intermittent and chronic neglect. The emotional and psychological abuse caused by inconsistency, rejection and verbal abuse has also been highlighted in various studies.

### **Interventions and practice implications**

Parents who misuse alcohol (and other drugs) may have other multiple and complex problems which impact on their capacity to care for and protect their children. It is difficult to separate the contribution of alcohol and other drug misuse to parenting difficulties from other factors known to impair parenting. The complexity of these families makes it difficult for practitioners, in particular child protection workers, to determine the extent to which alcohol misuse presents a risk to children, thus highlighting the importance of a thorough, sensitive assessment process. In undertaking assessments of children and families, there are four key areas to consider:

- The place of alcohol in the life of the parent
- The effects of alcohol on the parent
- The effects of alcohol on the child
- Possible protective factors.

There are challenges for practitioners in working with substance-misusing parents. These include effective engagement with their clients, accurate assessment, maintaining confidentiality, working in an interagency environment and gaining access to children's perspectives.

There are many interventions that can be used with families where substance misuse, including alcohol misuse, is a concern. These range from treatment of the alcohol misuser and targeted interventions for substance misusing families, to more general population-based interventions through which these families might benefit.

Relevant strategies to assist families and children include providing support and education in parenting, facilitating quality childcare and educational opportunities for children, and working with families to improve social and behavioural skills. Home visiting is one of the most well-researched interventions, yet there are mixed results regarding its effectiveness for families where alcohol misuse is an issue. While there is still a shortage of evidence regarding the effectiveness of parenting programs as an intervention for families with alcohol and other drug problems, further trials and evaluations are continuing in the area and promising results have arisen from the evaluations undertaken to date.

Providing access to quality childcare and education is an effective intervention for assisting children. There have also been some positive evaluations from 'family-focused' programs which include interventions for both parents and children. While there have been positive results arising from evaluations of many of the interventions listed, further research is still required.

## 1. Introduction

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As part of the NSW Government's commitment to the Summit on Alcohol Abuse (2003), DoCS' Centre for Parenting and Research has undertaken a review of the literature on the impact of parental alcohol misuse on children and the effectiveness of interventions intended to support parents and carers managing alcohol misuse within families.

Consumption of alcohol is not only common in Australia; in many ways it is integrated into our culture through wide appeal and acceptance from an early age. The legality of alcohol makes it readily available, and there is now recognition that a relatively high proportion of the population consumes quantities considered harmful to their health (ABS, 2006). Given that alcohol misuse can have damaging physical, psychological and social consequences for adults, parents who regularly consume large amounts of alcohol may be in an even more vulnerable position as they are responsible for the care and wellbeing of their children. It is important to understand the impact of parental alcohol misuse on children's development, family functioning, and parenting.

Parental alcohol misuse can have a number of effects on children, depending on individual characteristics in combination with a range of family characteristics and dynamics. These effects may be transmitted directly. For example, there is some evidence of genetic and intergenerational transmission of alcohol use disorders (Hill & Muka, 1996; Barnow, Schuckit, Smith, Preuss & Danko, 2002), as well as the known effects of excessive alcohol consumption during pregnancy (O'Leary, 2002). There is also strong evidence of the indirect effect of parental alcohol misuse on children through the impact of alcohol misuse on family functioning and parenting (Eiden, Edwards & Leonard, 2004; Grekin et al., 2005).

Parental alcohol misuse is a significant concern in many child protection reports. In the DoCS' Annual Report 2004-05, it was estimated that up to 80 percent of child protection reports to DoCS involved drug or alcohol issues (NSW Department of Community Services, 2005). Consequently, being able to identify the risk and protective factors that influence outcomes for children, as well as effective interventions, is important in informing the practice of those who work with children and families affected by parental alcohol misuse.

### 1.1 Aim of the review

The aim of this review is to examine the impact of parental alcohol misuse on children and to identify effective strategies to support those affected. This review was undertaken in response to the NSW Summit on Alcohol Abuse (2003) and is designed to:

- describe the impact of parental alcohol misuse on children's development
- discuss the factors that influence outcomes for children within families where there is parental alcohol misuse
- describe the association between parental alcohol misuse and child abuse and neglect, and
- identify strategies to assist or support children and families affected by parental alcohol misuse.

### 1.2 Scope of the review

Research examining the impact of alcohol misuse on individuals, families and society spans the past 40 years, and there is an extensive body of literature concerning the impact of parental alcohol misuse on children and adolescents. This review does not attempt to comprehensively cover this literature but does draw on other reviews, as well as recent publications, in the area. Furthermore, not all aspects of the literature have been addressed; for example, Indigenous issues in relation to alcohol misuse are not specifically examined.

The focus of the review is on younger children who are unable to seek support or assistance themselves. Some studies that relate to adolescents have also been included in Section 2 to demonstrate the impacts of alcohol misuse on young people. Interventions that are available for older children and adolescents are not the focus of this review but have been reviewed elsewhere (e.g. Mitchell et al., 2001; Foxcroft et al., 2002).

There are few interventions designed specifically for families in which alcohol misuse is a concern. For this reason, general interventions that are recommended for families where substance misuse is an issue have been reviewed. The review also includes (in Appendix 1) an overview of the effects of alcohol misuse on the user, outlining the definitions of 'low-risk', 'risky' and 'high-risk' drinking and identifying approaches to effective treatments for those who misuse alcohol.

Peer-reviewed scientific journal articles included in the review were identified using search engines EBSCO and Informit and accessing the following databases: *SocINDEX with fulltext*, *Psychology and Behavioural Science Collection*, *PsycARTICLES*, *PsycINFO*, *MEDLINE*, *PsycBOOKS*, *PsycEXTRA*, *Academic Search Premier*, *Sociological Collection*, *Sociological Abstracts*, *Social Services Abstracts* and *Expanded Academic ASAP*. In addition, more general Google and Google Scholar searches were conducted, and reports from various national and international government and non-government organisations were accessed.

The search terms included 'children of alcoholics', 'children of problem drinkers', 'parental problem drinking', 'children of substance users', 'alcohol abuse', 'alcohol misuse', 'problem drinking', 'parental substance abuse' and 'parental alcoholism', as well as combinations of these terms such as 'alcohol abuse and children', 'alcoholism and child abuse' and 'alcohol abuse and child abuse'.

## Studies included in this review

A large body of literature, primarily from the United States (US), has examined the impact of parental alcohol misuse on children and adolescents. This review draws on key longitudinal studies (including studies of community populations) such as the Dunedin and Christchurch longitudinal studies of health and development (Connolly, Caswell, Stewart, Silva & O'Brien, 1993; Lynskey, Fergusson & Horwood, 1994), the Mater University of Queensland Study of Pregnancy (MUSP) (Grekin et al., 2005) and a Danish longitudinal birth cohort study (Christoffersen & Soothill, 2003).

Research that has studied families with a history of alcohol misuse (e.g. Chassin, Pitts, DeLucia & Todd, 1999; Loukas, Fitzgerald, Zucker & von Eye, 2001) has also been included, but much of this research comes from cross-sectional studies. Cross-sectional studies have only been included if they have a sample size of over 100 and include a comparison group in the study design. Retrospective studies examining the childhood experiences of young adults are also common in this field, but this type of study has only been included in the review to illustrate the long-term impacts of parental alcohol misuse.

The majority of the studies drawn on are large-scale studies of factors that predict, mediate or modify the relationship between parental alcohol misuse and child outcomes. While children have been participants in some of these studies (e.g. Hussong, Zucker, Wong, Fitzgerald & Puttler, 2005), this is usually through self-report surveys or questionnaires using standardised tools and observations of young children. Additional insights can be gained from research that has used face-to-face interviews and in-depth qualitative approaches to understand children's experiences. Much of this research has been conducted in the United Kingdom (UK) and these findings have important practice implications that are discussed in Section 4.

### 1.3 Methodological issues in studies of parental alcohol misuse

In general, studies examining the impact of alcohol misuse have been criticised on methodological grounds (Harter & Taylor, 2000; Sher, Walitzer, Wood & Brent, 1991). Harter and Taylor (2000) indicate that many studies use small sample sizes, with inadequate power to demonstrate relationships.

Much of this work has also been conducted with samples that are not representative of the general population or of populations who misuse alcohol (e.g. US college students, children of parents who are in treatment for alcohol dependence, or children of problem drinkers referred to correctional agencies; see Curran & Chassin, 1996; Sher et al., 1991). These samples are likely to overestimate or underestimate the presence of cognitive, social and emotional problems among the population of children affected by parental alcohol misuse. Grekin et al. (2005) also suggest that findings from longitudinal studies may be biased, as participants who misuse alcohol and continue to participate in research are likely to be more organised and responsive (i.e. they may be a self-selected high-functioning group) than those who do not continue to participate.

It should also be noted that many studies of parental alcohol misuse are limited by their focus on paternal drinking problems and the impact this has on sons. Far fewer studies have looked at maternal alcohol abuse or at the impact of parental alcohol misuse on girls (Christoffersen & Soothill, 2003).

In some studies, alcohol misuse is discussed not as a distinct issue but as part of the broader substance misuse literature. Therefore, some of the literature drawn upon in this review has broader applicability than to just alcohol misuse.

Most importantly, many studies, particularly the earlier ones, do not control for potential confounding variables that may coexist. For example, factors such as parental mental health, socioeconomic status, family functioning and parenting styles may, rather than parental alcohol misuse alone, explain wholly or partly the impacts on children (Grekin et al., 2005; Barnow et al., 2002; Carle & Chassin, 2004; Ohannessian, Hesselbrock, Kramer, Kuperman, Bucholz, Schuckit & Nurnberger, 2004).

## 1.4 Overview of definitions of alcohol misuse

Many of the studies reviewed use different terms for alcohol misuse, including 'alcohol dependence', 'alcohol abuse', 'risky drinking' and 'problem drinking'. Often these terms are not defined by the researchers.

Definitions of alcohol misuse may look at the quantity of alcohol consumed, the symptoms being experienced, or patterns of drinking behaviour (Tunnard, 2002). As described by Phillips (2004), 'addiction' and 'dependence' are words that are more common in a psychiatric or medical approach, while 'misuse' and 'problem use' tend to be associated with psychosocial approaches which focus on the difficulties that use is causing, rather than dependence per se (Phillips, 2004).

Many of the alcohol studies use definitional criteria from the Diagnostic and Statistical Manual Fourth Edition (DSMIV), and earlier DSMIII-R, a mental health diagnostic tool that separates alcohol abuse from alcohol dependence. Alcohol dependence is characterised by withdrawal symptoms and continued use, despite adverse psychological or physical consequences. Alcohol abuse is associated with hazardous use, role impairment, and legal or social problems (American Psychiatric Association, 1994).

For the purposes of this review, the term 'alcohol misuse' will be used as it includes a consideration of whether the amount of alcohol consumed is above recommended levels,<sup>2</sup> the pattern of drinking, and the impacts on both the lives of parents and any children within the family (Tunnard, 2002). Relevant in this regard are the four patterns of parental drinking identified by Laybourn, Brown and Hill (1997):

- Constant, opportunistic drinking (daily, and at any time)
- Binge drinking (where periods of sobriety are punctuated by bouts of drinking lasting days or weeks and where the gaps become shorter as the drinking worsens)
- Nightly drinking (daily but limited to evenings only)
- Routine heavy drinking (where there is a settled routine of drinking only at the weekend or only on weekdays).

<sup>2</sup> See Appendix 1 for NHMRC (2001) Australian Alcohol Guidelines.

The authors suggested that constant or binge drinkers were found to be more problematic for families because they took least account of children's routines, whereas the nightly or routine drinkers tried to prevent their drinking interfering with their availability to their children (Laybourn et al., 1997, cited in Tunnard, 2002: 9).

## 1.5 The prevalence of alcohol misuse in Australia

Alcohol misuse is a growing concern in Australia, with the vast majority of Australian adults (83.6%) consuming alcohol in the last 12 months (AIHW, 2005).

The 2004-05 National Health Survey<sup>3</sup> (ABS, 2006) classified people into a health risk level (low risk, risky, or high risk) based on their estimated average daily consumption of alcohol during the previous week. They found that nearly 80 percent of both males and females who drank alcohol in the previous week did so at a level which would pose a low risk to their health. On an age-standardised basis, in 2004-05, 13 percent of adults consumed alcohol at levels which, if continued, would be risky or a high risk to their health, an increase since 2001. For both males and females the proportions drinking at risky and high-risk levels were highest in the middle age groups; for example, 18 percent of males and 13 percent of females aged 45 to 54 reported consumption which would place them in the risky or high-risk groups. Risky or high-risk drinking was found to be more common among people in outer regional and remote/very remote areas of Australia, among those never married, and among Indigenous populations (AIHW, 2005).

## 1.6 How many children are affected by parental alcohol misuse?

It is difficult to calculate the number of children living in families with parental alcohol misuse. Most data collections record information on adults rather than families, and even when parental status is indicated, identifying details such as number of children or area of residence are not included (Laybourn et al., 1997). However, it is possible to estimate the number of children affected.

Around half the nearly five million Australian families in 2001 were formed of couples with dependent children or single parents with dependent children (ABS, 2002). Given the high proportions of adults who drink alcohol and the relatively high proportion drinking at risky or high-risk levels, many children in such families are likely to be affected by the alcohol misuse of one or more of their parents.<sup>4</sup>

Research from the US approximates that over nine million children live in households with one or more adults classified with parental alcohol misuse (Grant, 2000). In the UK it is suggested that up to 1.3 million children are affected by parental alcohol misuse, but with realistic estimates of two to three million adults being 'alcohol dependent' this could be as many as four to six million children (Gorin 2004: 4).

<sup>3</sup> Approximately 25,900 people from all States and Territories across all age groups were surveyed.

<sup>4</sup> 'Parents' may include other adult caregivers such as extended family or step-parents.

## 2. Factors influencing the impact of parental alcohol misuse on children

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### 2.1 Introduction

A considerable amount of research has examined the impact of parental alcohol misuse on children's development and wellbeing. This section of the review draws on research findings to discuss the effects of parental alcohol misuse on child development and examines the association between parental alcohol use and adverse child outcomes.

In general, research suggests there is insufficient evidence to support a direct causal link between parental alcohol misuse and adverse child outcomes (Sher et al., 1991; Barber & Gilbertson, 1999; Giunta & Compas, 1994; Ohannessian et al., 2004). For example, not all children living with parental alcohol misuse demonstrate adverse outcomes. One exception is the epidemiological research that supports an association between the excessive consumption of alcohol by women who are pregnant and the risk of fetal alcohol syndrome and its effects<sup>5</sup> (O'Leary, 2002). Even in this area there is debate about the quantity and frequency of alcohol consumption required to produce fetal alcohol effects (O'Leary, 2002).

Recent research indicates that the impacts of parental alcohol misuse on children and families appear to be influenced by the severity of alcohol misuse, the length of time the parents have been misusing alcohol, the patterns of drinking, the number of family members who misuse alcohol and, most importantly, the other risk and protective factors present. For example, adverse cognitive outcomes in children are now thought to be influenced by parental alcohol misuse, as well as the levels of parental functioning, parental education, and stimulation of children in the home (Poon, Ellis, Fitzgerald & Zucker, 2000; Leonard & Eiden, 2002; Jester, Jacobson, Sokol, Tuttle & Jacobson, 2000; Ellis, Zucker & Fitzgerald, 1997). It is the aggregation of risk factors that is most influential in determining outcomes for children. Research is now focused on examining the factors that influence the association between parental alcohol misuse and adverse outcomes in children.

This section examines several key factors known to influence the impact of parental alcohol misuse. The key factors examined are:

- Demographic factors such as gender of the parent, gender of the child, length of time of alcohol misuse, family history of alcohol misuse, and socioeconomic status
- Parental mental health problems
- Family functioning and marital/relationship conflict, and
- Parent-child interactions and parenting practices.

### 2.2 Demographic characteristics of the child and family

#### Gender of the child

Disruptive behaviour, such as aggressiveness, hyperactivity and mental health problems, are particularly apparent in sons of parents who misuse alcohol (Nordberg, Rydelius & Zetterstrom, 1993; Carbonneau, Tremblay, Vitaro, Dobkin, Saucier & Pihl, 1998; Loukas et al., 2001; Loukas, Zucker, Fitzgerald & Krull, 2003; Zucker, Fitzgerald & Moses, 1995; Connolly et al., 1993). Daughters of parents who misuse alcohol have also been found to exhibit more behavioural problems when compared to control populations (Nordberg et al., 1993). In general, however, girls tend to display more internalising problems, such as poor self-concept, eating disorders, anxiety and depression. In a study of social competence in children, Hussong et al. (2005) found that girls rather than boys from families with parental alcohol misuse showed deficits in social competence in early childhood. This was particularly evident in those children with paternal rather than maternal alcohol misuse, and those whose parents had recent alcohol misuse as opposed to parents who had recovered from alcohol misuse.

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<sup>5</sup> Alcohol has teratogenic effects, with the potential to result in abnormalities such, as growth retardation, characteristic facial features, and central nervous system anomalies (including intellectual impairment).

In contrast to these findings, analysis by Lynskey et al. (1994) in New Zealand did not produce evidence to support the hypothesis that parental alcohol misuse is related to child gender. The investigators found that gender differences were minor, and concluded that gender does not play an important role in moderating responses to parental alcohol problems.

### Gender of the parent

Most studies examining outcomes for children of parents who misuse alcohol have focused on paternal alcohol misuse or have not distinguished between paternal or maternal alcohol misuse (Keller, Cummings & Davies, 2005). This may be due to the fact that women are less likely to engage in alcohol misuse. Consequently, in studies where there are more males than females with alcohol dependence, there may be insufficient statistical power to detect the impact of maternal drinking. To date, there is no clear evidence that maternal alcohol misuse has a greater or lesser impact on children than paternal alcohol misuse (Ohannessian et al., 2004; Grekin et al., 2005).

Studies linking paternal alcohol misuse with parenting behaviours have noted that fathers who misuse alcohol have more negative parent-child interactions during preschool years (Eiden & Leonard, 1996; Whipple, Fitzgerald & Zucker, 1995) and adolescence (Jacob, Harber, Leonard & Rushe, 2000). Eiden et al. (2004) found that a father's heavy drinking when a child is 12 months old predicted less warmth and sensitivity in father-toddler interactions at 24 months. A father's alcohol misuse also impacted on the mother's interactions with their infants. Mothers with heavy-drinking partners were more positive in interactions with their infants at 12 months, but by 24 months fathers' heavy drinking predicted more negative maternal behaviour. The level of fathers' warmth during toddler-infant interactions was found to be an important predictor of 'effortful control' (a concept similar to self-regulation) for both boys and girls, but particularly for girls (Eiden et al., 2004).

Further, paternal alcohol misuse has been found to have the greater impact on substance use in older children (Chassin, Curran, Hussong & Colder, 1996; Ohannessian & Hesselbrock, 1994) and the development of mental health problems in adolescence (Ohannessian et al., 2004). Similarly, in an Australian longitudinal study Grekin et al. (2005) found paternal but not maternal alcohol use disorders predicted delinquency (both violent and non-violent) in children.

Other researchers argue that maternal alcohol misuse can pose significant risks to children's development, particularly in the presence of other risk factors such as family conflict, depression and use of other drugs (El-Sheikh & Flanagan, 2001; Connors, Bradley, Mansell, Liu, Roberts, Burgdorf & Herrell, 2004; Ohannessian et al., 2004). El-Sheikh and Flanagan (2001) suggest that there are multidirectional effects operating between alcohol consumption, family conflict, parental depression and child outcomes. For example, paternal drinking may exert its negative effects through mechanisms such as violence, while maternal alcohol misuse may exert negative effects through emotional unavailability to the child (El-Sheikh & Flanagan, 2001). Christensen and Bilenberg (2000) also indicate that the outcomes for the children may vary: if the father is the problem drinker the child tends to exhibit antisocial or conduct-related behaviour, and if the mother is the problem drinker the child tends to have emotional difficulties.

### Length of time of alcohol misuse

The effects of parental alcohol misuse on aspects of child development appear to be cumulative: the longer the child has been exposed to parental alcohol misuse, the greater the impact may be.

Studies suggest that preschool-age children of parents who misuse alcohol do not necessarily display cognitive deficits (Puttler, Zucker, Fitzgerald & Bingham, 1998; Leonard & Eiden, 2002). For example, no differences were found between a group of such children and a control group in relation to measured intelligence (Puttler et al., 1998) and mental and motor development (Leonard & Eiden, 2002). Moreover, Leonard and Eiden (2002) found no evidence that any children of any specific subgroup of parental alcohol misuse were different from the control sample regarding broad measures of mental, motor and language development.

Studies suggest, however, that school-age children experience academic difficulties, often repeating grades, failing to complete high school and being frequently referred to school psychologists (West & Prinz, 1987; Sher et al., 1991; McGrath, Watson & Chassin, 1999; Carle & Chassin, 2004). Research has found that some children of parents who misuse alcohol have significantly lower IQ scores, have difficulty with visual, spatial and memory tasks, and do not perform as well academically compared to children whose parents do not misuse alcohol (West & Prinz, 1987; Ozkaragoz & Noble, 1995; Carle & Chassin, 2004).

Thus, while the impact of parental alcohol misuse on cognitive development may not be seen in the important first three years of life, the longer the child is exposed to parental alcohol misuse the more likely that cognitive development and educational outcomes will be adversely affected.

It is important to highlight that adverse behavioural outcomes, such as hyperactivity and aggression, and internalising problems, such as anxiety and depression, can begin during the preschool years (Puttler et al., 1998).

### Family history of alcohol misuse

Studies have established strong evidence of intergenerational transmission of alcohol disorders (McGue, 1997; Chassin et al., 1999; Johnson, 2001). While not all children of parents who misuse alcohol develop alcohol-use disorders or other forms of psychopathology, these children are estimated to be between four to nine times more likely to develop an alcohol use disorder than children of parents who do not misuse alcohol (McGue, 1997).

The association between genetic factors and alcohol use disorders has been studied through genetic, adoption and twin studies. Results have so far consistently indicated that genetic factors play a role in the development of alcohol use disorders for men, but the evidence for this link in women remains inconsistent (McGue, 1997). Richter and Richter (2001) argue, however, that while genetic factors may contribute to the transmission of alcohol problems from one generation to another, there is strong consistent evidence that environmental factors also play an important role in the development of alcohol related disorders, and parents need to be aware that they can reduce environmental risks even when a genetic component is present.

The intergenerational transmission of alcohol misuse is supported by studies that demonstrate a relationship between the number of immediate and extended family members who misuse alcohol and adverse outcomes in children and adolescents (Hill & Muka, 1996; Corral et al., 1996, cited in Nixon & Tivis, 1997). For example, Corral et al. (1996) found that children from families with a high density of alcohol misuse<sup>6</sup> (i.e. a father who misuses alcohol and two or more additional relatives who also do so) performed poorly on tests of visual spatial functioning and attention compared to those with no such family history.

Barnow et al. (2002) studied the pattern of externalising symptoms in 146 children to assess the interplay of genetic factors with behavioural problems. The analyses revealed no significant differences in externalising symptoms when children had alcohol misuse in their families compared to those with no such history. However, when families were broken down based on the number of parents and grandparents who misused alcohol, that is, the density of the family history of alcohol misuse, higher externalising scores for attention deficit and delinquency were found in the children with three or more such relatives.

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<sup>6</sup> Density of alcohol misuse in families refers to the number of immediate and extended family members who misuse alcohol.

### Socioeconomic status

There is minimal evidence of a direct causal link between socio-economic status, parental alcohol misuse and negative outcomes for children. Rates of alcohol misuse in one study were found to be significantly higher in families with lower socio-economic status compared with those families from higher socio-economic status (Ellis, et al., 1997). However, in families where parents misuse alcohol, children may not have their basic needs met because severe or continuous problem drinking is generally associated with missed days off work, job loss, alcohol related medical costs, inability to pay bills and costs to purchase alcohol and as a consequence, lower financial security (Tunnard, 2002; Winde, 1996).

## 2.3 Parental mental health problems

Increasingly, research is examining the impact that the co-occurrence of parental alcohol misuse and mental health problems has on child development and wellbeing. This is commonly referred to as 'dual diagnosis'.

Anti-social personality disorder (ASPD) and mood disorders are associated most strongly with alcohol misuse by parents (Zucker, Ellis, Bingham & Fitzgerald, 1996; Haugland, 2003). The coexistence of ASPD or mood disorder in families increases the risk for children as these families are characterised by poor functioning, high rates of deviant and aggressive behaviours, and frequent episodes of violence (Haugland, 2003; Ellis et al., 1997; Zucker et al., 1996).

Studies in this area have demonstrated that children of parents with dual diagnosis, particularly alcohol misuse and ASPD, are more likely to develop externalising behaviours and oppositional defiant disorder than children of parents who misuse alcohol but do not have a mental health problem (Zucker et al., 1996; Kuperman, Schlosser, Lidral & Reich 1999; Loukas et al., 2003). It also seems that these children display the poorest intellectual functioning and have the highest risk for academic difficulties (leading to repeating grades or dropping out of school) when compared to non-anti-social problem drinkers and control groups (Poon et al., 2000).

Research also indicates that children of parents who misuse alcohol and have a mental health problem are more likely themselves to develop mental health or substance use problem in adolescence. Ohannessian et al. (2004) studied the relationship between parental alcohol dependence (with and without coexisting psychopathology) and adolescent psychopathology in a sample of 665 adolescents aged 13 to 17 and their parents. Results showed adolescents who had parents diagnosed with alcohol dependence alone did not significantly differ from adolescents who had parents with no psychopathology in relation to substance use, conduct disorder or depression. In contrast, adolescents who had parents diagnosed with alcohol dependence and a psychiatric disorder had a significantly elevated risk of developing conduct disorder, depression and substance misuse problems. Moreover, the subgroup of adolescents whose parents were dependent on alcohol and drugs and had major depression consistently fared the worst, regardless of the psychiatric disorder assessed.

In some studies, a family history of mental health problems has been demonstrated to have a stronger influence on the development of problems in children than parental alcohol misuse. For example, Preuss, Schuckit, Smith, Barnow & Danko (2002) found that mood and anxiety disorders in children aged seven to 10 were no more common in those who had a family history of alcohol misuse than those who did not. Their study showed that internalising symptoms in children of parents who misuse alcohol were more strongly influenced by a family history of mood and anxiety disorders than a family history of alcohol misuse.

## 2.4 Family functioning and marital/relationship conflict

The consensus in the literature is that parental alcohol misuse brings disruption to family functioning. In general, where there is parental alcohol misuse, families are more troubled and dysfunctional, perceive their environment to be less cohesive, lack ritual and routines, have lower levels of physical and verbal expression of positive feelings, warmth and caring, and have higher levels of unresolved conflict, fighting, blaming and arguing (Rotunda, Scherer & Imm, 1995; Roosa, Dumka & Tein, 1996; Ellis et al., 1997; Jester et al., 2000; Johnson & Leff, 1999; Johnson, 2001; Richter & Richter, 2001). Jester et al. (2000), for example, showed that parental alcohol misuse was associated with poorer intellectual stimulation, a family environment with less cohesion and organisation, and greater domestic violence.

In an Australian study, Kelly, Halford and Young (2002) found that, in the context of alcohol misuse, couples demonstrate poor communication practices – they interrupt each other, do not listen, and are unable to speak effectively. In relationships where the male partner misuses alcohol, both partners have been found to engage in more verbal aggression (O'Farrell, Murphy, Neavins & Van Hutton, 2000) and physical aggression (Leonard & Roberts, 1998).

A large body of literature indicates links between family stress, conflict and child externalising and internalising behaviours (Stormshak, Speltz, DeKlyen & Greenberg, 1997; Cummings & Davies, 1994; Cummings, Davies & Campbell, 2000). There is also evidence that the children who have the most difficulties are those with two parents who misuse alcohol (Hussong et al., 2005). Nordberg et al. (1993) reported in a Danish prospective longitudinal study that, even though differences in early physical development disappeared after the first year of life, psychological differences increased, and children with two parents who misused alcohol had poorer social and emotional development.

Few studies, however, have examined how family functioning or processes such as the presence of marital/relationship conflict, family stress, parent-child conflict and parenting practices contribute to the relationship between parental alcohol misuse and less favourable child outcomes.

In one study, El-Sheikh and Flanagan (2001) found that marital conflict accounted for the links between both fathers' and mothers' alcohol misuse and teachers' reports of externalising behaviours in six- to 12-year-old children. Using the same sample of 216 children, El-Sheikh and Buckhalt (2003) found that family cohesion and adaptability were robust protective factors against adjustment and cognitive difficulties otherwise associated with parental alcohol misuse.

In the Australian study mentioned previously, Grekin et al. (2005) examined the degree to which chronic family stress mediated the relationship between parental alcohol misuse and children's violent and non-violent delinquency. They found that the variability in delinquency was attributable to both family stress and parental cognitive and psychological functioning, rather than to the impact of parental alcohol misuse per se.

Keller et al. (2005) examined whether alcohol misuse within a community sample, rather than a clinical sample, affected child adjustment through both increased marital conflict and less effective parenting. In this study, marital or partner conflict did not have a direct effect on child internalisation and externalisation behaviours. Instead relationship conflict was related to ineffective parenting, specifically inconsistent discipline and psychological control. In turn, these parenting behaviours were associated with child internalising and externalising problems (Keller et al., 2005).

## Domestic violence

Alcohol misuse, by male partners in particular, has the potential to not only impair partner and family relations but to contribute to physical abuse of partners and children (O'Farrell & Murphy, 1995; Windle, 1996; Lipsky, Caetano, Field & Larkin, 2005a). Several studies have found that alcohol consumption increases aggression (Finney, 2004, in Bureau of Crime Statistics and Research, 2005). Of 25,761 domestic assault incidents recorded in NSW in 2004, 36.2 percent were flagged by police as alcohol related. The 1996 Australian Bureau of Statistics (ABS) Survey on Women's Safety (ABS, 1996) found that, of a cohort of women who had been physically or sexually assaulted within a 12-month period, about 40 percent reported the involvement of alcohol (MCDS, 2001). Further, US studies investigating domestic violence among women in treatment for substance abuse report prevalence rates of domestic violence ranging from 41 percent to 80 percent (Dansky, Saladin, Brady & Kilpatrick, 1995; Clark & Foy, 2000; Downs & Miller, 2002).

However, there is debate in the literature about the contribution that alcohol makes to domestic violence (Kantor & Straus, 1990; Zubretsky & Digirolamo, 1996; Johnson H., 2001; Testa, 2004). Evidence shows that those who abstain from alcohol are still represented in programs for perpetrators of domestic violence (Bennett, 1997; Rogers, McGee, Vann, Thompson & Williams, 2003). In addition, some studies investigating the link between spouse or partner abuse and alcohol misuse have found that, while alcohol misuse is associated with domestic violence, attitudes approving violence against women and control over partners are more closely associated with domestic violence than alcohol misuse (Kantor & Straus, 1990; Johnson H., 2001).

There is also a relationship between domestic violence and substance misuse by the person experiencing the violence (Lipsky et al, 2005a). Lipsky et al. (2005a) reported, however, that it is unclear whether substance use precedes or follows domestic violence. Compared with men, women are more likely to use alcohol and other drugs to self-medicate and cope with trauma (Bennett, 1997; Stuart, Ramsey, Moore, Kahler, Farrell, Recupero & Brown, 2002; Lipsky, Caetano, Field & Larkin, 2005b).

The association between parental alcohol misuse and physical abuse of children is discussed in Section 3.

## 2.5 Parent-child relationship and parenting practices

This section has so far outlined the role that family functioning and relationship conflict may play in mediating or moderating the impact of parental alcohol misuse on outcomes for children. Researchers have also investigated the impact of parental alcohol misuse on parent-child relationships and parenting practices, and, in some studies, the role of these factors in mediating child outcomes.

Keller et al. (2005) describe how the relationship between couples may affect child outcomes through parenting attitudes and practices. Research has demonstrated a link between relationship difficulties and poor parenting (Erel & Burman, 1995). Kitzmann (2000) found that fathers are less supportive and engaged with their children following a conflict with their partners. Keller et al. (2005) also refer to further work of theirs (currently in press) which shows that marital conflict is a predictor of subsequent increases in parenting difficulties.

Parental alcohol misuse may also be directly associated with poor parenting practices, particularly in families where there is severe alcohol misuse (Keller et al., 2005; Velleman & Orford, 1999). Research suggests that substance misuse problems in general are associated with excessively authoritarian or permissive parenting styles and with unrealistic expectations of children's abilities (Mayes & Truman, 2002; Miller, Smyth & Mudar, 1999). Roosa, Tein, Groppenbacher, Michaels and Dumka (1993) identified a pathway from parental alcohol misuse and negative life events to unsupportive parenting behaviours and inconsistent discipline, relating in turn to child depression.

Parental alcohol misuse can also influence the amount of supervision provided to children. In a comparative study, Vitaro, Dobkin, Carbonneau and Tremblay (1996) found parenting behaviours to be one of the factors that accounted for differences in behaviour of sons of alcohol dependent fathers and sons of non-alcohol dependent fathers. At age 10 and 12, boys without problem behaviour reported more parental supervision than boys in problem groups. At 14 they also reported less punishment by their parents. The impact of poor parental modelling and supervision may also impact on peer relationships that children develop. Carle and Chassin (2004), for example, observed that children whose parents misused alcohol tended to engage in significantly more deviant behaviour and belong to more deviant peer groups.

The parent-child relationship has also been shown to mediate the association between parental alcohol misuse and behaviour problems (Velleman & Templeton, 2003). El-Sheikh and Buckhalt (2003), for example, found that children's negative perceptions of attachments to parents who misuse alcohol consistently predicted behavioural, social and cognitive problems. Positively perceived attachment was found to buffer the relationship between alcohol misuse and child functioning.

Fewer studies have examined the role of parenting behaviours as a mediator of the association between parental alcohol misuse and children's developmental outcomes. For example, Jacob and Leonard (1994) and Eiden et al. (2004) found that parenting behaviours which displayed little or inconsistent warmth and support during parent-child interactions mediated the relationship between fathers' alcohol misuse and problems in self-regulation among children.

Increased effort by the parent who is not misusing alcohol to compensate for parenting deficiencies in the other parent has been considered important in fostering positive development in children. Curran and Chassin (1996) tested whether maternal parenting behaviours would buffer the impact of paternal alcohol misuse on child development. While their study did not find evidence to support the 'buffering hypothesis', the researchers did find that higher monitoring of child's behaviour, greater consistency in discipline and more social support to the child were associated with lower self-reported drug use in adolescence.

## 2.6 Summary

The research suggests that there is insufficient evidence to support a direct causal link between parental alcohol misuse and adverse child outcomes. However, findings from a number of large longitudinal studies, such as the Christchurch and Danish studies, indicate that children of parents who misuse alcohol are more likely to develop a range of behavioural and mental health difficulties.

Current research emphasises that it is the aggregation of risk factors that is most influential in determining outcomes. Research is now focused on examining the factors that influence the association between parental alcohol misuse and adverse outcomes in children. These factors include the gender of the child, the gender of the parent, and the presence of mental health problems. Importantly, this review suggests that the factors that appear to have the most direct influence on child outcomes are disrupted family functioning and inconsistent and insensitive parenting practices.

The key points arising from this section are as follows:

- The effects of parental alcohol misuse on aspects of child development appear to be cumulative: the longer the child has been exposed to parental alcohol misuse, the greater the impact may be.
- Disruptive behaviour, such as aggressiveness, hyperactivity as well as mental health problems, are particularly apparent in sons of parents who misuse alcohol.
- There is no clear evidence that maternal alcohol misuse has a greater or lesser impact on children than paternal alcohol misuse. However, children of mothers who misuse alcohol are more likely to be exposed to a variety of risks and it is the accumulation of risk factors that poses the greatest threat.
- Children from families with three or more immediate or extended family members who misuse alcohol are more likely to have adverse outcomes.
- Anti-social personality disorder and mood disorders in parents appear to be associated most strongly with alcohol misuse by parents.
- Parental alcohol misuse brings disruption to the functioning of families. In general, these families function poorly, perceive their environment to be less cohesive, lack ritual and routines, have lower levels of physical and verbal expressions of positive feelings, warmth and caring, and have higher levels of unresolved conflict.
- Several studies have found alcohol consumption increases aggression. Increased marital conflict can contribute to physical abuse of partner and children.
- Research suggests that substance misuse problems are associated with excessively authoritarian or permissive parenting styles and unrealistic expectations of children's abilities.
- Positive family functioning, in conjunction with external support to the family, such as the presence of a stable adult figure, is considered valuable in terms of increasing children's resilience.
- Monitoring child behaviour, showing greater sensitivity and being consistent in discipline and social support to children are important in reducing the impact of parental alcohol misuse.

These findings have implications for service systems and professionals who work with children and families. Section 3 of this review examines the association between parental alcohol misuse and the occurrence of child abuse and neglect. In Section 4, the assessment process and interventions to support children and families are discussed.

### 3. Parental alcohol misuse in the child protection context

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#### 3.1 Prevalence

When considering the implications of parental alcohol misuse on children, it is necessary to consider the association between parental alcohol misuse and child abuse and neglect. There are varying estimates of the level of alcohol misuse in child protection cases. In the 2004-05 reporting period it was estimated that up to 80 percent of child protection reports to DoCS involved drug or alcohol issues (NSW Department of Community Services, 2005). In the National Alcohol Strategy Consultation Paper (2005-2009) it was estimated that 16 percent of child abuse cases were associated with alcohol.

A recent study by Hayden (2004) in the UK found alcohol misuse to be prevalent in over three-quarters of child protection cases, and in the US the Department of Health and Human Services cites substance abuse as a contributing problem for one- to two-thirds of children involved in the child welfare system (Department of Health & Human Services USA, 1999).

Several large scale studies using community samples have examined this association. Most of these have examined substance abuse more generally rather than alcohol misuse specifically. Dube, Anda, Felitti, Croft, Edwards & Giles (2001) used a questionnaire issued to 8,629 people to retrospectively assess the relationship between growing up with parental alcohol misuse and adverse childhood experiences such as abuse, neglect, domestic violence and other forms of household dysfunction. Although retrospective reporting of these experiences does not establish a causal association, it was concluded that exposure to parental alcohol misuse was highly associated with experiencing adverse childhood experiences (Dube et al., 2001).

Chaffin, Kelleher and Hollenberg (1996) conducted a prospective study to investigate risk factors for physical abuse and neglect in a community sample of 7,103 parents from the National Institute for Mental Health's Epidemiologic Catchment Area survey. At the second point of data collection, 63 parents reported physical abuse having occurred while 84 reported neglect. It was concluded that substance abuse disorders were the most common and powerful factor associated with physical abuse and neglect, increasing the risk of maltreatment three-fold when other factors in the analysis were controlled.

Walsh, MacMillan and Jamieson (2003) also looked at the relationship between child abuse and substance abuse in a Canadian community sample of 8,472 people. They concluded that rates of reported physical and sexual abuse were two times higher in families that reported concurrent substance abuse. They also concluded that, while the mechanism for this association remains unclear, agencies involved in child protection or treatment of parents with substance abuse problems must be cognizant of this relationship and focus on the development of multifaceted interventions to address the complex needs of these families (Walsh et al., 2003).

While there are some methodological limitations in the research undertaken in this area, including the lack of specificity (meaning that little is known about the differential effects of different types of substance misuse), these studies do demonstrate that, in samples of child protection cases, alcohol and other substance misuse is a prominent factor (Mayes & Truman, 2002).

#### 3.2 Physical abuse

As noted in Section 2, a number of studies report an increased risk of violence in families where alcohol misuse is an issue (see Velleman, 1993; Velleman & Orford, 1999; Kroll & Taylor, 2003). There are two situations of concern regarding violence and children: the possibility of children being physically abused by a parent, and the possibility of children witnessing violence.

It is unclear how often alcohol misuse is implicated in incidents of parents physically abusing their children. A study by Famularo, Kinscherff and Fenton (1992) in the US looked at case files where courts were asked to remove parental rights because of severe maltreatment by a parent. Alcohol or

other substance misuse featured in two-thirds of the cases and this abuse was significantly related to physical maltreatment. There is, however, information available concerning alcohol and domestic violence more generally, with excessive alcohol misuse being found to be an important factor in 50 percent of cases of domestic physical and sexual violence (SCRGSP, 2005).

There is a high degree of variation in reports of the prevalence of children witnessing domestic violence, yet in the Women's Safety Australia survey 38 percent of women who had experienced violence with a current partner, and 46 percent who had experienced violence with a previous partner, reported that their children had witnessed the violence (McLennan, 1996).

Kroll and Taylor (2003) summarise several qualitative studies in this area, observing that children often reported violence, rather than substance misuse, as the greatest problem they faced, with parental alcohol misuse in particular tending to cause aggressive behaviour (e.g. see Childline, 1997). Kroll and Taylor conclude that, while the interaction between violence and alcohol misuse is not necessarily straightforward, there are indications that 'violence is a significant variable in the degree to which other adult behaviours impact upon children – in other words, it may not be the drug or alcohol misuse per se that does the damage but the violence that accompanies it' (Kroll & Taylor, 2003: 44).

### 3.3 Child neglect

Neglect has been reported as the most common type of abuse among substance-misusing parents (Alison, 2000, cited in Kroll & Taylor, 2003). In the UK, an analysis of helpline calls showed parental alcohol misuse to be a factor in 23 percent of child neglect cases. Parental alcohol misuse was also reported in 13 percent of calls about emotional abuse, 10 percent of calls about physical abuse and 5 percent of calls about sexual abuse (Alcohol Concern, 2001). Qualitative studies also suggest that many children of alcohol-misusing parents experience significant levels of emotional and physical neglect (Brisby, Baker & Hedderwick, 1997; Childline, 1997; Laybourn et al., 1996, cited in Kroll & Taylor, 2003).

In the Quebec Incidence Study of Reported Child Abuse, Neglect and Abandonment and Serious Behavioural Problems it was found that parental drug or alcohol use was the second most important factor (after the young age of neglected children) in differentiating neglected children from other children reported to welfare authorities (Mayer, Laverge & Baraldi, 2004, cited in Watson, 2005).

There is a need, however, to distinguish between intermittent and chronic neglect in the context of alcohol (and other substance) misuse. Put briefly:

in cases where there is intermittent neglect, parents are seen as capable of providing adequate care in general but this can be punctuated by bursts of substance misuse which undermine the quality of care provided, leading to risky situations. In relation to chronic neglect, however, levels of care are consistently waning, often characterised by lack of supervision, exposure to various hazards and risks, failure to meet basic material needs – food, clothing and clean, hygienic living conditions (Kroll and Taylor, 2003: 42).

While more detail about the issue of neglect can be found in the recent literature review conducted by Watson (2005), it is important to note that children of alcohol misusing parents are at risk of suffering both intermittent and more chronic neglect. As judgement can be impaired under the influence of alcohol, parents may have difficulties meeting the needs of children.

### 3.4 Other forms of abuse

There is less evidence concerning the relationship between parental alcohol misuse and sexual abuse. Some studies (see Tunnard, 2002) report child sexual abuse being recalled more often by those with a drinking parent, while other studies, such as the UK study looking at helpline calls, reported very few children calling about sexual abuse mentioning parental alcohol misuse (Alcohol Concern, 2001; Tunnard, 2002).

The emotional and psychological abuse caused by inconsistency, rejection and verbal abuse that can be experienced by children with alcohol-misusing parents has also been highlighted in various studies (see Brisby et al., 1997; Childline, 1997; Laybourn et al., 1996, cited in Kroll and Taylor, 2003).

### 3.5 Parenting factors

While there is consensus that parental alcohol misuse can result in some children experiencing abuse or neglect, the literature is generally cautious about drawing conclusions. Alcohol misuse does not necessarily result in abuse or neglect, and abuse and neglect can occur in the absence of alcohol misuse. In considering the link between parental alcohol misuse and child abuse and neglect, the contribution of parental alcohol misuse to child abuse and neglect relates to disruptions in family functioning (Phillips, 2004; Wolock & Magura, 1996) and the impact this may have on parenting capacity (i.e. a parent's ability to be adaptable, perceptive, responsive and flexible; see White (2005)).

Parents who misuse alcohol (and other drugs) often have other multiple and complex problems which impact on their capacity to provide adequate care and protection for their children. It is the combination and accumulation of these factors that increases the risk of harm to children and young people (Connors et al., 2004). For example, in a longitudinal study by Nair, Schuler, Black, Kettinger & Harrington (2003) the relationship between cumulative environmental risks and potential for child abuse was examined in 161 substance-abusing mothers. Parenting stress and child abuse potential were assessed at six and 18 months after birth. Mothers with five or more risks reported parenting to be more stressful and indicated a greater inclination towards abusive and neglectful parenting behaviour, compared to mothers with fewer than five risks (Nair et al., 2003).

As the number of stressors (e.g. economic instability, poor social support, health problems, mental health impairment) increases, an individual's ability to parent effectively decreases. In this context, substance abuse is no different from other stressors in that its effects on parenting are likely to be exacerbated or ameliorated by the presence or absence of other factors in the parent's life (Mayes & Truman 2002). However, the complexity of these families makes it difficult for practitioners, and child protection workers in particular, to determine the extent to which alcohol misuse presents a risk to children, thus highlighting the importance of a thorough, sensitive assessment process.

### 3.6 Summary

There are varying estimates of the level of parental alcohol misuse involved in child protection cases, but evidence demonstrates alcohol and other substance misuse to be a significant concern in a large proportion of child protection cases. There are two situations of concern in terms of violence and children: the possibility of children being physically abused by a parent, and the possibility of children witnessing violence. When parental judgement is impaired under the influence of alcohol, children are at risk of suffering both intermittent and more chronic neglect. The emotional and psychological abuse caused by inconsistency, rejection and verbal abuse has also been highlighted in various studies. A thorough, sensitive assessment process is of great importance in working with families where there may be multiple, complex issues. The assessment process, along with interventions to support children and their families, is discussed in Section 4.

## 4. Interventions and practice implications

### 4.1 Introduction

As discussed in the previous sections, parents who misuse alcohol often have impaired functioning which can affect their ability to parent and can result in detrimental impacts on children. In order to reduce the impacts on the children there is a number of ways in which we can intervene.

The health sector may intervene by ‘treating’ the adult, focusing primarily on reducing the adverse health consequences of alcohol misuse on the user. A brief outline of the types of treatments for alcohol misuse that are currently provided by the health sector can be found in Appendix 1. Community service organisations primarily focus on supporting families and protecting children from harm; where the parent’s use of alcohol has detrimental impacts on the child, these services will intervene.

This section examines the evidence for the effectiveness of interventions with families where substance misuse is adversely affecting children. Several interventions are identified, most of which focus on mitigating the adverse effects on the child and their family. The strategies discussed in this section focus on younger children who are unable to seek support for themselves. Many of these interventions are not specifically designed to target parents misusing alcohol or other substances but are instead targeted at families where there are deficits in parenting that may be caused by a number of factors. Some of the programs outlined in this section have been evaluated for their effects on families where substance misuse is a problem, yet few programs have examined the effects on alcohol misuse alone. For this reason, a more detailed review of interventions will be undertaken for a forthcoming paper being undertaken by the Centre for Parenting and Research looking at substance misuse.

Tunnard (2002) outlines the factors that services need to consider in working with families with alcohol misuse issues. For parents, levels of alcohol consumption may need to be controlled or stopped so as not to interfere with their ability to parent. There may be a need for attention to poor parenting and/or poor parent-child relationships. For children, while some may be unaffected by parental alcohol misuse, others may lack ‘a stable and safe base and need attention to boundaries and routines’ (Tunnard, 2002: 29). There may also be a need to address non-substance-related issues that have led to the difficulties; these might include health or emotional problems, relationship difficulties, domestic violence, unemployment or money problems (Tunnard, 2002).

Parent-related needs may include:

- Information and opportunity to discuss alcohol misuse difficulties
- Information about the range of problem drinking interventions
- Home-based help with children
- Practical help for attending appointments, getting treatment, etc.

Child-related needs may include:

- Identification of a support person to provide continuity of care
- Home-based help to establish routines and boundaries
- Cognitive behaviour work
- Individual and family counselling
- Opportunities to join a group of children (Tunnard, 2002: 36).

Interventions need to operate at a range of levels to meet the range of needs of alcohol misusers, their families and in particular their children. There are different approaches to responding to these needs. Some approaches may work with the parents, some with the family as a whole and others specifically with children. For interventions to be successful, the way the family functions needs to be taken into account, and more specifically the way this impacts upon children. Interventions are not necessarily dependent on abstinence on the part of the alcohol misuser but on management of the alcohol misuse,

considering relevant harm-reduction strategies and protection of children (Kroll & Taylor, 2003). Relevant strategies for assisting families and children that are discussed in this section include providing support and education in parenting, facilitating quality childcare and educational opportunities for children, and working with families to improve social and behavioural skills (SCIE, 2004; Buchanan & Ritchie, 2004).

A key starting point is acknowledgement of the need for a sensitive yet thorough assessment process. In this section, information to consider in undertaking assessments, along with various types of interventions directed towards parents, children and families, is explored.

## 4.2 Assessment

In undertaking an assessment with alcohol-misusing families, a careful examination of a number of issues is required. The purpose of such an assessment is to establish the extent to which alcohol misuse is affecting parenting capacity (Kroll and Taylor, 2003).

In this regard, Tunnard (2002: 27) outlines the 'drug misuse model', which consists of four key areas for consideration and which has been adapted for understanding the role of alcohol in a person's life:

1. Develop an understanding of the place of alcohol in the life of the parent – questions such as how much alcohol, when, with whom, in what circumstances?
2. Examine the effects of alcohol on the parent – on their availability as parents and on their expression of affection, control and discipline.
3. Assess the effects on the child of this style of parenting – how well is the child's need for basic care, protection, stimulation and love being met?
4. Does the parent have to provide for all the child's needs – are others available to share this responsibility?

### Alcohol in the life of the parent

The first area concerns the place of alcohol in the life of the parent, or, in other words, patterns of drinking, including frequency and timing. It may be that parents are able to lessen the impact on children by adjusting the way they use alcohol. In this regard, information needs to be gained about levels of supervision, ability to get children to school and general domestic functioning (Kroll & Taylor, 2003: 261). Quantity of consumption also needs to be taken into account. For example, increased risk may result from patterns of chronic use due to 'severe disinhibition, impaired judgement, irritability, preoccupation while intoxicated or the depressive quality of the hangover' (Kroll & Taylor, 2003: 264).

Questions to consider in terms of patterns of use include:

- Are both parents using substances or is one parent, carer or closely involved adult substance free?
- Are various substances being combined and, if so, what, when and how?
- How discreet is the substance use? (Kroll & Taylor, 2003)

Kroll and Taylor (2003) also note the need to identify whether alcohol use is chaotic or stable as there will be a differing impact on parents' behaviour.

## The effect of alcohol on the parent

The second area to consider involves the effect of alcohol on the parent, and in particular the parent-child relationship. It is important to consider why parents may be drinking in the first place. Parents' perceptions of this are important, but questions on this issue may be extremely sensitive and difficult to ask, except where it has been possible to establish a considerable degree of trust (Kroll & Taylor, 2003: 260). Information needs to be collected on parents' previous experiences and on any coexisting issues, such as mental health issues or domestic violence. These experiences will impact on parenting (as described in Section 2), influencing issues such as expression of affection, control and discipline. It may be that alcohol misuse is linked to 'feelings about parenting or about the child, confidence as a parent, managing stress or dependency, environmental factors, loss, loneliness or depression or any combination of these' (Kroll & Taylor, 2003: 264). Information concerning why a parent may be drinking will also inform the choice of interventions.

## The effect of alcohol misuse on the child

The third area to consider involves the effect of alcohol misuse on the child. It may be difficult for parents to present an accurate picture of the impact of their use on their children; therefore, strategies such as involving children or a non-substance-using partner or relative can be useful. Factors such as age of the child and the short- and long-term risks need to be taken into account.

Children living with parents who misuse alcohol have reported feeling socially excluded and isolated and frequently being left alone (Laybourn et al., 1996; Velleman & Templeton, 2003). They talk of a sense of not being loved and have feelings of low self-worth (Gorin, 2004).

During interviews with young people, Velleman and Templeton (2003) found that children may adopt a range of behaviours to cope with their situation, including detachment, avoiding the problem drinking parent, keeping the problem a secret, switching off, and blaming oneself or feeling guilty. Children may also engage in a process of deliberate planning to make their life less disruptive (Velleman & Templeton, 2003). One study found that some young children experience higher levels of external locus of control, feeling less personally responsible for, and having less control over, the events that shape their lives (Post & Robinson, 1998).

Questions directed at children should be aimed at exploring these issues; for example:

- What do children do on a daily basis?
- Do they feel safe?
- Where do they turn for comfort, help and protection?
- What is it like when their parent is under the influence of a substance? What is it like when they are not?
- Do children have fears, anxieties, hopes about their parents' behaviour?
- What would they most like to be different or stay the same?
- Whom do they think is most affected by the substance misuse and how can they tell?
- To what extent do they have caring responsibilities?
- Is there violence in the home?
- Are there things that happen that make them scared?
- What is their level of awareness of the substance misuse?

- What may they need in terms of support and who might be an acceptable source of this – friend, family member, concerned ‘other’ or a professional outside the family?
- What is the impact on their educational, leisure and emotional lives? (Kroll & Taylor, 2003: 260)

### Protective factors

The fourth area in Tunnard’s model relates to protective factors. A variety of protective factors may assist children in coping with parental alcohol misuse (Kroll & Taylor, 2003: 28). Protective factors such as a stable relationship with a non-drinking parent, support from relatives or others outside the family, positive influences at school, the maintenance of coping skills in the child and parents providing suitable time and attention for children may counter the effects of parental alcohol misuse (Tunnard, 2002).

### Challenges for practitioners

One of the themes explored in the literature is the difficulty concerning ‘silence and fear’ surrounding alcohol misuse. Parents may fear losing their children if they speak openly about their alcohol use, while children may cover for parents or be fearful of losing their parents if they speak about their home situation (Tunnard, 2002: 25). Tunnard highlights the tendency for practitioners to view and treat alcohol misuse in isolation, and stresses that people working with adult drinkers need to recognise the drinkers’ needs as parents. Tunnard advocates for a multi-agency approach, recognising the need to reduce repeat assessments for families, the need for joint training and the need for clarity of roles and responsibilities (Tunnard, 2002: 28).

Kroll and Taylor (2003) explore some of the difficulties for practitioners working with substance-misusing parents, noting the challenges faced in terms of engaging parents, undertaking assessments, working in an interagency environment and gaining access to children’s perspectives. As described by Kroll and Taylor (2003: 216):

The crucial task for welfare professionals is to ensure that they can identify the extent to which children’s needs are not being met and the consequences for their welfare and development, ideally before they reach a stage when they are actually at risk of significant harm.

It may be that, in addition to the treatment for alcohol misuse, further interventions to assist other family members, including children, are required. A brief outline of treatments for alcohol misuse can be found in Appendix 1.

## 4.3 Interventions aimed at meeting the needs of parents

The findings outlined in Section 2 have implications for practice. The studies described indicate that parental mental health problems strongly influence the association between parental alcohol misuse and adverse outcomes for children. Prevention and early intervention programs may need to prioritise children who have parents with a dual diagnosis, especially those who have parents with depression, drug dependence or both.

In addition to treatment programs for alcohol misuse (discussed in Appendix 1), professionals need to pay attention to the needs of men who are fathers. The work of Eiden et al. (2004) suggests that early intervention initiatives designed to alter the developmental trajectory for children may need to target fathers’ behaviour as early as possible in the infant’s life in order to improve fathers’ warmth and support during interactions with their toddlers. Involvement of men in programs such as the parenting programs described below may be appropriate.

Less is known about outcomes for children in the context of maternal alcohol misuse. Research, however, emphasises that the multiple risk factors that women who misuse alcohol are exposed to have the greatest impact on outcomes for children (Connors et al., 2004). It is also important to recognise

that depression may precede or coexist with maternal alcohol misuse. There is a significant body of research linking maternal depression with poor developmental outcomes for infants and children. If a mother is depressed and/or misusing alcohol, she may be unpredictable and unavailable to her child or children. This increases the likelihood of the development of insecure attachment, feelings of low self-esteem, depression and other mental health problems in children (Olson, O'Connor & Fitzgerald, 2001; Woodcock & Sheppard, 2002). Woodcock and Sheppard (2002) noted that women experiencing depression and misusing alcohol were not just finding it difficult to bond with their children but were often disinterested and highly critical of them.

It is also important to note the impact that paternal alcohol misuse may have on maternal behaviour. A mother's capacity to protect her children from the negative impact of her partner's drinking may be difficult to sustain over the long term. The study by Eiden et al. (2004) suggests that when there are significant demands on parents to adapt their behaviour in response to developmental changes in child behaviour, such as the demands of toddlers, more negative maternal behaviour may appear. Mothers in this situation may benefit from home visiting programs and group-based parenting programs. These are discussed below.

### Home visiting

In terms of interventions to assist substance using parents, and, more broadly, to assist parents with young children, home visiting is one of the most well-researched interventions (Mitchell et al., 2001).

Barnard and McKeganey (2004) describe two home visiting programs in their review of effective interventions to assist substance-using families. The first, conducted by Black, Nair, Kight, Wachtel, Roby & Schuler (1994), was a randomised clinical trial of 60 substance-abusing women recruited prenatally and randomised into an intervention or comparison group. A community health nurse made twice-weekly hour-long home visits to intervention families, beginning before delivery and continuing until the children were 18 months old. The aim of the intervention was to provide support and advocacy to the mother, promote good parenting and child development, and link mothers with community support. Maternal behaviour was assessed at three, six, 12 and 18 months through observation of behaviour in the home, compliance with primary care, and levels of self-reported substance misuse. It was concluded that the intervention effects were relatively modest, with women in the intervention group marginally more likely to be substance free and marginally more likely to have kept appointments, compared to controls; children were marginally more likely to have been provided with a stimulating home environment (Black et al., 1994; Barnard & McKeganey, 2004). However, given the sample size, there may have been insufficient power to detect a significant difference between the groups.

The second home visiting intervention reviewed by Barnard and McKeganey involved an intervention using a team of paraprofessionals to work intensively with high-risk drug and alcohol using mothers from the birth of their children to age three (see Ernst, Grant, Streissguth & Sampson, 1999; Grant & Ernst, 1999). Women were recruited through a hospital using a randomised control design. Mothers were visited at home once a week for six weeks and then twice weekly or more if needed. The aim was for the mothers to be motivated to make changes, to be linked to community resources and to be provided with guidance on parenting. The intervention group (of 65) was assessed at regular intervals over the three years, while the control group (of 30) was assessed at baseline and then at three years. It was found that those mothers who spent more time with the 'visitors' were more likely to enter treatment, remain abstinent, deliver fewer subsequent children, and retain custody of their children (Ernst et al., 1999; Barnard & McKeganey, 2004). These mothers were subsequently followed up two-and-a-half years after the conclusion of the study; the mothers reported significant increases in abstinence from alcohol and drugs for six months or more and significant decreases in subsequent pregnancies and deliveries (Grant, Ernst, Pagalilauan & Streissguth, 2003).

Mitchell et al. (2001) report that an Australian study (Armstrong, Fraser, Dadds & Morris, 1999) found gains for substance-abusing parents in a professional home visiting program. They observed trends towards increased drug abstinence, increased compliance with appointments, increased developmental

stimulation opportunities at home, increased emotional responsivity, and marginal increases in cognitive scores at six months (which were not maintained at a year or 18 months).

In their review of interventions for families where there is illicit drug use, Mitchell et al. (2001) reported that intensive home visitation has been shown to be most cost effective when targeted at women with increased risk (e.g. due to young age, poverty, lack of partner) compared with low-risk families (Karoly, Greenwood, Everingham, Hoube, Kilburn, Rydell, Sanders & Chiesa, 1998).

In a recent Cochrane Collaboration review, Doggett, Burrett, Michaels and Osborn (2005) reviewed the effects of home visiting commencing during pregnancy and continuing after birth for women with an alcohol or other drug problem. It was concluded that 'there is insufficient evidence at present to recommend the routine use of home visits, any particular model of home visits or any specific home interventions in women with a drug or alcohol problem' (Doggett et al., 2005: 12). The authors also noted the methodological limitations of the studies included in the review and called for further large, high-quality trials in this area.

Similarly, in Sweet and Appelbaum's (2004) meta-analysis of 60 home visiting programs for families with young children, it was concluded that at this point the utility of home visiting programs as a whole cannot be known. While the programs did help some families with young children, the cost benefit of the intervention was yet to be determined. They noted that home visiting varies along many dimensions, making measurement of general program outcomes difficult. In addition, they note that home visiting should be seen as a strategy to deliver interventions to families, rather than an intervention in and of itself.

Looking at the literature as a whole, there is mixed support for home visiting programs (Mitchell et al., 2001; Bowie, 2004; Doggett et al., 2005; Sweet & Appelbaum, 2004). In a recent review of home visiting as a child maltreatment prevention program, Holzer, Higgins, Bromfield & Higgins (2006: 18) stressed the need to 'carefully consider programs' design and implementation, carefully matching the goals of the program to the program's target population'. Programs that were most successful were those where home visitors were highly trained and qualified, and those that were targeted to a specific client group.

## Parenting programs

Parenting programs as an intervention were reviewed by Watson, White, Taplin and Huntsman (2005). They reported that, while a number of reviews of the literature have been undertaken in this area (see Durlak & Wells 1997; Barlow, 1999; Coren, Barlow & Stewart-Brown, 2003); many of the studies were too methodologically flawed to be included in their review.

Many parenting programs have been developed as population interventions, reducing the stigma around help-seeking behaviour and accessing children in the general population at risk of poor outcomes (Watson et al., 2005: 33).

An example of this approach is the Triple P program ('Positive Parenting Program'), which has been implemented in several Australian states. The program focuses on the provision of parenting education to parents of primary school aged children. It features five levels of intervention: a universal population media strategy, two levels of brief primary care consultations, and two more intensive training and family intervention programs for children at risk for behavioural problems (Sanders, Markie-Dadds & Turner, 2003). The program has been extensively evaluated and is generally considered to be an empirically supported treatment, with further population level trials currently being conducted (Watson et al., 2005). Mitchell et al. (2001) state that the program is effective in having an impact on factors associated with substance misuse, including childhood behaviour problems (Sanders, 2000, cited in Mitchell et al., 2001). A recent study looking at immediate, one-year and two-year outcomes for 804 children whose parents participated in the program found that there are 'measurable and enduring effects' attributable to the program, including reductions in parent-reported levels of dysfunctional parenting and in child behaviour problems (Zubrick, Ward, Silburn, Lawrence, Williams, Blair, Robertson & Sanders, 2005).

In terms of more targeted parenting programs, these programs which have been developed for specific groups of parents such as teenage parents or parents with substance abuse problems are generally included in the literature as 'promising programs' due to a tendency for the programs to lack sample size, statistical and methodological rigour and control groups. Many have also not undergone rigorous evaluation (Watson et al., 2005).

In terms of programs for parents with substance misuse problems, the Parents Under Pressure Program, developed by Dawe, Harnett, Rendalls and Staiger (2003), is an 'intensive, multi modal family based treatment' with the intention being to improve family functioning and outcomes for the children. The program aims to do this by 'addressing risk factors, both within the family and in the wider social systems, associated with poor child outcome in substance misusing families' (Dawe et al., 2003: 299). The program is delivered over 12 sessions, and families choose whether treatment takes place in a clinic or at home. In one study of this program, Dawe et al. (2003) reported significant improvements on all measures of parental functioning, a positive impact on child behaviour, and positive changes in the parent's substance use and risk taking. However, this study only involved a very small sample of 12 families.

In the recent review of parenting programs undertaken by Holzer et al. (2006) in the context of child maltreatment prevention, parent education programs were found to improve parenting competence, and, in some instances where measurement was made, resulted in fewer incidents of child maltreatment (Holzer et al., 2006: 12). The most successful parent education programs contained 'targeted recruitment, a structured and lengthy program, a combination of interventions/strategies and a strengths-based approach' (Holzer et al., 2006: 21).

While there is still a shortage of evidence in terms of the effectiveness of parenting programs as an intervention for families with alcohol and other drug problems, further trials and evaluations are continuing in the area, with promising results arising from the evaluations undertaken thus far.

#### **4.4 Interventions aimed at meeting the needs of children**

There is a range of views about how to approach the issue of service provision to children whose parents misuse alcohol. As Velleman and Orford note, 'the type of problems to which children are vulnerable varies, and a range of mediating factors exist' and therefore 'the individual responses of children will differ' (Velleman & Orford, 1999, in Kroll & Taylor, 2003: 291). Access to a more general range of services may be appropriate in these circumstances, with specialist provision of services being made for the more 'acute and particular problems children may experience' (Laybourn et al., 1996, cited in Kroll & Taylor, 2003: 291).

While the needs of children will vary greatly, research findings can be useful in directing the focus of practice. For example, boys of parents who misuse alcohol appear to fare worse than girls, demonstrating higher levels of aggression, hyperactivity, and mental health problems. However, these findings may be influenced by the sheer volume of research focusing on sons of fathers who misuse alcohol. Internalising behaviours in girls may occur as commonly and be as serious but may not be as easily observed in interactions with children. Recent research has highlighted the adverse impact of paternal alcohol misuse on the development of effortful control (self-regulation) in girls at age four (Eiden et al., 2004) and social competence in girls at age six (Hussong et al., 2005).

One of the important aims of any intervention is to help children develop better coping strategies, such as more effective ways of responding to situations at home. Providing appropriate access to services which can offer support, encouragement and opportunities away from the immediate environment is another way of assisting children.

## Early childhood services, including childcare and preschool

The presence of early behaviour problems indicates that children who come from families with parental alcohol misuse could benefit from accessing structured early childhood education. Further, school-age children from such families demonstrate poorer educational outcomes, which may be due in varying degrees to a lack of parental involvement in and support for learning, poor school attendance or inadequate nutrition. In addition to having their parents be given support and education, these children may be assisted by school-based and community programs, such as breakfast clubs and structured after-school programs.

A review of the impact of high-quality early childhood services (including childcare and preschool) was conducted by Watson et al. (2005). In this review it was stated that 'it is now well accepted that where the quality of care is high, children will benefit' (Watson et al., 2005: 18).

Vandell and Wolfe (2000) used data from the US National Institute of Child Health and Human Development (NICHD) longitudinal study, with a sample size of over 1,000 children. Results demonstrated that high-quality care is associated with improvements in school readiness, use of expressive and receptive language, positive social behaviour and fewer behaviour problems (Watson et al., 2005).

One of the most commonly cited and possibly the most effective preschool intervention programs is the Perry preschool intervention program. This program examined the short and long-term effects of a high-quality preschool education program for young children living in poverty (Schweinhart, 2003). The program consisted of four half-days of structured preschool experience combined with weekly home visits over two years for disadvantaged three and four-year-olds (Mitchell et al., 2001). The effects of this program are still being measured, but thus far it has demonstrated that 'high-quality preschool programs for young children living in poverty contribute to their intellectual and social development in childhood and their school success, economic performance, and reduced commission of crime in adulthood'. The outcomes from the program were found to extend not only to young adults, but also to adults in midlife (Schweinhart, 2005: 5).

In looking at interventions to assist neglected children, Watson (2005) states that one of the most valuable ways of improving outcomes for neglected children may be to encourage access to high-quality childcare and education. Providing physical care, nourishing food, stimulating programs and emotional nurturing directly to disadvantaged children has a more positive impact on child outcomes than if the intervention is aimed at parents (Marshall & Watt, 1999, cited in Watson 2005).

As noted by Watson et al. (2005), high-quality care offers a direct strategy for improving developmental outcomes for children; however, where the quality of care is low, detrimental effects may become apparent (Hausfather, Toharia, La Roche & Engelsmann 1997; Vandell & Wolfe, 2000, 2002, in Watson et al., 2005).

## Children's perspectives

A number of qualitative studies have been undertaken to consider the types of services and support children themselves would find most helpful in circumstances where parents are misusing alcohol (Christensen, 1997; Laybourn et al., 1996; Bell, 2002). These studies highlight that children 'carry the weight of silent knowledge and are reluctant to confide in others or ask for help' (Statham, 2004: 593).

Tunnard (2002) notes that children want information about alcohol misuse to assist them in differentiating behaviours that are problematic from those that are ordinary. Kroll and Taylor (2003) recommend the use of strategies that enable children to tell their story rather than forcing them to 'tell tales'. They note that the use of observation and skills in communicating with children is central to achieving this.

Children worry about their parents' health problems and the risk of abandonment or parental death (Kroll, 2004). Some children are worried over finances and the possibility of parental job loss (Barber & Gilbertson, 1997; Tunnard, 2002), while others are worried about the conflict that occurs between their parents (Laybourn et al., 1996). Children report taking on a level of responsibility beyond their years and engaging in considerable physical and emotional caregiving of parents (Godsall, Jurkovic, Emshoff, Anderson & Stanwyck, 2004; Kroll & Taylor, 2003).

Velleman and Templeton (2003) note that children would like to have recognition by and support from professionals and others for this role. Bell (2002) found that what children and young people most appreciated was 'having a trusting relationship with someone available, reliable and concerned who listened, treated them with respect and was not judgemental', and that a combination of emotional support with practical help was valued (in Kroll & Taylor, 2003: 252).

## 4.5 Interventions aimed at meeting the needs of families

Findings on the impact of family functioning and the presence of marital/relationship conflict have implications for practice. Successful interventions are most likely to be those which foster more effective communication among family members and reduce anxiety and depression through recapturing an atmosphere of cohesion and support (Schuckit, Smith, Radzimirski & Heyneman, 2000). A positive home environment has been found to buffer the effects of stress from parental alcohol misuse, and, in order to foster this, interventions need to occur at a number of levels for families dealing with alcohol-related problems. Further, facilitating support both within the family and externally, such as the presence of a stable adult figure, is considered valuable in increasing children's resilience (Velleman & Templeton, 2003).

Some authors suggest that, in dealing with parental alcohol misuse, change needs to occur throughout the family, and therefore that holistic, family-focused interventions are more likely to be sustained and enduring. This may mean working with a family as a whole, or using different types of interventions with different members (Kroll & Taylor, 2003).

A recent paper reviewed family interventions in the treatment of alcohol and drug problems, including interventions aimed at supporting family members dealing with the substance misuse of a relative. In this paper it was concluded that despite a growing body of evidence in the area, there is still a lack of clear direction in terms of what interventions should be used in routine practice. However, several promising approaches were described, particularly focusing on work undertaken in the UK (Copello, Velleman & Templeton, 2005).

For example, Copello, Orford, Velleman, Templeton and Krishnan (2000) developed a five-step approach to working with families: (1) giving the family member the opportunity to talk about the problem; (2) providing relevant information; (3) exploring how the family member responds to their relative's substance misuse; (4) exploring and enhancing social support; and (5) discussing the possibilities of onward referral for further specialist help. This approach has been shown to be effective in 'reducing family members' signs of strain (a significant reduction in both physical and psychological symptoms) and positively altering and enhancing their coping mechanisms' (Copello et al., 2000 in Copello et al., 2005: 376).

Also described in the Copello et al. (2005) review was an individual program evaluation of a family alcohol service, which aimed to assist children affected by parental alcohol misuse through intervening with the family (Velleman, Templeton, Taylor and Toner, 2003). A solution-focused therapeutic service was provided to all family members and to significant others who had an influence over the welfare of the child/children. The focus was on the children and on working with family members to reduce the impact of parental alcohol misuse upon the children. The evaluation concluded that:

the service had significant successes in engaging difficult to treat families in the change process, the children being treated became less anxious, their coping responses improved, in some cases school attendance, achievement and relationships improved, and many were able

to express and resolve long standing negative feelings about their situations. Parents reported improvements in their functioning attributable to the service: being more able to cope, more aware of the impact that their drinking had had in the past on their children and an enhanced commitment to ensuring that any such impact would be reduced in the future. (Velleman, Templeton, Taylor and Toner, 2003 in Copello et al., 2005: 379).

Barnard and McKeganey (2004) describe a Seattle-based project called Focus on Families in their review of interventions aimed at reducing the impact of parental substance use on children. The project was designed to 'reduce parental substance misuse, enhance family related protective factors and decrease children's antisocial behaviour' (Catalano, Gainey, Fleming, Haggerty & Johnson, 1999, cited in Barnard & McKeganey, 2004). The program involved 144 parents recruited from two methadone clinics. The intervention group received 33 small-group sessions of family training by professional trainers plus nine months of home-based case management delivered by paraprofessionals. Their children attended 12 of the group sessions. At the post-12-month evaluation, substance use was found to be two-thirds lower than in the control group. Other results included more family rules being put in place and less domestic conflict being experienced in the intervention households. However, the results showed no changes to problem behaviour in children. It was concluded that intervening with children, particularly older children, may require a more targeted approach (Barnard & McKeganey, 2004).

Buchanan and Ritchie (2004), in their review of approaches for assisting children of substance-abusing parents, identify Strengthening Families for the Children of Substance Abusing Parents as an effective program. This program is a family-focused prevention program for six to 10-year-old children of parents who misuse substances. The intervention consists of 14 consecutive weekly sessions lasting two to three hours where the parents focus on parenting skills and reduction of substance abuse while for the children there is discussion of negative behaviours and development. It was reported that positive results were achieved in over 15 independent research replications, demonstrating that the program is robust and effective. The evaluations suggest that 'the program is effective in enhancing family relationships, reducing family conflict, improving communication and organisation, and improving behaviour of children by reducing conduct disorders, aggression and emotional problems' (Buchanan & Ritchie, 2004: 95).

## 4.6 Summary

The complexity of families affected by alcohol misuse makes it difficult for practitioners, and child protection workers in particular, to determine the extent to which alcohol misuse presents a risk to children. A thorough, sensitive assessment process is therefore important. In undertaking assessments of children and families, there are four key areas to consider: the place of alcohol in the life of the parent, the effect of alcohol on the parent, the effect of alcohol on the child, and possible protective factors.

There is a range of interventions that have been used with families where substance misuse, including alcohol misuse, may be a concern. These interventions range from treatment of the alcohol misuser and targeted interventions for substance-misusing families to more general population-based interventions through which these families might benefit. Relevant strategies for assisting families and children include providing support and education in parenting, facilitating quality childcare and educational opportunities for children, and working with families to improve social and behavioural skills.

While there have been positive results arising from evaluations of many of the interventions listed, further research is still required, particularly on interventions targeting children living with parental alcohol misuse. A recent review concluded that interventions such as parenting programs and home visiting programs have been shown to 'improve parents' knowledge, skills and supports' but that the most effective service provision 'targets the "right" intervention to the "right" audience' (Holzer et al., 2006: 21).

## 5. Conclusions

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This review has examined the literature on the impact of parental alcohol misuse on children. While it is difficult to calculate the exact number of children who may be affected by alcohol misuse, there is a substantial literature on the effects of parental alcohol misuse on children.

The impact of alcohol on children's development has been outlined, including the risk and protective factors that may mediate outcomes for the child. It was found that children in these situations may suffer a range of maladaptive outcomes spanning all areas of development. The review has also shown that outcomes for children are not dependent on parental alcohol misuse alone but on an aggregation of risk factors such as family demographics, individual characteristics, family interaction, and the psychological functioning of both parents.

Information to consider when undertaking assessments has been identified, along with interventions to assist or support families affected by alcohol misuse. Effective strategies include providing education and support in parenting, facilitating quality childcare and educational opportunities for children, and working with families to improve social and behavioural skills.

The literature highlights important ways in which practitioners can intervene with families where alcohol misuse is an issue. Researchers emphasise the need for a more holistic approach to supporting families which brings together knowledge and skills from both child and adult services (Kroll & Taylor, 2003). Alcohol misuse in families usually occurs in the context of many other complex issues, and interventions need to recognise and address these complexities.

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## Appendix 1:

### Effects of alcohol misuse on the user, and available treatments

#### The effects of alcohol misuse on the user

Alcohol is a psychoactive substance that can promote relaxation and feelings of euphoria. However, it can also impair motor skills and judgement, produce intoxication and dependence, cause illness and death, and have other harmful effects on our daily social, economic and living environments (National Alcohol Strategy, 2006).

In Australia, the annual cost to the community of alcohol-related social problems was estimated to be \$7.6 billion (\$5.5 billion tangible) in 1998-99 (Collins & Lapsley 2002).

The National Alcohol Guidelines (NHMRC, 2001) categorise drinking levels in terms of low-risk, risky and high-risk levels. High-risk drinking is a level of drinking at which there is substantial risk of serious harm, and above which risk continues to increase rapidly (see also National Alcohol Strategy 2006-09). Low-risk levels are consistent with recommended drinking levels (see Table 1).

**Table 1: Definition of low-risk, risky and high-risk drinking**

	For risk of harm in the short-term			For risk of harm in the long-term		
	Low risk (standard drinks) <sup>7</sup>	Risky (standard drinks)	High risk (standard drinks)	Low risk (standard drinks)	Risky (standard drinks)	Highrisk (standard drinks)
<b>Males</b> on any one day	<b>Up to 6</b> No more than 3 days per week	<b>7 to 10</b>	<b>11 or more</b>	<b>Up to 4</b> per day	<b>5 to 6</b> per day	<b>7 or more</b> per day
<b>Males</b> Overall weekly level				<b>Up to 28</b> per week	<b>29 to 42</b> per week	<b>43 or more</b> per week
<b>Females</b> on any one day	<b>Up to 4</b> No more than 3 days per week	<b>5 to 6</b>	<b>7 or more</b>	<b>Up to 2</b> per day	<b>3 to 4</b> per day	<b>5 or more</b> per day
<b>Females</b> Overall weekly level				<b>Up to 14</b> per week	<b>15 to 18</b> per week	<b>29 or more</b>

Source: NHMRC (2001), Australian Alcohol Guidelines.

<sup>7</sup> A standard drink contains 10 grams of alcohol.

Traditionally, alcohol-related harm has been thought of as resulting from long-term chronic heavy alcohol use, and numerous studies have examined the relationships between access to alcohol, per capita consumption and alcohol-related harm (e.g. Stockwell, 1997; Holder & Edwards, 1995; Edwards, Anderson, Babor, Casswell, Ferrence, Giesbrecht, Godfrey, Holder, Lemmens, Makela, Midanik, Norstrom, Osterberg, Romelsjo, Room, Simpura & Skog, 1994, cited in NHMRC, 2001).

Over recent years, public policy in relation to alcohol has seen a major shift from the almost exclusive preoccupation with harm from chronic long-term drinking to include harm that is acute, often more transient (but not necessarily less serious), and frequently experienced by the young and/or occasionally immoderate drinker (Roche, 1998). At the same time, alcohol problems are now described by most countries and by the World Health Organization (WHO) as an important public health concern (NHMRC, 2001).

The increased understanding of patterns of drinking encompasses not only variations in drinking over time (including heavy drinking occasions), but the settings, activities and circumstances associated with drinking, personal characteristics of drinkers and their drinking companions, and types of beverages consumed. This has wide implications for alcohol policy (Rehm, Ashley, Room, Single, Bondy, Ferrence & Giesbrecht, 1996, cited in NHMRC, 2001).

The following model, developed by Rehm and Fischer (1997), distinguishes problems that are the result of a single drinking occasion from those resulting from long-term drinking, and differentiates these categories on the basis of effects at various levels: physiological, psycho-physiological or mental, personal and social, and wider social and cultural.

**Conceptual schema of alcohol-related harm (adapted from Rehm & Fischer 1997)**

Potential consequences of	Potential consequences of single-occasion use	long-term use
<b>Physiological reactions</b>	Overdose	Death (e.g. liver cirrhosis) Illness (e.g. gastritis, pancreatitis)
<b>Psycho-physiological and mental reactions</b>	Changed consciousness and control (eg hangover, suicide)	Dependence
	Injury to drinker	Depression
	Accidental death	Cognitive loss
<b>Immediate personal and social/environmental reactions</b>	Severe family and workplace disruption	Disruption of social and work relationships
	Injury to others, violence	
<b>Wider social and cultural reactions</b>	Criminal and informal sanctions	Stigmatisation, coercion to change, treatment, criminalisation of alcohol-related behaviour

## Approaches to ‘treatment’ for alcohol misuse

This section outlines the treatments available, generally through the health sector, for individuals with alcohol problems. The literature on the treatment of alcohol problems was comprehensively reviewed by the National Drug and Alcohol Research Centre (NDARC) for the Commonwealth Department of Health and Ageing in 2003. Because of the comprehensive nature of this review and NDARC’s expertise in the area, only a brief summary list of the findings of the review is provided below. Readers who require greater detail are referred to the actual document.

Even though heavy drinkers are more likely than moderate drinkers to experience problems related to their patterns of consumption, there are large numbers of moderate drinkers in the community who also have treatment needs (NEACA, 2001). The different levels and types of problems will require different types of interventions. The type of intervention chosen will also depend on availability and the family and social support circumstances of the individual.

Assessment plays an important part in decision-making about the types of treatment and clinical management of problem drinkers. In primary care settings, such as general practices and hospitals, screening is recommended to identify hazardous or dependent drinkers (NDARC, 2003). A range of instruments are available for screening and assessment (see NDARC, 2003, Chapter 3).

The major treatment options as outlined by NDARC in the report are:

- Alcohol withdrawal management: this can be undertaken in a variety of clinical and community settings and may or may not involve medication.
- Brief interventions, which may be opportunistic brief interventions or brief treatments offered in specialist settings.
- Residential treatments, such as therapeutic communities.
- Psychosocial interventions: these comprise various treatment interventions, including motivational interviewing, cognitive behavioural interventions and skills training.
- Psychosocial relapse prevention: this involves training people to deal with situations where the risk of relapse is high.
- Pharmacotherapies for relapse prevention: a number of pharmacotherapies are available which produce different outcomes.
- Extended care: aftercare may consist of continuing contact between the client and therapist once the initial treatment phase is complete. Alcoholics Anonymous is an example of an extended self-help approach to alcohol problems.

There is also a number of specific treatment options available for groups such as cognitively impaired clients, clients with co-morbid mental health disorders, Indigenous clients and women.

There is a growing empirical literature on treatment involving the family of substance users, demonstrating an acknowledgment that the family of a substance user has the potential to affect the behaviour and use of alcohol and other drugs.

NDARC (2003) reviewed a range of different approaches to couples and family therapy, concluding that behaviourally oriented couples and family therapy appear to be just as effective as individual treatments for alcohol dependence. Yet NDARC reports that there is limited evidence to support couples and family therapies unless they are part of a broader approach which involves family/couple therapy in conjunction with other interventions such as vocational counselling, social skills training and advice on recreational activities.

Thomas and Corcoran (2001) conducted a review of the literature looking at empirically based marital and family interventions for alcohol abuse. They found that family members can successfully affect the substance users' behaviour in terms of getting them into treatment and reducing use (Barber & Gilbertson, 1996, 1997, Sisson & Azrin, 1986; Thomas, Santa, Bronson & Oyserman, 1987, cited in Thomas & Corcoran, 2001). Furthermore, through relatively brief treatment, family members can be taught to 'more systematically reinforce non-drinking behaviour and to discourage drinking behaviour and ultimately to induce their partners to seek treatment' (Thomas & Corcoran, 2001: 570).

While family members may be able to impact positively on treatment, it is important to recognise that an individual's family circumstances may hinder their capacity to engage in treatment. This highlights the importance of considering the family circumstances of the person seeking treatment.

As described in Mitchell et al. (2001), aspects of a person's family circumstances can influence the outcome of treatment for substance use. For example, studies have shown that women are apprehensive about leaving their families (in particular children) to access treatment (Knight, Logan & Simpson, 2001; Marsh & Cao, 2005; Mitchell et al., 2001), with some studies showing women have a better rate of success with programs that take into consideration their caring responsibilities (Ashley, Marsden & Brady, 2003).

Aside from the role of families in assisting or impeding an individual with their treatment are considerations about the impact of alcohol misuse on the family members themselves. As part of assessing individuals and assisting with the treatment of alcohol misuse, gathering information about the impact on family members is important. Tunnard (2002) highlights that one of the key themes in the literature is that all family members, not just the problem drinker, are likely to have needs that require addressing.

