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# The hidden harm:

Alcohol's impact on children and families



## SUMMARY

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# SUMMARY

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- This study examines the effects of alcohol's harms on children and families in Australia using multiple quantitative and qualitative sub-studies.
- Heavy drinking can be linked to a range of negative effects on children and families including modelling of poor drinking behaviours, family arguments, injury, child neglect, abuse and violence.
- More than a quarter (26 per cent) of respondents reported experiencing harm from the drinking of family members in at least one of the two HTO Surveys (2008 and 2011).
- Past harm was the strongest predictor of future harm for children and families, as well as the number of adult heavy drinkers in respondents' household and among their relatives, girlfriends, boyfriends and ex-partners. Half (50 per cent) of adult respondents harmed in 2008 were also harmed in 2011 and 35 per cent of children harmed in 2008 continued to be harmed in 2011.
- Interviews revealed that children experienced a range of harms, with the most common of these being witnessing verbal or physical conflict, or witnessing drinking or inappropriate behaviour. Children were also verbally abused, left in an unsupervised or unsafe situation, physically hurt or exposed to domestic violence because of others' drinking.
- Parental or carer drinking plays a large role in child protection cases, with available data indicating that alcohol abuse is associated with between 15 and 47 per cent of child abuse cases each year across Australia.
- In 2011 there were 29,684 police-reported incidents of alcohol-related domestic violence in Australia for states and territories where data is available.
- Over a million children (22 per cent of all Australian children) are estimated to be affected in some way by the drinking of others, 142,582 children (3 per cent of all Australian children) are substantially affected and 10,166 (0.2 per cent of all Australian children) are already within the child protection system where a carer's problematic drinking has been identified as a factor.
- Findings from this report highlight the need for governments to invest in strategies that reduce alcohol-related problems in families, including primary, secondary and tertiary prevention. It is important to acknowledge that many families struggling with parental alcohol misuse are not in the service system at all and are 'hidden' to authorities. Therefore population-wide policies which reduce alcohol problems across the community are needed to reduce and prevent further harms from occurring in families.

## BACKGROUND AND CONTEXT

Heavy drinking can be linked to a range of negative effects on children and families, including modelling of poor drinking behaviours, family arguments, injury, child neglect and abuse and violence.

*The hidden harm: Alcohol's impact on children and families (The hidden harm)* examines:

1. How common and what are the effects of heavy drinking upon families and children?
2. To what extent do the effects upon children and families persist or change over time?
3. What is the qualitative nature and impact of harms to children and families from others' drinking?
4. What services are available for families and children if they have been affected by the drinking of those around them?
5. What types of service and policy interventions are likely to improve the situations of those affected by others' drinking?

*The hidden harm* includes multiple sub-studies involving a variety of quantitative and qualitative approaches and data sources to elicit the effects of alcohol's harms on children and families in Australia. This includes the 2008 Harm to Others Survey (HTO Survey) of 2,649 respondents (focusing in particular on the 1,142 respondents in families with children), the follow-up 2011 HTO Survey of 1,106 respondents, and a range of registry or agency response data from the alcohol and other drugs (AOD) treatment, police, family violence and child protection systems. In addition to these quantitative data sources, in-depth qualitative interviews were completed with a sub-sample of those HTO Survey respondents who reported that children in their families had been negatively affected by others' drinking. Individual interviews and focus groups were also conducted with key informants from child, family and AOD service providers, policy makers and researchers.

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## EFFECTS OF OTHERS' DRINKING ON CHILDREN AND FAMILIES: REVISITING THE 2008 HTO SURVEY

In 2008, one in five carers (22 per cent) reported that their children had been affected in some way by others' drinking in the last year (equivalent to 1,045,598 children). One in six Australians (17 per cent) were negatively affected by a family member or intimate partner's drinking, including household members, other relatives, current and ex-partners, girlfriends and boyfriends (equivalent to 2,791,964 Australians).

There is substantial overlap between harms to children and to other adult family members, with 22 per cent of all respondents in the 2008 HTO Survey (equivalent to an estimated 3,613,130 Australian adults) reporting that they themselves or a child in their family had been affected by others' drinking. Furthermore, around four per cent of all respondents (equivalent to an estimated 706,202 Australian adults) reported that both they and one or more children in their families had been affected by others' drinking.

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## STABILITY AND CHANGE IN ALCOHOL'S HARMS TO CHILDREN AND FAMILIES OVER TIME

More than one-quarter (26 per cent) of respondents in both the 2008 and 2011 HTO Surveys reported harm from the drinking of family members in at least one time period. Nine per cent of respondents reported that they had experienced persistent harm from family members, nine per cent reported discontinuation of harms experienced in 2008 and seven per cent reported new harms from family members' drinking in 2011.

Among those respondents who reported being harmed by family members in the first survey, 50 per cent were again, or still, being harmed by the drinking of family members in 2011. Over one-third (35 per cent) of carers whose children were harmed by others' drinking in 2008 reported that children in their family were harmed again, or still, by the drinking of others in 2011.

The study provides strong longitudinal evidence that past harm and the drinking patterns of others in the carer's household and among their relatives, girlfriends, boyfriends and ex-partners predict whether children experience harms from others' drinking over time. However, continuity in harm to children was less evident than continuity in harm to carers, suggesting that carers may be more likely to tolerate the harms to themselves than to their children.

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## QUALITATIVE ANALYSIS OF HARM TO CHILDREN AND FAMILIES BY OTHERS' DRINKING

Twenty in-depth interviews were held with carers who had reported harms to their children from others' drinking in either the 2008 or the 2011 HTO Survey. The drinker causing harm was most often a man, and usually the father of the affected children. In cases where the problematic drinker was a woman, it was usually the mother.

If the drinker reported to be harming a child was not part of the immediate, or even extended family, the harm incurred was more likely to be described as "a little" harm, rather than "a lot." This suggests that a family can distance itself from drinkers outside the family who could otherwise cause significant harm to children.

Physical abuse and neglect of children were not common, even where "a lot" of harm was reported, and several carers emphasised that the problematic drinker had never physically harmed their child. While verbal and emotional abuse were more common, the most common harm for children harmed "a lot" was witnessing conflicts such as physical or verbal abuse.

The major impact on the family of having a parent whose drinking harmed children was that the other parent was prepared to leave the relationship.

The most common source of support for dealing with harm to children from another's drinking was the immediate and extended family. If people were unable to turn to family they sought support from a variety of sources including religious communities. Seeking support from friends were not widely favoured because of the perceived stigma of having alcohol-related problems in the family. Formal services and medical professionals were perceived to be focused on supporting the drinker, but not the family members dealing with the impacts of that person's drinking.

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## SERVICE USE

There are a range of services that respond to families experiencing problems associated with others' drinking, from the police to telephone helplines.

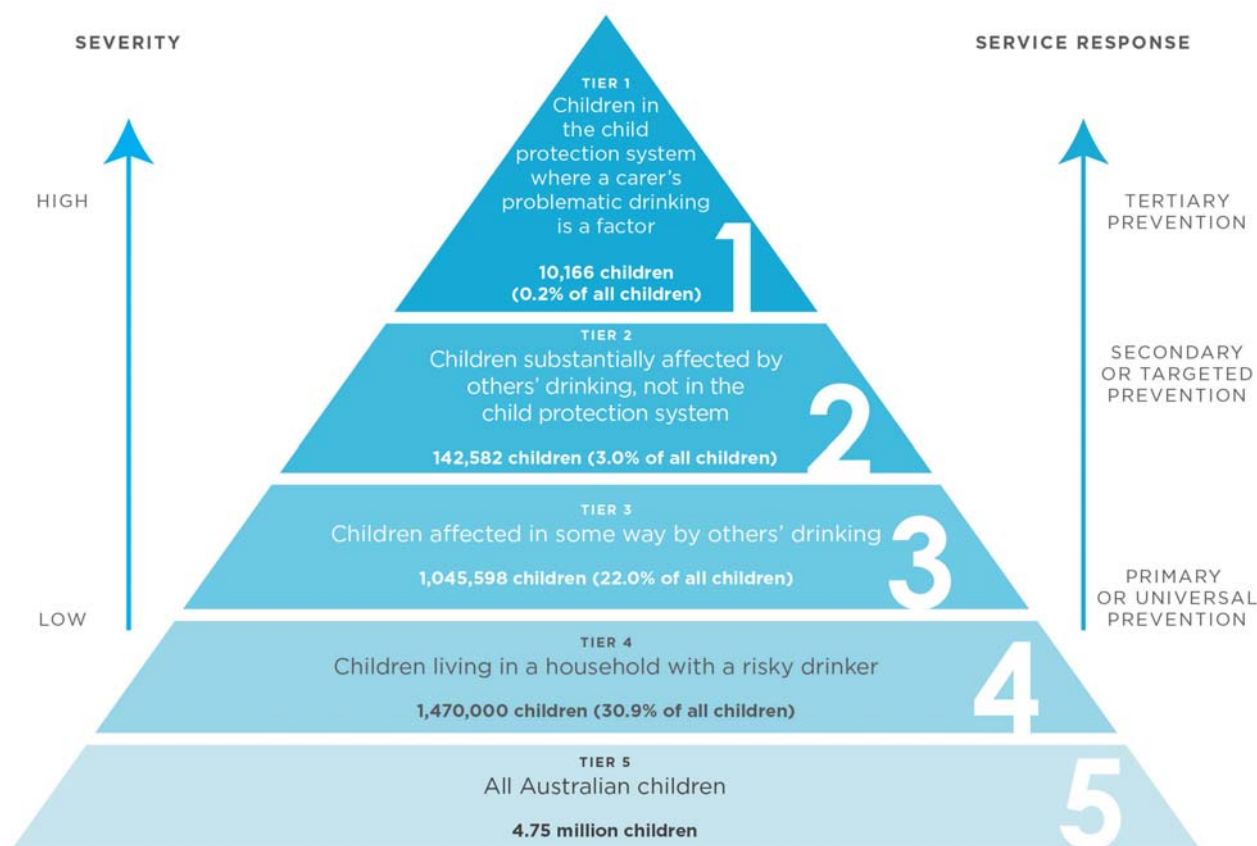
Police responses often reflect the more serious types of alcohol-related harms such as assaults, but obtaining national estimates on the proportion of family incidents where alcohol is involved is difficult due to different reporting practices across Australia. In 2011 there were a total of 29,684 recorded alcohol-related family incidents or domestic assaults in states where data was available (New South Wales, Victoria, Western Australia and the Northern Territory). In the case of Victoria, Western Australia and the Northern Territory the numbers of alcohol-related family incidents have been steadily rising.

Alcohol misuse by carers is associated with between 15 and 47 per cent of child abuse cases across Australia, and predicts protective interventions, court interventions and recurrent child abuse and neglect. In 2006-07 (using the best and most recently available data), 10,166 substantiated cases of child abuse and neglect across Australia are estimated to have involved alcohol; this equates to an estimated 12,658 children in 2012-13.

AOD services also provide some support to family members of problem drinkers. For example, 6,720 episodes of care were provided to individuals seeking treatment related to someone else's alcohol and/or drug use by publicly-funded AOD services across Australia in 2011-12. In addition, across Australia in 2012-2013, 5,966 calls and 258 online contacts were registered by national support services from individuals concerned about a family member's drinking.

## A PUBLIC HEALTH APPROACH TO PREVENTING AND MANAGING ALCOHOL-RELATED HARMS FOR FAMILIES AND CHILDREN

*The hidden harm* introduces a pyramid model that highlights the numbers of children estimated to be at various levels of risk of alcohol-related harms over a one year period and demonstrates the varied policy and program responses needed to address these levels of harm.



The large numbers of children and families affected at each tier of the pyramid suggest that a public health ('universal') approach to preventing and managing alcohol-related child and family harms is warranted, in addition to secondary prevention interventions aimed at families at-risk and tertiary approaches provided by child protection services and other family support agencies.

### FURTHER INFORMATION

The full report, *The hidden harm: Alcohol's impact on children and families* is available at [www.fare.org.au](http://www.fare.org.au).

Laslett, AM., Mugavin, J., Jiang, H., Manton, E., Callinan, S., MacLean, S., & Room, R. (2015). *The hidden harm: Alcohol's impact on children and families*. Canberra: Foundation for Alcohol Research and Education.

## ABOUT FARE

The Foundation for Alcohol Research and Education (FARE) is an independent, not-for-profit organisation working to stop the harm caused by alcohol.

Alcohol harm in Australia is significant. More than 5,500 lives are lost every year and more than 157,000 people are hospitalised - making alcohol one of our nation's greatest preventative health challenges.

For over a decade, FARE has been working with communities, governments, health professionals and police across the country to stop alcohol harms by supporting world-leading research, raising public awareness and advocating for changes to alcohol policy. In that time FARE has helped more than 750 communities and organisations, and backed over 1,400 projects around Australia.

FARE is guided by the World Health Organization's 2010 *Global Strategy to Reduce the Harmful Use of Alcohol* for stopping alcohol harms through population-based strategies, problem directed policies, and direct interventions.

If you would like to contribute to FARE's important work, call us on (02) 6122 8600 or email [info@fare.org.au](mailto:info@fare.org.au).