

# Alcohol and Violence in Families: What About The Children?

## The English Experience of Participating in ALC-VIOL

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# Who we are

- Mental Health Research and Development Unit
  - University of Bath
  - Avon & Wiltshire Mental Health Partnership NHS Trust
- Alcohol, Drugs & the Family Research & Development Programme
  - Local, regional, national, international work
  - Founder member of ENCARE

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# Overview of Presentation

- Parental Alcohol Misuse and Domestic Abuse in England
- Conducting research on this topic in England
- What young people told us



# Parental Alcohol Misuse in England

- An *estimated* 780,000 – 1.3 million children are affected by parental alcohol misuse (National Alcohol Harm Reduction Strategy for England).
- The number of children affected by parental alcohol misuse is *probably* 5 times the number affected by parental drug misuse (Bottling it Up; Turning Point).
- A wide range of harms for these children, both in the short- and the long-term, and including the development of alcohol/drug and/or mental health problems.
- Of particular concern is the negative impact in terms of parenting and family life.



# Domestic Abuse in England

- About 25% of women will experience domestic abuse at some point.
- Women with children are twice as likely to experience domestic abuse.
- Many adult victims of domestic abuse will themselves misuse alcohol / drugs.
- Children are at risk through both being a victim of, and/or witness to, domestic abuse, and many of these incidents will involve alcohol.



# Co-existing Parental Alcohol Misuse and Domestic Abuse

“Research suggests that both parental domestic violence and substance misuse individually increase the level of risk posed to children not only of immediate significant harm, but of longer-term negative consequences. If the two factors are experienced together the danger is compounded and consequently the risk of harm is significantly increased”.

(Evans D in Harbin & Murphy, 2006 p74)



- Little research in this area, no concrete data and few estimates of numbers of children affected, by either or both issues.
- About a third of incidents of domestic abuse involve misuse of alcohol.
- High numbers of those in alcohol treatment have also experienced domestic abuse, and many of these will have children.
- Research has shown that often it is the behaviour (violence, family disharmony, conflict and disruption), and associated worry, accompanying substance (alcohol) misuse that causes more upset than the misuse itself.
- National Policy has not sufficiently addressed these two issues, either independently or together, nor how best to respond to children and families. What policy exists is fragmented at different levels and across different sectors.



# ALC-VIOL Research in England

- Aim –
  - To talk to a group of young people about their experiences of living with parental alcohol misuse and violence.
- Challenges in choosing a research site
  - Concerns over topic area
  - Accessing families / young people
  - Securing approval from research ethics committee
  - Limits due to project resources



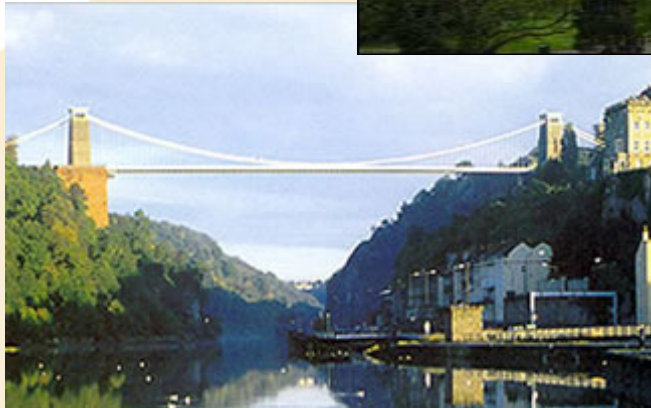
# Decision – keep it local!

⇒ Bristol

- Population of ~400,000
- Largest city in South West of England
- Sixth most populated city in England



# Bristol!



# Alcohol Misuse in Bristol (1)

- Data do not exist on:
  1. Alcohol misuse;
  2. How many alcohol misusers are parents;
  3. How many children might be affected.
- This is significant in itself.
- However, extrapolating from national and local data on %s of men and women who are hazardous or dependent drinkers, and who are also likely to be parents, then we reckon that there are in the region of 50,000 problem drinking parents in Bristol.



# Domestic Abuse in Bristol

- Bristol DA Strategy 2004-2007
  - DA – just under a fifth of all violent crime recorded by police.
  - A fifth of victims also had alcohol-related issues.
  - DA present in over 25% of child protection cases.
- 24hr snapshot of DA (2006) recorded 154 individuals experiencing DA.
  - Victims tended to be female and in an intimate partner relationship.
  - Emotional abuse was the most frequent, followed by physical, financial and sexual abuse.
  - Victims had been subjected to an average of 4 forms of DA, and had been experiencing DA for in excess of 1 year.
  - About 75% of victims had at least 1 child (over 220 in total).



# BASAS: Bristol Area Specialist Alcohol Service

- ⇒ One of 8 statutory addiction services in our Mental Health NHS Trust area, the only one that deals with alcohol only.
- ⇒ Situated near central Bristol, in a nice area!
- ⇒ The client catchment area is larger than the city of Bristol.
- ⇒ Team is well known to us.



# Working with BASAS

- ⇒ Excellent support and commitment from the whole team:
  - ⇒ Team meetings and discussions.
  - ⇒ Presentation at seminar for service user group and carer group.
  - ⇒ However, some team members did remain wary about the project and the implications for clients and children.
  
- ⇒ Additional funds from our NHS Trust R&D Office to support Karen (Clinician) and Jane (Team Manager) to work with us.
  
- ⇒ Karen's role with the project:
  - ⇒ Liaison with staff team.
  - ⇒ Case note review to try and identify cases.
  - ⇒ Initial discussions with parents (clients) to secure consent for access to children.



# Recruitment

- Overall BASAS caseload at any one time – in the region of 150-200 clients.
- Many not suitable to be approached – at assessment stage, unstable, relapsed etc.
- Unclear how many clients are parents.
  - Highlights a common problem with addiction treatment and its individualistic focus.



# Recruitment

- 25 clients approached about the study.
- 5 gave consent for us to contact their children (following discussion with the children).
- 20 clients declined participation.
  - 8 had 2 children (in the age range for eligibility); the rest had just 1 child.
- Reasons for not taking part:
  - 11 people declined (6 specified that it was the young person who was not happy to take part).
  - 1 young person was found out to be too young.
  - 1 family was later deemed not suitable (did not meet our eligibility criteria).
  - 2 clients were not stable enough (in terms of their alcohol misuse) to be considered.
  - 5 clients were discharged (non-attendance, relapsed) from the service so we could not continue discussions about participation.



# The Young People

- We recruited 8 young people, from 5 families.
- We have interviewed 7 young people, from 4 families.
  - An 18yr old girl agreed to take part but has not been interviewed.
- In one family we interviewed 3 (female) siblings; in another family we interviewed a brother and a sister; in the other 2 cases we interviewed 1 young female.
- 6 of the young people were female.
- The young people were aged 12, 14 (x2), 15 and 17 (x3).
- 6 of the young people had a mother with an alcohol problem.
  
- No 'formal' quantitative or qualitative analysis of data yet.



# Emerging ideas - General

- Examples of the general impact of parental alcohol misuse.
- Some YP gauged what else had been going on in their lives by whether or not their parent had been drinking.
- YP speak about the impact of drinking in more general terms, but seem more specific and emotive when talking about the impact of (alcohol-related) conflict.

“it affects everyone”

“no-one has ever asked me about how I feel in any of this”



# Emerging ideas - General

- Very few examples of physical violence:
  - Prominence of verbal aggression, usually between parents, and usually involving drinking.
  - 1 YP talks about physical and verbal violence between her and her drinking father.
  - Some young people said that there had been less fighting since their Mum had stopped drinking.
- Young lives seem full of inconsistency, uncertainty and confusion:
  - Not being 100% clear what is going on in terms of drinking / aggression.
  - Family composition (presence of drinking parent, step-families), parental (un)employment, parental mental health problems, history of abuse for some young people are all issues that bring disruption.



# Emerging ideas - Coping

- 'Withdrawing' from (alcohol-related) conflict is common e.g. going to bedroom, watching TV, taking the dog for walk.
- 1 YP talked about shouting & screaming at her mum, another YP gets involved to protect her brother and help her dad; 1 YP will physically argue and fight with her dad.
- For the most part, young people seem resigned to the fact that the drinking and fighting will continue / happen again, and that therefore there is nothing that they can do about it.
- Some young people seemed to have higher levels of anger related to what was going on at home.



# Emerging ideas – Support (1)

- A sense of general isolation and having ‘coped’ / ‘survived’ with little support.
- However, some YP talk about good support from the non-drinking parent and 1 is clear that her boyfriend is her main supportive person.
  - There is little mention of the wider family.
- Mixed views about support from friends.
- Few examples of professional intervention; mixed views of how helpful this has been.
  - School, counsellor, Sergeant at Army Cadets.
    - “She commented that as soon as you mention ‘alcohol’ they pass it on – they can’t get too involved, they don’t know how to help”.



## Emerging ideas – Support (2)

- Lack of knowledge of where to go.
- Most YP do not feel that they currently need help:
  - They are just trying to get on with their lives.
  - They would have liked help much sooner.
  - The main need is for someone to talk to, someone outside of the family and / or someone who will listen and understand and not say what to do:
    - “it is more helpful if they don’t try to sort it out for you”.
- Young people seem more concerned about other people (e.g. a sibling or the drinking or non-drinking parent), than they do about themselves.



# Emerging ideas - Siblings

- One older sister said that the mother's drinking affected younger siblings more than her.
- Another older sister spoke of protecting her younger brother.
- Younger children are not so clear with what is going on, but similarly are not complete immune to it either.
  
- Does the nature of the impact, and how you feel about it, change with age, and which sibling you are?
- Does an only child get more involved in trying to find a resolution to the problem, or by intervening when there are fights? Are only children more 'angry' about what is going on?



# Emerging ideas – Resilience?

- Presence of a consistent and supportive other person, usually a non-drinking parent, but sometimes a professional or a friend.
- Focus on school, college, work.
- Considering their own future e.g. planning for the future, going to the cadets, applying to go to University.
- Not engaged in risky behaviours, such as drinking, smoking and taking drugs.
- ‘Internal’ resilience?

“[She] just gets on with life, [she] never feels totally great and carries her problems around with her but is just used to it....[She] has learned how to cope with it and has changed to be able to live with it”.



# Concluding comments (1)

- What do the data tell us about parental alcohol misuse and parental violence?
  - Maternal drinking
  - Predominance of verbal aggression – arguments and fighting
    - Sample bias?
  - Young people who are themselves violent
  - Why so little mention of the wider family?
  - Sibling differences
  - What do children (and families) need?
  - Contribution to our growing understanding of resilience



# Concluding comments (2)

- Lessons learned about how to secure research ethics approval, thus gaining confidence of clinicians.
- Working in close partnership with the research site was a real benefit to the project.
- Resources impacted upon what we could do.
- Much more research needed in light of the findings of this project.
- Implications for service delivery.
- Ensuring that alcohol policy and domestic abuse policy, nationally and locally, addresses the co-existence of the two issues, particularly the implications for children and young people.



Thank you for listening to my  
presentation

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