

## The Harm Inflicted on Children by the Problematic Consumption of Alchology by a Parent or Parents

For the purpose of this essay, problem drinking is defined simply as any drinking which causes problems to the drinkers or others. The focus of this essay is the harm inflicted on children by the problematic consumption of alcohol by a parent or parents.

An estimated 920,000 children are currently living with a parent who misuses alcohol: heavy drinking by parents was identified as a factor in over one fifth of child protection case conferences and twenty three per cent of child neglect calls to a national helpline were alcohol related (Green, 2000). Despite these alarming statistics, help for families affected by alcohol misuse is woefully inadequate. Families that experience problems with alcohol are fragile families. Harms related to alcohol are by no means restricted to drinkers themselves as those around them can also be damaged. The children of problem drinkers are particularly vulnerable to harm. A childhood in such a family can mean a childhood in distress: a distress that is often hidden to those outside the family and neglected by policy makers.

The problematic consumption of alcohol affects millions of families, and thus millions of children, causing harm and misery on a scale which dwarfs the problems associated with illegal drugs. Despite this, the government often devotes more resources to campaigns against illegal drugs. In February 1998 the government announced its intentions to introduce a national alcohol strategy in its green paper 'Our Healthier Nation.' The Minister for Public health, Tessa Jowell made a statement, in 1998, about the needs of children of problem drinking parents. She commented that under present arrangements it is not always clear who is responsible

for providing services for the children of problem drinking parents. However, she gave an assurance that the needs of children and families will be taken into account in the national strategy on alcohol misuse now being prepared. A year later she said that the national strategy for alcohol would now be in the summer of 1999. Another year later the Department of Health declared it would be ready in summer 2000 (Green, 2000): but there is still no sign of it in May 2001. During this period a national drug strategy has been implemented and increased funding given to services for people who use illegal drugs. The result has been that drug services have been prioritised above alcohol services at both a national and local level.

Therefore, as we still do not have any explicit reference to the family aspects of the problems in policy, or any authoritative statement by government ministers recognising the existence of the problems and the needs to do something about them, lack of information makes difficult even a rudimentary estimation of the size of the problems. Children are paying the price of the clear difference in public attitudes towards problems associated with alcohol and those associated with the illegal drugs. When problems occur with illegal drugs the tendency is to blame the drugs; when problems occur with alcohol, the tendency is to blame the drinker. Thus, there is a clear temptation to look on alcohol abuse as a question of individual choice: if someone wishes to risk his or her health then so be it. But, this overlooks the fact that in many families others are exposed to risk, children in particular. A great many of these children are more vulnerable to abuse and bad health.

A report, *Under the Influence: Coping with Parents who Drink Too Much*. (Brisby, et. al. 1997) was released jointly with ChildLine's *Beyond the Limit: Children, who*

*live with parental alcohol misuse*, (1997). These reports examined the effects of parents problem drinking and called for action to provide services for groups of children who were very much neglected. Alcohol Concern stated that children whose parents drink too much are children at risk. They are at risk of physical abuse, sexual abuse and emotional neglect or abuse, or unhappy, stressful childhoods and of serious problems in adult life.

The report by ChildLine, (1997), brought together the finds of an analysis of 3,255 calls made by children and young people where alcohol was a factor in the problem they rang up about. These children and young people rarely suffered from one difficulty alone. They were beset by problems. The child callers talked not only about the main problem that prompted their call but also about other things that were difficult in their lives. Out of the whole of the sample of 3,225 children, over sixty per cent described suffering physical assaults, fourteen per cent of sexual assault and six per cent of emotional abuse or neglect. Over 1,300 children who called with physical abuse as their main problem, which was more than one in seven, identified alcohol misuse by carers as a trigger to physical assault (ChildLine, 1997). ChildLine also heard from children who were physically assaulted by the non-drinking parent. The children explained that there was a great deal of stress on this parent who was trying to keep the family going and that this was why they end up 'lashing' out. The children here may see themselves as adding to the stress and hence doubly bear the burden.

ChildLine (1997), states that out of about two hundred and ninety children, nearly four per cent of all children calling about sexual assault, described drunken adult carers as the perpetrators of the abuse. Sometime the assaults were one-off, but others

described the abuse happening regularly over a long period of time. The father, or a person in the father role, perpetrated the majority of the sexual abuse, although this person was not always the carer with the alcohol problem. Sometimes children telephoning ChildLine described their mother being too drunk to notice or both parents drinking together. Children also talked about sexual abuse at the hands of men brought home when their mother had been drinking. A small number of boys spoke of being sexually abused by their mother when she was drunk.

Many studies have been carried out in numerous countries of the children of problem drinking parents. These show consistently that they are at increased risk of a range of problems during childhood (Velleman, 1993). These can be grouped under three main headings:

- i. Anti-social behaviour: children of problem drinking parents are at risk of aggressive behaviour; delinquency, hyperactivity and other forms of conduct disorder.
- ii. Emotional problems: these include a wide range of psycho-somatic problems from asthma to bed wetting; negative attitudes to their parents and to themselves, with high levels of self-blame, withdrawal and depression.
- iii. School environment: the problems include learning difficulties, reading retardation; loss of concentration; generally poor school performance; behavioural problems such as aggression and truancy.

There is also a statistically significant impairment among children of alcoholics in many areas, including:

anorexia and other eating disorders;

body development;

language and communication skills;

nightmares, insomnia and nocturnal restlessness;

a higher rate of depressive symptom;

disturbed behaviour patterns;

anxiety related disorders and phobias

(Velleman, 1993)

Also for a substantial minority of the affected children, the problems continue into their adult lives and indeed, some children of problems drinking parents themselves become transmitters of the problems to the next generation.

Children whose parents are problem drinkers are unheard, invisible casualties.

Reticence and secrecy characterise their lives. The stigma associated with alcohol misuse keeps them silent to protect their families. Alcohol misuse has cast a blight on lives made much worse by the difficulty families have in asking for help. These children and young people are struggling with situations far too great or serious for them to manage, often isolated and unsupported; experiencing a family life driven by conflict, tension, sexual, physical and emotional abuse, problems at home and at

school. These young people will be adept at maintaining the secret in their family, often being young carers to their parents and to others in the family, carrying the burden of a huge responsibility.

A reason why there is so little provision for this group of children is because of the way society deals with alcohol is often unhelpful and inconsistent. When a parent is found to be using illegal drugs, the family is very likely to be seen as one that needs help. When the issue is alcohol, the situation is likely to be ignored or treated with amused tolerance until the family hits a crisis. In 1997, Alcohol Concern's research concluded that there was very little help available for this group of children, Specialist alcohol services often have no tradition of working with young people and many expressly exclude children. Added to this are the facts that families with alcohol problems have powerful reasons for keeping it secret, specialist services are often not funded or trained to provide for children and general childcare and family services are rarely trained in managing alcohol problems.

The evidence shows that these children are children in need. As a result of this, all agencies who come into contact with children or parents must be seen as having a responsibility to protect and support them and to do this without increasing the stigma that is already attached to alcohol problems.

Thus, it is apparent that existing strategies are failing this group of children, as only the requirements of the person perceived to have the problem or difficulty is taken into account. Children must not be left out. Wherever problem drinking is under discussion, the effect on children should also be on the agenda. Each local authority

has responsibility for bringing together all relevant local agencies, especially, health, education, police and social work, to draw up children's services plans to provide for children in need living in their area. However, teachers, medical and nursing staff, social workers, the police, young people's counselling services and a whole range of other professions that encounter children suffering because a parent has an alcohol problem, are on the whole still not well equipped to recognise, or respond to, this problem (Brisby, et. al., 1997).

*Working Together to Safeguard Children* sets out how agencies and professionals should work together to promote children's welfare and protect them from abuse and neglect. Section 24, 'Drug and Alcohol Abuse,' states that it is important that the implications for the child living with a substance misuser are properly addressed as some substance misuse may give rise to mental states or behaviour that put children at risk of injury, psychological distress or neglect (Department of Health, Department for Education and Employment, 1999). The second is the guidance for the new *Framework for the Assessment in Need and their Families*. This framework make clear that assessment is a process not a single event and that action and services should be provided in parallel with assessment according to the needs of the children and families (Department of Health, Department for Education and Employment (2000). However, according to the National Institute for Social Work's (NISW) research, *Working with Families with alcohol, drug and mental Health Problems* the needs of this group of children is still not being met. Kearney et. al., (2000) state that meeting the needs of this vulnerable group of children is complicated by under-recognition and under-identification of the causes of their difficulties and by the patchy accessibility and availability of help. Surely Alcohol Concern and ChildLine's

study in 1997 gave ample evidence to the recognition and identification of the difficulties and abuse children of parents who were misusing alcohol, were experiencing. NISW, in their publication urge the Department of Health to introduce national guidelines about working with families where there is alcohol misuse, along the lines of the guidelines on drugs and families for the Local Government Drug Forum and Standing Conference on Drug Abuse.

Therefore, it is apparent that there is an urgent needs for intensive awareness raising and training so that everyone, including doctors, nurses, teachers, social workers, lawyers and the police, through to the many workers who come into contact with children and families on a less formal basis, are competent to take account of the needs of children whenever adult drinking is identified. Also it is strongly recommended those planners, commissioning organisation, alcohol services and children's service providers to cooperate together to meeting the needs of this group.

The government has indicated that it wishes to put the family at the centre of public policy; with a ministerial committee to make this happen. Tackling the impact of alcohol abuse would have been a good starting point. However, as stated previously, a national strategy for alcohol has still not been implemented. The Government has a central role in ensuring appropriate organisations can work together and in ensuring that the many planning systems already in place to provide services are fully equipped to take account of the needs of children of problems drinking parents. In particular the Government should require that the needs of these children be addressed in Children's Services Plans and Community Care Plans. These should include specific guidance on



how local service providers should view their obligations under children's legislation and where necessary, ensure that resources are available to respond to identify needs.

As this evidence in this essay makes very disturbing reading, we have to be concerned, very concerned at the scale of this problem and how little is being done to combat it.

Alcohol problems in families are important because families are important. The essential functions of the family are to meet the needs of its members for physical, psychological, social and economic security and well being, and the provision of a satisfactory environment for the support, education and socialisation of children. All of these functions can be jeopardised by the problematic consumption of alcohol. The paramount importance of the rights of the child to grow up in a safe and secure environment and in an atmosphere of happiness, love and understanding is enshrined in the United Nations declarations, particularly the Convention on the Rights of the Child. The right to a satisfactory family life implies a right to assistance in the event of parental abuse or misuse of alcohol.

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