Commissioner's 2015 Parliamentary report into children's rights

Submission: Alcohol's harm to children from others' drinking – a substantial often underestimated risk factor

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This submission pertains to only some of the harm children experience because of family and domestic violence. This submission describes how children may be affected by other peoples' drinking within families. This submission acknowledges that family violence and child abuse and neglect are complex problems associated with multiple risk factors, including individual, cultural and environmental situations and policies. I accept as true, that alcohol is never an excuse for violence, but it can contribute substantially to the occurrence and severity of family violence and child maltreatment.

1. What are the impacts on children of family and domestic violence?

The following excerpt describes some of the ways in which children have been affected by other people's drinking. It is from Chapter 6, Qualitative analysis of harms to children and families from others' drinking by Elizabeth Manton and Sarah MacLean (Laslett et al., 2015).

When considering the impacts of someone else's drinking on children, the literature reports children feeling fear, anger, frustration or sadness about their parents' violence or quarrels (Holmila et al. 2011; Velleman et al. 2008). Children also report lack of sleep and a restriction of their social life as they choose not to bring friends home (Holmila et al. 2011; Orford et al. 2010). From an adult's perspective, the impacts on children include behavioural problems (Dawe et al. 2007; Velleman et al. 2008) and subsequent alcohol and drug use or depression (Kelley et al. 2011; Morgan & McAtamney 2009). In the current study the most affected children were the youngest, who had witnessed physical violence. Although reported in only one case, the youngest affected child was very frightened and slept in her mother's bed for many years. Neglect by a heavy-drinking father who did not live with his four-year-old child was perceived by the mother to be causing unspecified behavioural problems. One of the interesting outcomes relating to shame and embarrassment was a child changing schools to avoid the stigma, so the drinker's actions in this instance led to schooling instability. Thus fear, behavioural problems, and shame were all present for some children described in this study. However, one child was doing well, or at least appeared to be, but there was no clear pattern about which children might 'do well' in such circumstances, as children in the same family reacted differently.

In the literature, the impacts of problematic drinkers on the family are often framed in terms of children having to assume household responsibilities, or the great strain it placed on the rest of the family (Arcidiacono et al. 2010; Holmila et al. 2011; Mongan et al. 2009; Naylor & Lee 2011; Orford et al. 2010). The family might find it difficult to plan activities or stick to familiar routines (Mongan et al. 2009) and there may be higher levels of intra-family conflict and economic difficulties (Zeitlin 1994). Marital disharmony and breakdown have been identified as key impacts when one parent is a problematic drinker (Templeton et al. 2010; Zeitlin 1994). In the current study, the main impact on the family of having a parent whose drinking was harming children was that the other parent was prepared to leave the relationship. This was a non-gendered finding; both men and women were prepared to end the relationship, and only reducing the drinking to a minimal level or stopping altogether would save it....

...It should be noted that while separation removed some children from the harm of exposure to a harmful drinker on a daily basis, it did not mean that they were now unaffected by the drinker, as parents still had access rights and the custodial parent worried about the harms the drinker could still inflict. Financial insecurity arising from the cost of drinking was an issue for a few families, with some of the financial insecurity related to now living in a single-parent home. (p.67)

2. What are the outcomes for children engaging with services, programs and support?

There is limited evidence on the outcomes for children removed from their parents specifically because of their alcohol use. Moreover, very little work has been undertaken to examine the specific effects upon children of their parents' involvement in alcohol and other drug treatment (Laslett, et al., 2015). Little attention has been paid to the effects on children of broader alcohol policy interventions. For instance, levels of street violence are monitored when the lockouts were introduced in Newcastle and Sydney. Domestic violence was not monitored in linked impact evaluations.

International research indicates that children affected by their parents' drinking (as opposed to other drugs) may be less likely to be responded to as early as children of parents using other drugs (Forrester & Harwin, 2006). Our work in Victoria indicated that there was little difference in outcomes for children related to whether their parents "abused" alcohol or other drugs. That is, drugs and alcohol were equally likely to result in serious outcomes of children (Laslett, Room, & Dietze, 2014).

Anecdotal findings from intensive parenting programs indicate that there can be some positive findings for parents and children of substance users (Laslett et al., 2015).

It's about them becoming self-managing, breaking intergenerational histories of substance misuse, family violence and lack of meaningful activity. It's about harm reduction.

When I first met the mother there wasn't even any eye contact - and the child was a mess. After six months, she parented so well.

They [mothers] are learning how to parent, and at the start, some don't even know how to form friendships, let alone make play dates or have birthday parties.

3. What are the outcomes for children of public policy approaches and educational campaigns targeting family and domestic violence?

Very little work has been undertaken to examine the specific effects of alcohol-related public policy approaches upon children. Campaigns that reduce public drinking have been shown to reduce harm to drinkers themselves. Whether children also benefit has been little studied.

It is also feasible that broad based approaches and interventions (for instance approaches targeting male intimate violence against women or educational campaigns that seek to reduce corporal punishment) may work less well in families where alcohol and other drugs are contributing factors. This has not been assessed.

4. What are the surveillance and data gaps/needs in relation to children affected by family and domestic violence?

Data quality would be improved by changes to the Australian Child Protection data systems that ensured:

a) risk factors are mandatorily recorded (as they used to be between 2001 and 2005 in Victoria)
b) parental/carer alcohol abuse (and other risk factors) is recorded both for alleged perpetrators and for a protective parent , or recorded for each carer in the case
c) referrals to alcohol and drug treatment systems, and indeed all referrals, are recorded electronically – this would enable better monitoring of the treatment system

5. What are the issues in relation to defining family and domestic violence and the impacts it has on children?

With regard to alcohol's involvement in family and domestic violence there is little high quality evidence about the prevalence and types of events police respond to across Australia. Not all family violence attended by police is concerned with intimate partner violence. Our survey work indicates that while 50% of problems children experience because of others' drinking are because of their parents' drinking, siblings, other relatives and family friends also cause considerable harm to children.

6. What do we know about the prevalence and incidence of family and domestic violence affecting children, including who is involved in family and domestic violence events?

This submission underlines that alcohol misuse is substantial contributor to child abuse and neglect. It draws on the work of the Centre for Alcohol Policy Research including: its recently released report, "The Hidden Harm: Alcohol's impact on children and families" (Laslett, et al., 2015), "The range and magnitude of alcohol's harms to others" (Laslett et al., 2010) and Laslett's work as a funded doctoral and post-doctoral scholar examining alcohol's role in child maltreatment (Laslett, 2013). The substantive work uses five years of de-identified data from the child protection system in Victoria and data from two national telephone surveys of alcohol's harms to others and collation of data from health, alcohol and other drug and child protection systems.

The child protection data – alcohol and substantiated cases, protective interventions and court orders

Alcohol abuse is identified as involved in a significant proportion of child maltreatment cases internationally and in Australia. Correlates of child protection outcomes were examined in 38,487 Victorian state Child Protection Services (CPS) cases substantiated between 2001 and 2005. Rates were fairly stable in the five-year period (Figure 1). Likely alcohol abuse was identified in 33% of all substantiations, 36% of the subgroup of cases with protective interventions and 42% of the smaller group eventually subject to court orders. In substantiated cases, likely alcohol abuse was identified as a factor in 12% of sexual abuse cases, 27% of physical harm cases, 39% of emotional or psychological harm cases and 35% of neglect cases (Table1). Carer alcohol abuse remained significant, along with several other risk factors. Alcohol abuse by a carer significantly predicted more serious child protection outcomes among substantiated cases, after accounting for the effects of other factors.

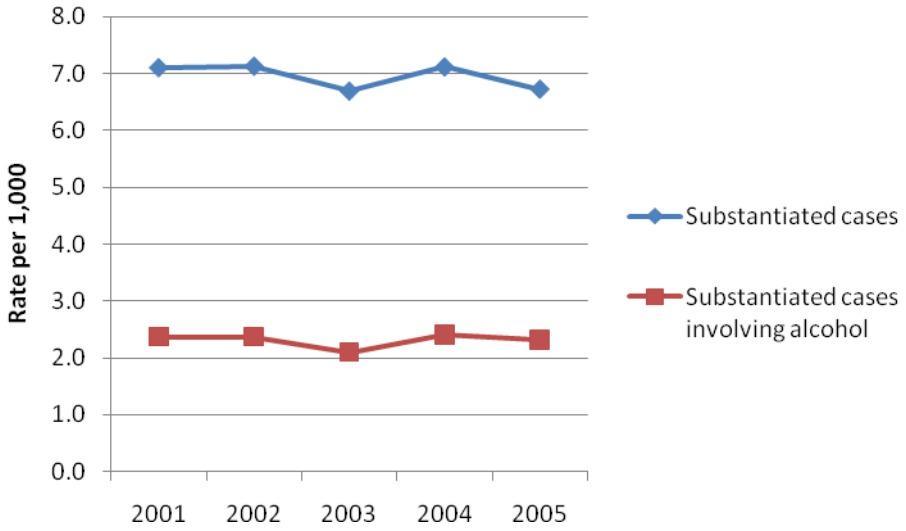

Figure 1 Child protection cases per 10,000 aged 0-16 years in Victoria, Australia, 2001-2005*

*17 year olds have been excluded from this figure because of small numbers and comparability with existing published rates for Victoria, Australia

Table 1 Alcohol involvement in substantiated cases by type of primary harm, 2001-2005

Alcohol involvement	Child abandoned	Parents deceased or incapacitated	Physical harm	Sexual abuse	Emotional psycho-logical harm	Physical develop-ment or health affected	Total
n	245	245	2,554	385	6,661	2,681	12,771
%	37.9	55.4	27.0	12.3	38.9	35.0	33.2
Total	647	442	9,478	3,121	17,114	7,655	38,487

Table 2 shows that families where likely alcohol abuse was present were more likely to be renting public housing and less likely to own or be buying their home. These families were also more likely to be on benefits or pensions and less likely to be earning a wage. In addition to likely alcohol abuse these families were also more likely to experience domestic violence and other drug abuse.

Table 2 Socio-demographic characteristics of families with and without reported likely alcohol abuse in substantiated cases, 2001-2005

Family type***	Total n	SES of non-alcohol families (%)	SES of alcohol families (%)
Blended Family	5,171	12.9	14.6
Extended Family – Couple or one person	1,098	3.0	2.6
Intact Family	10,805	28.4	27.5
Sole Parent – Father or mother	18,360	47.5	48.2
Stepfather or Stepmother Family	2,226	6.0	5.4
Other adults - Couple or two others	827	2.3	1.8
Accommodation status ***			
Own/buying	8,763	26.7	14.8
Renting – public housing	14,140	33.0	44.3
Renting – other	12,120	32.4	29.7
Caravan	450	0.9.	1.80
No fixed abode	1,268	2.4	5.1
Other	1,746	4.6	4.3
Family income type ***			
Sole parent pension	16,359	40.2	47.3
Unemployment benefit	3,702	8.1	12.7
Wage/salary high	537	1.6	1.1
Wage/salary medium	6,548	20.2	10.5
Wage/salary low	5,260	14.4	12.2
Other benefit or pension	6,081	15.5	16.4
Domestic violence	20,498	41.8	76.4
Other drug abuse	13,579	23.8	58.4
Total	38,487		

***Chi-square tests significant at the p<.001 level

Repeat cases

Ongoing analyses show that alcohol is more prevalent in cases which come back into the system and are re-substantiated one or more time. Almost one-quarter of Victorian children in the child protection system were re-substantiated during the five years studied; children in the CPS system were substantiated on average 1.3 times (range 1-6 times) in the five years of data analysed. In general as the number of recurrences increased, alcohol abuse was more likely to be reported (Table 3). A total of 38.5% of children who experienced re-substantiated child maltreatment were from families where caregiver alcohol abuse was identified (Table 4). Children were significantly more likely to be re-substantiated than those whose caregivers were not identified with alcohol abuse, after adjusting for a range of other risk factors.

Table 3 Number of substantiations for each child and recorded caregiver alcohol abuse (at first substantiation) Victoria, 2001-2005

Number of substantiations	Children	Case-files	% of all children in files	% with alcohol recorded at first substantiation
1	22,614	22,614	76.9	29.0
2	5,079	10,158	17.2	37.5
3	1,412	4,236	4.8	39.3
4	278	1,112	0.9	51.4
5	65	325	0.2	41.5
6	7	42	0.0	57.1
Total	29,455	38,487	100	31.2

Table 4 Alcohol abuse by caregiver and re-substantiation

	No recurrence	Recurrence	Total
Alcohol not reported	16,053	4,208	20,261
%	71.0	61.5	68.8
Alcohol abuse by caregiver reported	6,561	2,633	9,194
%	29.0	38.5	31.2
Total	22,614	6,841	29,455

Pearson chi2(1) = 219.6328 Pr = 0.000

The national survey of alcohol's harms to others

This study established the prevalence of different types of alcohol-related harms to children (ARHC) that have occurred because of others' drinking in the general population and examined how this varied by who was reported to have harmed the child, demographic and social factors. A randomly selected cross-sectional national population telephone survey undertaken in 2008 was used to generate national estimates. The present analysis is based on the subsample of 1,142 Australian adult respondents who indicated they currently lived with or had a parental/carer role for children. Questions included whether children had been left unsupervised or in an unsafe situation, verbally abused, physically hurt or exposed to serious family violence because of others' drinking in the past year. Respondents were not asked about possible effects of their own drinking on the children.

A total of 22% of respondents reported children had been affected in one or more of the specified ways, or in unspecified ways, because of another's drinking in the past year, and 3% reported substantial harm (Table 5). Respondents most commonly reported children had been verbally abused because of others' drinking (9%). Among demographic characteristics, only household family structure was significantly associated with ARHC. Table 6 demonstrates that 61% of children were affected by a parent/guardian or sibling and 12% by other relatives because of their drinking.

Conclusions: While the majority of ARHC identified in this study is unlikely to be severe, one in five respondents reported that a child or children they lived with or were responsible for had been adversely affected by others' drinking in some way in the past year. The absence of differentiation by socio-demographic factors highlights that children in families from a wide range of social backgrounds experience harm because of others' drinking, suggesting that alcohol policies with wide application may be indicated, rather than approaches which focus only upon sub-groups.

Table 5 The percentage of respondents (families) reporting ARHC by maltreatment type and level of effect (n=1,142, %)

	Total (n)	*Total (%)*	*95% CI (%)*
"Because of someone else's drinking how many times in the last 12 months….."			
Were children left in an unsupervised or unsafe situation?	40	*3*	*(2 , 5)*
Were children yelled at, criticised or verbally abused?	97	*9*	*(7, 11)*
Were children physically hurt?	16	*1*	*(1, 2)*
Did children witness serious violence in the home?	34	*3*	*(2, 4)*
Was a protection agency or family services called?	5	*0.3*	*(0.1, 0.8)*
A. *Reporting one or more of above*[1]	135[1]	*12*	*(10, 14)*

"How much has the drinking of other people negatively affected

your children/the children you are responsible for?"[2]			
A lot	40	*3*	*(2, 4)*
A little	168	*14*	*(12,16)*
B. A lot or a little	208	*17*	*(15 ,19)*
Specifically affected in any way or affected a lot or a little (A or B)	258	*22*	*(19, 24)*

[1] Total ns and %s across items do not add to 135 and 12% as some respondents reported that their children experienced more than one type of abuse.
[2]12 people were excluded from the denominator because they did not report any level of effect (i.e., did not answer a lot, a little or not at all)

Table 6 The number of respondents reporting specific alcohol-related harms to children by relationship of the affecting drinker to the children, and % of harms attributed to each relationship (*%s in italics)*

	Parent		Siblings		Other relative		Family friend		Other		Total	
Relationship												
"Because of someone else's drinking how many times in the last 12 months….."	n	*%*	n	*%*	n	*%*	n	*%*	n	*%*	n	*%*
Were children yelled at, criticised or verbally abused? (n yes/% of cases by relationship)	52	*52*	10	*56*	11	*48*	16	*52*	10	*46*	99	*51*
Did children witness serious violence in the home?	17	*17*	2	*11*	7	*30*	3	*10*	5	*23*	34	*17*
Were children left in an unsupervised or unsafe situation?	21	*21*	3	*17*	4	*17*	8	*26*	5	*23*	41	*21*
Were children physically hurt?	7	*7*	3	*17*	0	*0*	4	*13*	2	*9*	16	*8*
Were child protection/family services called?	4	*4*	0	*0*	1	*4*	0	*0*	0	*0*	5	*3*
Total number of identified harms	101	*100*	18	*100*	23	*100*	31	*100*	22	*100*	195	*100*
Percent of total harms attributed to persons in that relationship to the child (row %)	52		9		12		16		11		100	

Bringing these findings together

The heavy drinking of others impacts on the relationships and experiences of children within families, and is implicated in child maltreatment. There is a spectrum of harm, where at one end alcohol is implicated in single incidents with relatively minor consequences, whilst at the other children are neglected and abused repeatedly. At the serious end, system data indicates that 0.3% of Australian families included one or more children who had been a victim of alcohol-related substantiated child abuse (including, physical, emotional, sexual abuse and neglect cases). In the Australian Alcohol's harm to others survey, measuring the reach of the issues, 22% of families reported that their child/ren had been affected in some way because of someone else's drinking. Families in the general population who reported that their child/ren had been a victim of alcohol maltreatment were on average far more socially advantaged than families identified in Child Protection data.

The rate of alcohol-related adverse effects on children in the general population was 60 times the rate of alcohol-related abuse identified in the child protection system. The data supports a structural explanation where the most severe cases end up in the system whilst less severe manifestations of child maltreatment are common but not managed by the system. Alternatively, this evidence may be used to support hypotheses that child abuse may be occurring at similar or higher rates in the general population but more economically powerful groups are less likely to be observed by and managed within the system. Both factors are likely to be part of the explanation of the disjunction between the pictures from the two frames of data.

Recommendations

A number of recommendations flow from our findings:

Mandatory recording of risk factors and referrals from Child Protection Workers in the CRIS data system would enhance the capability of the system to monitor both the epidemiology of child maltreatment and evaluate the outputs and effectiveness of Child Protection Services.

Children in the Child Protection system and those affected by others' drinking but not identified as such in the general population experience the effects of the problematic drinking of their parents, carers and others. Both vulnerable and less disadvantaged children would benefit from effective alcohol control policies. Population strategies that encourage pricing and licensing controls on alcohol (that have an increased effect upon lower income and younger people) are most effective in limiting alcohol-related harm (Babor et al., 2010).

Treatment interventions are also called for when children are severely affected by the heavy drinking of those around them. Brief interventions may be useful in situations where the alcohol problems of carers are not severe or entrenched. Early diagnosis of drinking problems by maternal and child health nurses or Family Services may operate upstream to prevent entry into the Child Protection Services. Otherwise, referral to appropriate services for carers identified by Protective Services willing to acknowledge their alcohol problems is crucial. Individual level alcohol treatment service options such as brief interventions and more intensive detoxification, withdrawal and counselling programs may assist drinkers and thereby their children and families. However, where the outcomes for children are compromised and the alcohol misuse and abuse is ongoing, harm minimisation strategies that involve the full power of the Child Protection system will continue to be required.

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