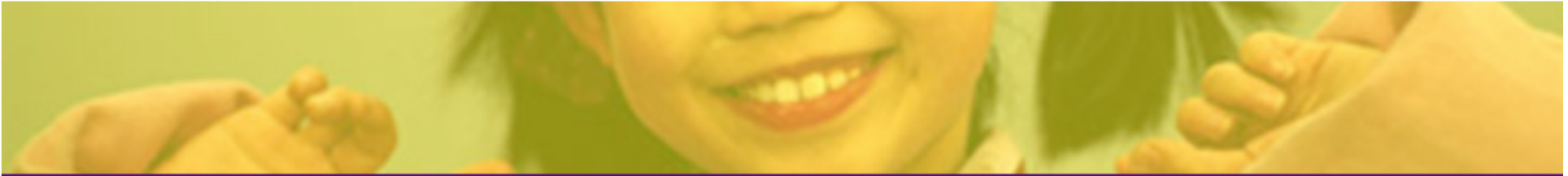
A young child with light-colored hair is shown in profile, blowing bubbles. The background is a soft, greenish-yellow color with many bubbles floating around. The child is wearing a blue top and a red and white striped scarf.

Safeguarding children: *the challenge of responding to the links between alcohol problems and domestic abuse*

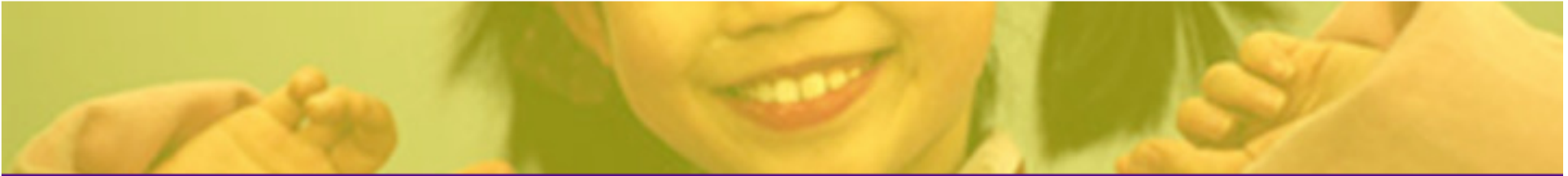
Dr Sarah Galvani
University of Birmingham
England

2nd ENCARE Symposium
Bad Honnef, Germany
19th April 2007



Overview

- Background to UK context
- Links between alcohol and domestic abuse
- Impact on children
- Whose job is it to respond
- The challenges of responding
- The way forward



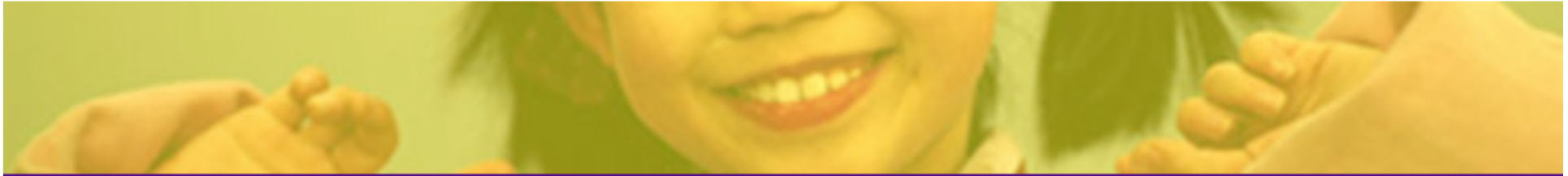
UK – Domestic Abuse (1)

- “physical, sexual, psychological or financial violence that takes place within an intimate or family-type relationship and that forms a pattern of coercive and controlling behaviour. This can include forced marriage and so-called 'honour crimes'. Domestic violence may include a range of abusive behaviours, not all of which are in themselves inherently 'violent'.”
(Women’s Aid 2007)



UK – Domestic Abuse (2)

- Nearly 2 women are killed each week by a partner or ex-partner
- > 1 in 4 women experienced DA since age 16
- ½ of these experienced multiple types of abuse
- 40% of women are abused by more than one perpetrator
- At particular risk: Younger, unmarried women and those with a limiting disability or illness*
- Women ***with children*** are at more risk than women without children (Coleman et al. 2007)



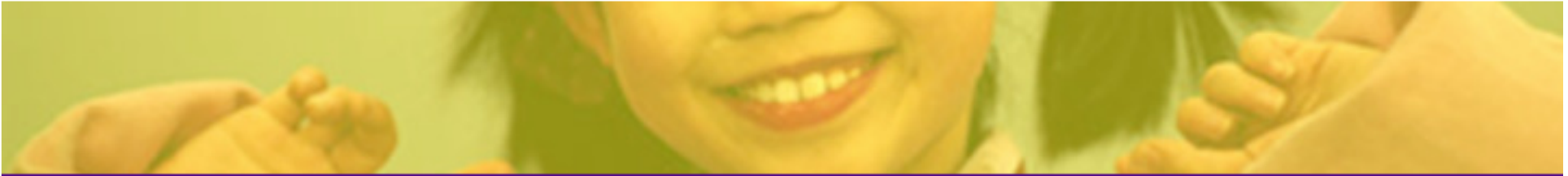
Children and domestic abuse

- Clear links between perpetrating adult domestic abuse and child abuse (Cawson 2002, Morley and Mullender 1994; Hester et al. 2000)
- Children have reported witnessing, and often experiencing, extreme violence (Cawson 2002, Gorin 2004, Mullender et al. 2002)
- Research shows that 90% of children are in the same or next room at the time of the violence and abuse (Hughes 1992)
- > 50% of children are the direct victims of domestic abuse (Farmer and Owen 1995, NSPCC 1997)



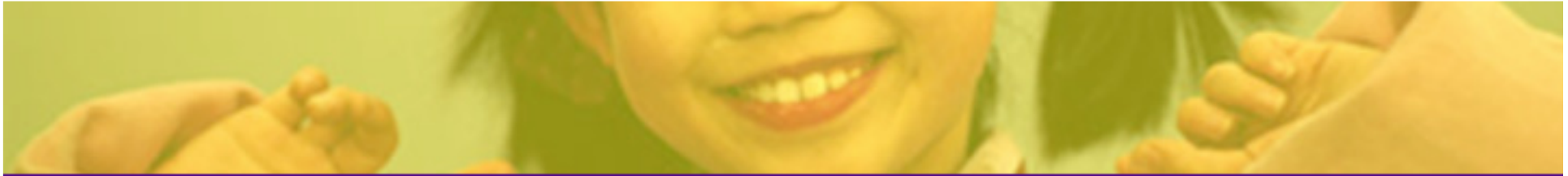
UK – Alcohol

- 38% of men and 16% of women aged 16-64 have an “alcohol use disorder” (n=8.2 million)
- This means their drinking is “hazardous”, “harmful” or “dependent”.
- 7.1 million: at hazardous or harmful levels
- 1.1 million: alcohol dependent (6% of men and 2% of women) (DH 2004)
- Younger adults are more likely to drink heavily (ONS 2006)



Parental alcohol problems

- Very little research on the prevalence of parents with alcohol or drug problems
- Estimates suggest
 - Approx. 1.3 million children are living with parents who “misuse” alcohol (Cabinet Office 2004)
 - Approx. 200,000-300,000 children living with parents with “serious drug problems” (ACMD 2003)



Alcohol – DA links

- Many myths around alcohol's relationship with domestic abuse.
- Alcohol alone does not cause domestic abuse
- Drinking alcohol does not lessen a person's responsibility for their abusive behaviour
- Alcohol does not make you lose control over your tongue or fists
- Alcohol intoxication does not (or should not?) give you 'time out' from rules of acceptable behaviour



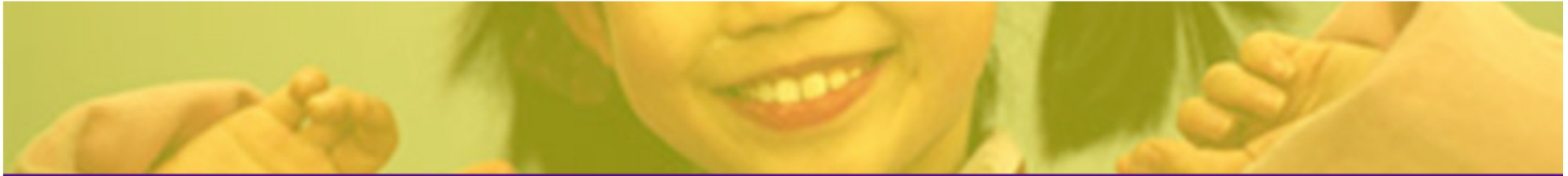
Alcohol – DA links

- Alcohol (and/or drug) problems are often both present where there is DA
- They have been found to increase the frequency of DA (Brookoff et al. 1997, Fals-Stewart 2003, Leonard and Quigley's 1999, Leonard and Senchak 1996)
- They have been found to increase severity of injuries inflicted (Brecklin 2002, Graham et al. 2004, Leonard and Senchak 1996)
- Victim intoxication has been found to increase a person's vulnerability to suffering abuse: either domestic (Mirrlees-Black 1999) or other forms of violence (Rossow 1996, Room et al. 1995)



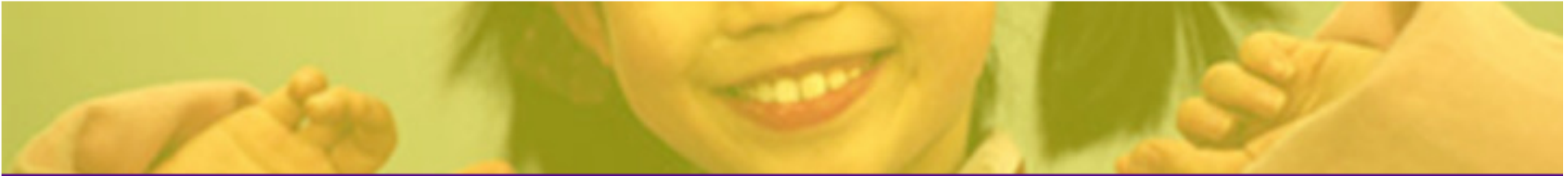
Alcohol – DA links

- Alcohol treatment populations:
 - 60-80% women suffered DA in their lives (US data)
 - one snapshot study showed 40-62% of women suffered DA (last 5 years) (UK) (Humphreys et al. 2005)
- Women drink to numb or escape the psychological and physical pain of abuse (Clark and Foy 2000; Corbin et al. 2001; Galvani 2006; Miller 2001; Miller et al. 2000)
- Alcohol problems worsened by DA (Downs and Miller 1994)
- Approx. 50% of men in treatment perpetrated DA in last 6-12 months (Brown et al. 1998; Irons and Schneider 1997; Schumacher et al 2003)



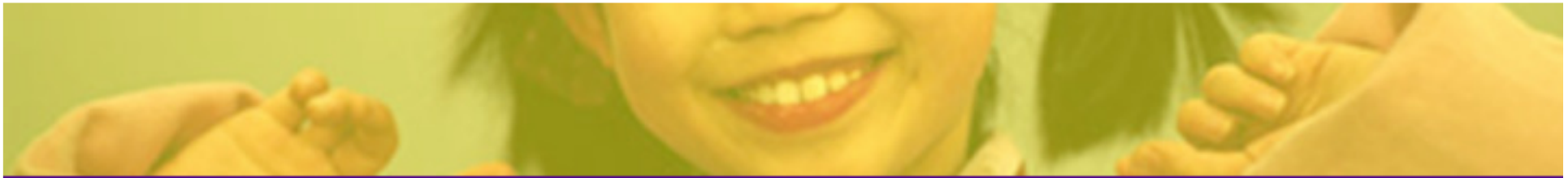
Impact on children

- As separate issues parental alcohol problems and DA have negative impact on:
 1. parenting skills and capacity
 2. children's health and well-being
- Children – increased risk of all forms of abuse
- Also living in fear, feeling guilty, feeling responsible, socially isolated, emotional and behavioural problems, inappropriate age roles, eg. carer
- Parental alcohol problems + domestic abuse = harm compounded



Prevalence

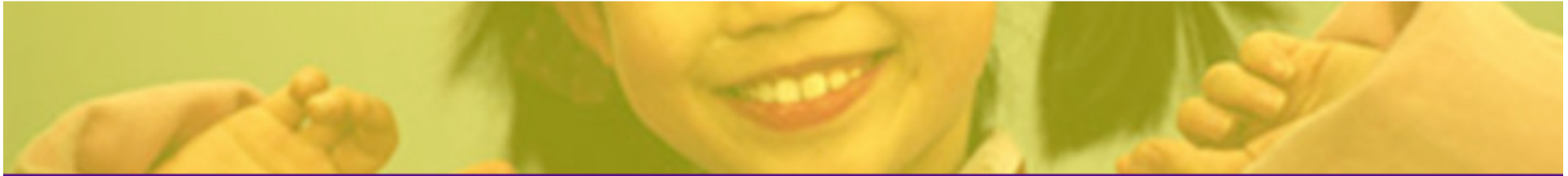
- Cleaver et al. (2006) in a study of 357 social work cases found “domestic violence or parental substance misuse rarely exist in isolation” and that the resulting negative effect “on all aspects of children’s lives was more serious”.
- They also found 85% of these children had parents who could not fulfil key parenting tasks
- Forrester and Harwin (2006) found 34% of cases (n=100) being allocated for longer term social work intervention involved parental substance misuse. Alcohol was involved in more cases and was more often co-existent with domestic abuse.



Increased negative impact

- the child's development,
- their experiences in adolescence,
- their relationships & parenting abilities as adults,
- prediction of adolescent psychopathology,
- perpetrating child abuse themselves,
- developing own substance problems,
- perpetrating or suffering domestic violence in own adulthood.

(Templeton, Zohhadi, Galvani and Velleman 2006)



Whose job is it to respond?

1. Government

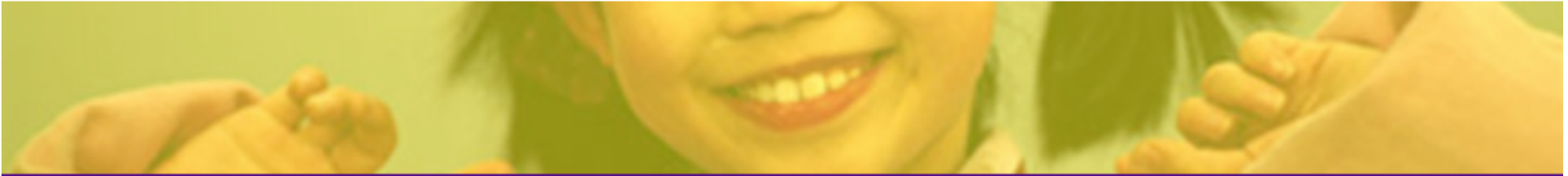
- via policy directives, service commissioning and resource allocation

2. Professionals/service providers

- all health, social care, criminal justice and other front-line professionals to identify and intervene

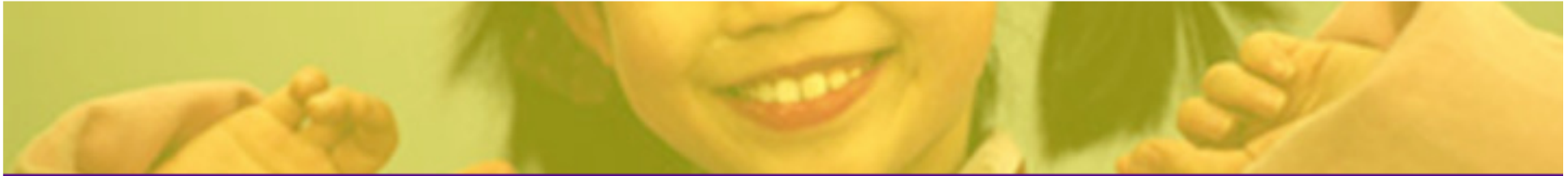
3. Professional education

4. Communities/public



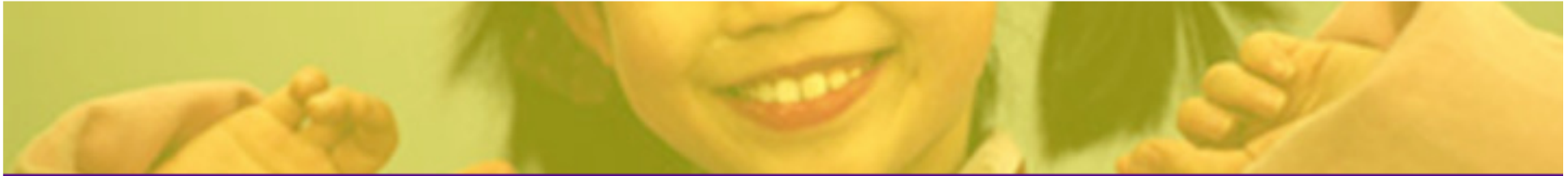
The challenges: Policy

- National level – separate policy bases for these issues. Very little acknowledgement of overlap.
- Services commissioned separately: alcohol or drugs or DA: children's or adults' services
- Structural separation of adult and children's services does not speak to needs/wishes of families nor facilitate joint working
- Agency level – few policies and procedures in place; evidence that not followed if do exist; lack of monitoring in order to provide evidence base on which to develop services



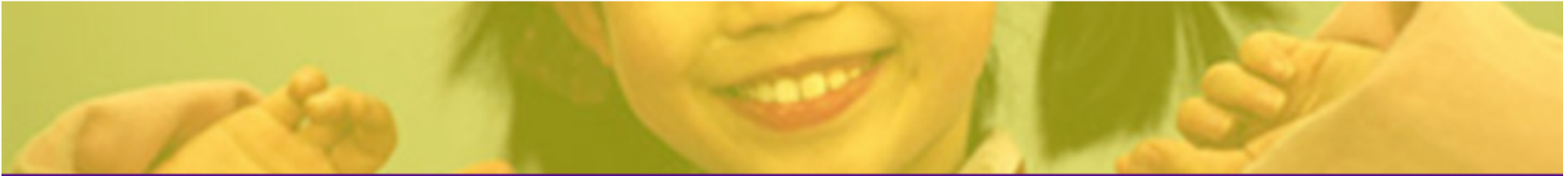
The challenges: Professionals/ services (1)

- Single issue focus of services, eg. alcohol or drugs or DA
- Adult vs children focus rather than both
- Lack of partnership/multi-agency working in spite of policy requirement to do so
- Potential practice partners...
 - use different models of working, eg. social vs medical models of alcohol use
 - have different priorities and targets to meet



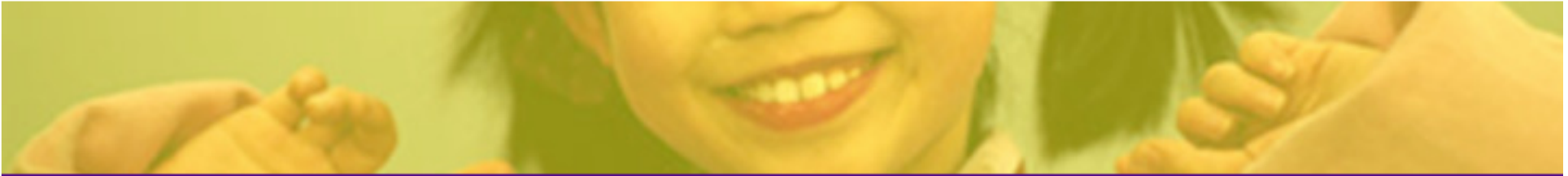
The challenges: Professionals/ services (2)

- Limited knowledge and confidence to deal with each issue let alone a combination of the two
- Practice guidance lacking – thus nothing to support or encourage good practice when issues are identified
- Professional identity threatened if start working with the ‘other’ issue, eg. safety instead of sobriety
- Lack of informed and knowledgeable supervision
- Where joint working exists, challenges include information sharing, staff turnover, mutual trust and respect



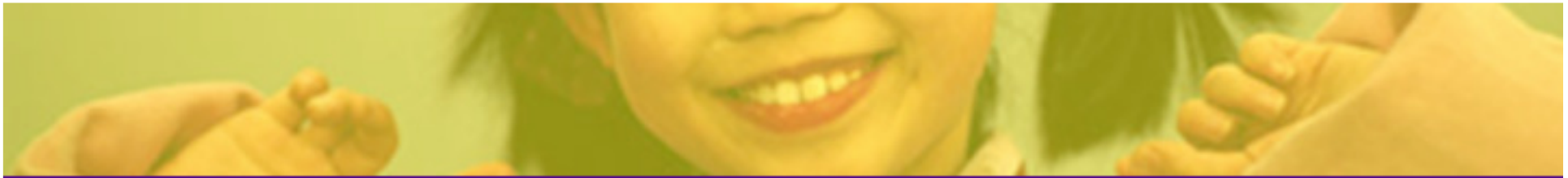
Way forward: Policy

- National level – policy recognition of overlap in all documents relating to children, substance use and DA, recognition of impact and need to respond
- Agency level – monitoring of both issues and co-existence; policies and procedures in place to support staff and service users



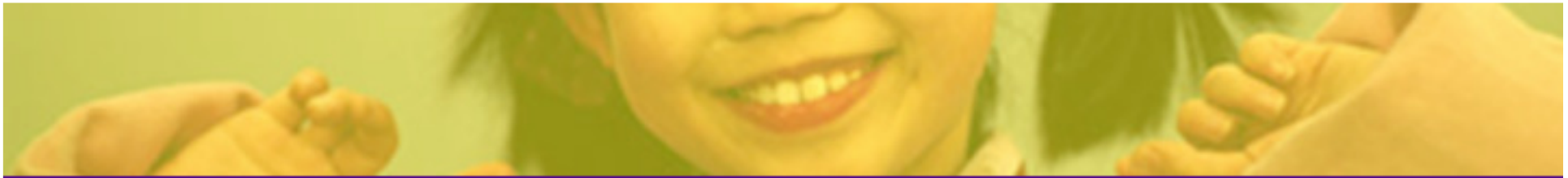
Way forward: Services

- Services need to respond more holistically – single focus does not address complex needs
- Services need to join together to provide one single service or
- Develop formal and active partnerships with each other at all levels of the organisations, eg. management and front-line staff
- Systems that separate adult and children services are not helpful for families – need change in structure or mandated partnership working with shared goals



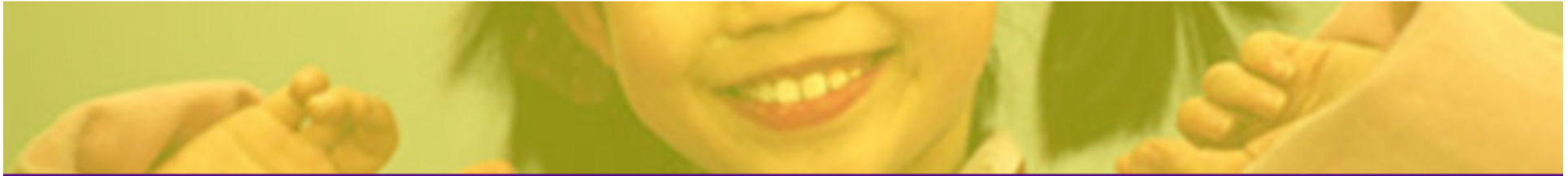
Way forward: Professionals

- With practice partners...
 - Focus on similarities of models of working and how to overcome any barriers
 - Learn about, and respect, each other's priorities; devise a way of working together that will do this
 - Share specialist information and set up training exchanges to support learning and confidence in working with the 'other' issues
 - Joint working - agree confidentiality protocols; ensure clear lines of accountability to help continuity if staff leave, ongoing cross agency communication and mutual support to foster trust and respect



Way forward: Professionals

- Practice guidance – clear practice guidance on how to assess for other issues, discuss how to respond (including impact on children), when to refer on and how, how to record, who to consult with etc
- Professional identity – agreed clarity that it is part of doing own job well, not always somebody else's job!
- Managers and supervisors - need training on all issues and an awareness of the impact on staff; take leadership on the policy and practice development



Summary

- Our job is to safeguard children from harm
- Both problematic substance use and domestic abuse increased adult victims' vulnerability and put children at risk
- Overlapping and complex issues - no simple, single focussed solutions
- Holistic response needed from all professionals supported by a political framework that supports interventions
- *NB. Need to hold DA perpetrators accountable for harm to children (and adults), not the victim*

A young child with light-colored hair is shown in profile, blowing bubbles. The child is smiling and looking upwards. The background is a soft, greenish-yellow color with many bubbles of various sizes floating around. The overall mood is joyful and playful.

Thank you for listening

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