



Parental alcohol misuse and the impact on children



NSW Department of
Community Services

Introduction

This Research to Practice Note presents the key issues discussed in the literature review, *Parental alcohol misuse and the impact on children*.

The purpose of this Research to Practice Note is to provide an overview of the impact of parental alcohol misuse on children and identify strategies to assist or support children and families affected by parental alcohol misuse.

This note complements other Research to Practice Notes that focus more specifically on some of the issues raised here, such as home visiting and parenting programs.

Background

It is estimated that approximately 10 percent of the Australian population consumes alcohol in a way that is considered risky or high risk to their health in the long term¹.

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.

Parents who misuse alcohol

In general, families with parental alcohol misuse are characterised by poorer family functioning, 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 higher levels of unresolved conflict.

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, for example maternal depression which may result in emotional unavailability to the child².

Parental mental health

Parental mental health issues may coexist with parental alcohol misuse. Antisocial personality disorders (ASPD) and mood disorders in parents appear to be associated most strongly with alcohol misuse by parents. Risk is increased for children in families with parental ASPD or mood disorder because these families are characterised by poor functioning, high rates of deviant and aggressive behaviours, and frequent episodes of violence³.

Family conflict and domestic violence

Several studies have found alcohol consumption increases aggression⁴. Alcohol misuse, by male partners in particular, has the potential to increase family conflict and to contribute to physical abuse of partners and children. Domestic violence is reported more often in association with alcohol misuse than with drug misuse.

Yet the link between parental alcohol misuse and domestic violence does not appear to be as strong as generally assumed. In both Australia and the UK, women report less than half of domestic violence incidents involved a partner who had been consuming alcohol^{5,6}. Further, those who abstain from alcohol are still represented in programs for perpetrators of domestic violence⁷. Instead, research suggests that attitudes approving violence against women and control over partners are more closely associated with domestic violence than alcohol misuse⁸.

Parenting styles and practices

Research suggests that substance misuse problems are associated with excessively authoritarian or permissive parenting styles and unrealistic expectations of children's abilities⁹. Parents who misuse alcohol may be inconsistent in expressing warmth and affection towards their child.

Parental alcohol misuse may influence the amount of supervision provided to children. Poor parental modelling and supervision may in turn impact on peer relationships that children develop. For example, children whose parents misuse alcohol tend to engage in significantly more deviant behaviour and belong to more deviant peer groups¹⁰.

Parental alcohol misuse and child abuse and neglect

Parents with alcohol problems may become increasingly focused on their drinking and, therefore, may become less loving, caring, nurturing or consistent. They may become unable to care adequately for their children and less able to carry out parental responsibilities. There is an increased risk of parental violence and an increased risk of child abuse and neglect.

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.

Impact on children

Not all children of parents who misuse alcohol will have poor outcomes. To date, no direct link between parental alcohol misuse and adverse outcomes for children has been found. One exception is the known impact of alcohol misuse during pregnancy on the fetus, leading in some cases, to fetal alcohol effects/syndrome.

However, parental alcohol misuse can significantly affect relationships within the family and the quality of parenting, and it is these factors that most directly impact on the child. In this context children can experience a range of poor outcomes across all development areas including cognitive, behavioural, psychological, emotional, and social domains.

When asked about their experiences children report:

- experiencing social exclusion
- frequently being left alone
- having a sense of not being loved
- feelings of low self worth
- taking on responsibility for caring for their parent/s.

The impact of parental alcohol misuse on children and families appears to be most influenced by:

- the severity of alcohol misuse
- the length of time that the parent/s has been misusing alcohol – the longer the child has been exposed to parental alcohol misuse, the greater the impact may be

- the patterns of drinking (constant/opportunistic drinking, binge drinking, nightly drinking only, routine heavy drinking)
- the number of family members who misuse alcohol – children from families containing three or more immediate or extended family members who misuse alcohol are more likely to have adverse outcomes.

The presence of other risk and protective factors is also important. For example, 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 problem¹¹. Studies suggest that family cohesion and adaptability act as protective factors for children living with parental alcohol misuse¹².

Most importantly, it is the accumulation of risk factors that is most influential in determining outcomes for children.

Assessment issues with alcohol misusing parents

Practitioners face a range of challenges when working with alcohol misusing parents including engaging clients, accurate assessment, working in an interagency environment and gaining access to children's perspectives. In order to reduce the impacts on the children there are a number of ways in which we can intervene. A key starting point is acknowledgement of the need for a sensitive yet thorough assessment process.

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 capacity¹³. In undertaking assessments of children and families, there are four key areas to consider:

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 of the child's needs – are others available to share this responsibility? What are the possible protective factors?

Issues to consider in relation to each of these areas are outlined below.

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. 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'¹³.

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?
- There is a 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. 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 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. Information concerning why a parent may be drinking will also inform the choice of interventions¹³.

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. During interviews with young people, it was 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 guilty¹⁴.

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? Are there things that happen that make them scared?
- 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 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?
- What is their level of awareness of the substance misuse?
- What is the impact on their educational, leisure and emotional lives?

Protective factors

A variety of protective factors may assist children in coping with parental alcohol misuse. 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.

Interventions

There are many interventions that can be used with families where alcohol misuse is a concern. A range of strategies have been identified 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.

For parents

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.

Interventions include:

- home visiting
- parenting programs, such as Parents Under Pressure Program.

For children

Children's needs vary greatly and 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.

Interventions may include:

- early childhood services, such as child care and preschool
- school based and community programs, such as breakfast clubs and structured after school programs.

For families

The primary focus is on supporting families and protecting children from harm.

A positive home environment has been found to buffer the effects of stress from parental alcohol misuse.

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 support¹⁵.

As mentioned above, facilitating support within and external to the family, such as presence of a stable adult figure, is considered valuable in terms of increasing children's resilience¹⁶.

Conclusion

Researchers emphasise the need for a more holistic approach to supporting families, bringing together knowledge and skills from both child and adult services. Alcohol misuse in families usually occurs in the context of many other complex issues, and interventions need to recognise and address these complexities.

Further reading

- *Parental alcohol misuse and the impact on children.* NSW Department of Community Services, 2006.
- *Active Engagement: Strategies to increase service participation by vulnerable families.* NSW Department of Community Services, 2005.
- *Assessment of parenting capacity: Literature review.* NSW Department of Community Services, 2005.
- *Child Neglect.* NSW Department of Community Services, 2005.
- *Prevention and early intervention literature review.* NSW Department of Community Services, 2005.
- *Dual diagnosis support kit: Working with families affected by both mental illness and substance misuse.* NSW Department of Community Services, 2005.
- Drugnet – DoCS Online.

Further Information - Definition of low-risk, risky and high-risk drinking

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.

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)*	Risky (standard drinks)	High risk (standard drinks)	Low risk (standard drinks)	Risky (standard drinks)	High risk (standard drinks)
Males on any one day	Up to 6 No more than 3 days per week	7 to 10 per day	11 or more per day	Up to 4 per day	5 to 6 per day	7 or more per day
Males Overall weekly level				Up to 28 per week	29 to 42 per week	43 or more per week
Females on any one day	Up to 4 No more than 3 days per week	5 to 6 per day	7 or more per day	Up to 2 per day	3 to 4 per day	5 or more per day
Females Overall weekly level				Up to 14 per week	15 to 18 per week	29 or more per week

* A standard drink contains 10 grams of alcohol.

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Centre for Parenting and Research
NSW Department of Community Services
4-6 Cavill Avenue
Ashfield NSW 2131
02 9716 2222

www.community.nsw.gov.au
researchtopractice@community.nsw.gov.au

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