

Safeguarding children: working with parental alcohol problems and domestic abuse



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Safeguarding children: working with parental alcohol problems and domestic abuse

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This briefing paper discusses the practice and policy challenges faced by alcohol professionals working with parents and families where there is also domestic abuse. It highlights the impact of domestic abuse and parental alcohol problems on children and summarises the fragmented policy framework in which these overlapping issues sit. To conclude, it offers some building blocks from which to formulate practice responses and practice development.

Target audience

This briefing is aimed at:

- Managers of alcohol services
- Front-line alcohol service staff

The information in this briefing may also be of interest to:

- Domestic abuse services
- Health and social care staff
- Drug agencies
- Policy makers

Summary: the briefing at a glance

- Children are at greater risk of harm when they are living with both parental alcohol problems and domestic abuse
- The negative effects on children of each of these problems is compounded when they are suffering both
- Children from BME populations may

have additional needs and alcohol services need to understand and respond accordingly

- As well as identifying risks, practitioners also need to identify and build on the protective and resilience factors in the child's environment
- There is a range of international, national and local policy initiatives that can drive practice development
- At an agency level there are four key pieces of policy and procedures that are important: 1) Domestic violence, 2) Child protection, 3) Vulnerable adults, 4) Confidentiality and information sharing
- The safety of victims of domestic abuse has to be the priority for all staff
- Alcohol professionals need to be committed to working with domestic abuse and understand their role in early identification and intervention
- Assessment processes need to routinely ask questions about domestic abuse based on good training and management support
- Research shows that children want to talk about their experiences of abuse and want professionals to help them do so
- Agencies need to have information about specialist domestic abuse services that are appropriate for children as well as adults.

Introduction

The number of children affected by the overlapping issues of parental alcohol problems and domestic abuse is not known. Indeed gaps in the research have resulted in wide ranging estimates of the number of children affected by the single issue of parental alcohol problems, currently between 300,000 and 2.5 million (Cleaver et al. 1999, Tunnard 2002, Templeton et al. 2006). Prevalence estimates of children living with domestic abuse do not exist. What is known is that more than one in four women suffer domestic abuse at some point in their lives and that women with children face double the risk of domestic abuse than women without children (Walby and Allen 2004). At higher risk are single women with children, particularly where they have recently separated from an abusive partner (Walby and Allen 2004). A national prevalence study of young people's experiences of domestic abuse (n=2869) found that 26% had witnessed violence between their parents at least once with 5% reporting that it was ongoing and frequent (Cawson 2002). Research evidence using alcohol treatment populations also shows 60-80% of women receiving support for alcohol problems have suffered domestic abuse in the last 6-12 months (Chase et al. 2003, Downs et al. 1998) and approximately 50% of men receiving alcohol services have perpetrated it (Schumacher et al. 2003, Brown et al. 1998). A significant number

of these men and women are likely to be parents and their children will therefore be living in a home environment negatively affected by parental alcohol problems and domestic abuse.

In spite of the limited prevalence data on the number of children living with both problems, it is clear from research, professionals' experiences and service users' reports, that these two behaviours frequently overlap. These sources suggest these are not small numbers of children. The result of this overlap is that children are exposed to, or caught up in, the effects of parental alcohol problems and domestic abuse which may place them at higher risk of harm and present child protection concerns (Cleaver et al. 1999, Galvani 2005, Templeton et al. 2006). Thus, there is an urgent need for services to respond to minimise harm, or the risk of harm, to children.

Impact on children

Domestic abuse and alcohol problems, as separate issues, can have a profoundly negative and long lasting impact on children of all ages. Logic therefore suggests that children living with both problems are more than likely to be exposed to greater risks and to increased levels of harm as the complexity of their parents' problems increases. Taken separately there are striking parallels in the potential negative



impact of parental alcohol problems and domestic abuse on children, (see table 1):

Table 1. Parallels between the potential negative effects of parental alcohol problems and domestic abuse on children

Parental alcohol problems	Domestic abuse
Social isolation, stigma and keeping secrets	Social isolation, stigma and keeping secrets
Emotional neglect and abuse	Emotional neglect and abuse
Behavioural changes or problems	Behavioural changes or problems
Developmental delay, including in utero	Developmental delay
Potential damage to the foetus from heavy drinking (Foetal Alcohol Spectrum Disorder - FASD)	Damage to foetus/miscarriage from physical abuse targeted at stomach
Psychological and/or psychiatric problems	Psychological and/or psychiatric problems
Poor supervision	
Inconsistent and poor quality care	Inconsistent and poor quality care
Overly punitive discipline	Overly punitive discipline
Child feeling fearful and responsible	Child feeling fearful and responsible
Disrupted play and leisure time	Disrupted play and leisure time
Disrupted routines, eg. school attendance	Disrupted routines, eg. school attendance
Low self esteem and self confidence	Low self esteem and self confidence
	Physical and sexual abuse
Disrupted attachment to parents	Conflicting loyalties towards parents
Difficulties in their adult relationships	Difficulties in their adult relationships

In addition there are established links between experiencing child abuse and revictimisation as an adult (Morley and Mullender 1994, Hester et al. 2000) and links between child abuse and the development of adult substance problems (Bear et al. 2000, Clark and Foy 2000, Downs et al. 2004, Galaif et al. 2001, Hartley et al. 2004, Kantor and Asdigan

1997, Miller et al. 1993, Pedersen and Skrondal 1996, Wall et al. 2000).

BME children

Children from black and minority ethnic communities may also have additional or different needs that relate to their cultural and family environments. For some cultures and religions, any alcohol

consumption is shameful. In addition, domestic abuse can also be ignored, colluded with, or perpetrated by other family members due to specific cultural beliefs and expected family and gender roles. For example in South Asian communities 'izzat' is a dominant concept that involves protecting the family honour and preserving respectability and family status, whatever the cost. The responsibility for upholding 'izzat' usually falls to the women and girls, albeit a concept that is applicable to both sexes (Mullender et al. 2002). In addition the home is often a haven from racial harassment and, as Mullender et al. (2002) point out, leaving it to flee violence or overcome condemnation from their religious community may be a choice between different types of abuse; domestic abuse or racial harassment. Thus practitioners need to be aware of, and respond to, the differing experiences of minority ethnic children, and their parents. Commissioners and managers need to be clear that service provision needs to meet the needs of children, whether this is directly or by providing services that meet the needs of their parents suffering alcohol problems and domestic abuse. These needs will often not be met by the individualistic services that dominate the majority of alcohol or domestic abuse services.

Children's responses

Each child will respond individually to their experiences of parental alcohol

problems and domestic abuse. Even siblings within the same family will not necessarily respond in the same way. Some of this will depend on their age and understanding of what is going on as well as the severity of the harm related to the alcohol problem and domestic abuse (see Cleaver et al. 1999 for further details). However, children are also remarkably resilient and the negative impact of these problems will vary according to what other people, places or things they have in their environment to provide a counter balance to their suffering at home. Such protective and resilience factors can be both internal to the child, eg. having positive plans for the future, or external to the child, eg. having interests outside the home, and relationships with supportive adults and peers. Building on these resilience and protective factors is key to helping children cope with their experiences and minimise the potential harm. However, at the same time, the parents' needs must be addressed and practitioners should not hesitate to raise child protection concerns with the parents and/or other agencies as appropriate. Practitioners must also be able to offer resources for escaping the violence and abuse as evidence shows that the negative effects of domestic abuse on children, and the problems they suffer as a result, improve significantly once they are away from the perpetrator of the abuse.



For front-line professionals working with the children and/or their parents, the key concern is finding the best way to work with children suffering from the overlapping issues of domestic abuse and parental alcohol problems. Questions may include how far this intervention should go, how to assess,

when to refer on and to whom, and at what point it becomes a child protection issue. Before addressing the practice issues, however, the policy context needs to be defined as this will provide commissioners and managers with the framework that will drive, justify and support such a practice response.

Policy framework

For children living with the overlapping issues of parental alcohol problems and domestic abuse, policy is fragmented across a number of subject-specific areas including domestic abuse, alcohol, children and families, and vulnerable adults. Some health and criminal justice policies are also relevant. However, in addition to the subject-specific policies, there are also four levels of policy to consider - international, national, local and agency. The particular practice focus of the agency, and the requirements placed on it, will determine which pieces of policy, at which of the four levels, will be the key drivers for a practice response. The following are a selection of policies and guidance relevant to children suffering alcohol-related domestic abuse:

International policy

- *UN convention on the elimination of all forms of discrimination against women (CEDAW) (1992), recommendation 19, paragraph 9* - the UK has a duty to protect women and children from violence as one

form of human rights violation.

- *UN declaration of human rights* - emphasises importance of equality and life free of discrimination.

National policy

Alcohol and drug use specific

- *The national alcohol harm reduction strategy for England (AHRSE) (Cabinet Office 2004), subsection 6.4* - identified the need for alcohol and domestic abuse services to work together to address the problem.
- *Models of care for alcohol misusers (NTA, 2006)* - the guidance document through which the alcohol strategy is to be delivered including recommended routes for service delivery. Regularly acknowledges the need to assess for the impact of alcohol problems on children and families and repeatedly includes domestic abuse as one of the complex issues that needs addressing through coordinated interventions.
- *Alcohol misuse interventions: guidance on developing a local*

programme of improvement

(NTA/DH, 2005) - identifies how PCTs, local authorities, criminal justice agencies and voluntary agencies need to understand their and each others' roles in crime and drug partnerships, particularly focussing on the "Tackling violent crime programme areas (alcohol and domestic violence)" (p9).

- *The drug and alcohol national occupational standards* (DANOS) (Skills for Health, 2002) - recognises the need for workers to be able to protect and minimise the risk of abuse both by, and to, their client group.

Domestic abuse specific

- *Domestic violence: a national report* (2005) - the government's national plan. It refers to increasing early identification and intervention by front-line services and increasing the use of existing powers to protect people at risk of harm.
- *Vision for services for children and young people affected by domestic violence* (LGA, May 2006) - provides guidance to commissioners on what is needed to support children and young people suffering domestic abuse and to assess the gaps in their local services and their priorities for action.

Social care and health

- *Children Act 1989* (amendments to

s.31 following the introduction of s.120 of the *Adoption and Children Act 2002*) - incorporates witnessing or hearing ill treatment of another person to be included in the criteria for the assessment of harm.

- *National service framework for children, young people and maternity services* (DH, 2004) - identifies "relationship conflict" and alcohol and drug use as areas where parents may need early intervention and multi-agency support .
- *Delivering choosing health* (DH, 2005) - Priority E includes improving the patient experience eg. domestic abuse victims, and Priority F states that all health professionals need to be trained in the early identification of alcohol problems.

Local level policy

A key starting point for each agency is to ensure it has a copy of:

- the *local domestic violence strategy*, and any accompanying practice and policy guidance (available from the local Community Safety Partnership, the local authority Domestic Violence Coordinator, or the local inter-agency Domestic Violence Forum)
- the *local alcohol strategy* (available from the local Drug and Alcohol Action Team)
- the Local Safeguarding Children Board (LSCB) *child protection*



procedures. LSCBs will have child protection procedures that should contain separate chapters on specific topics including working with parents where there is substance use and domestic abuse, for example Birmingham LSCB (available online at www.lscbbirmingham.org.uk/child-protection-procedures/introduction.asp).

Agency level policy

Within agencies there will be four main pieces of policy that will support and

direct interventions ¹ :

- Domestic violence policy and procedures
- Child protection policy and procedures
- Vulnerable adults policy and procedures
- Confidentiality and information sharing policy and procedures

Importantly the agency's policies need to be cross-referenced, reviewed regularly and informed by current good practice in each area.

Confidentiality and information sharing

It is the last of these four policies (above) that often causes concern to professionals in relation to joint working. Many agencies will have information sharing policies in place that ask people to name specific agencies or people with whom they can share information. This issue has been more fully addressed in Alcohol Concern's guidance on *Confidentiality*. The practitioner's guide that accompanies the *Every Child Matters* policy documents identifies six key points in relation to information sharing:

1. Explain openly and honestly at the outset what information will or could be shared, and why, and seek agreement - except where doing so puts the child or others at risk of significant harm
2. The child's safety and welfare must be the overriding consideration when making decisions on whether to share information about them
3. Respect the wishes of children or families who do not consent to share confidential information - unless in your judgement there is sufficient need to override that lack of consent
4. Seek advice when in doubt
5. Ensure information is accurate, up-to-date, necessary for the purpose for which you are sharing it, shared only with those who need to see it, and shared securely
6. Always record the reason for your decision - whether it is to share or not.

(Taken from *Making it happen: working together for children, young people and families*, (DfES 2006, p3). Available online at www.ecm.gov.uk/informationsharing)

¹ For agencies not specialising in alcohol interventions there will also be a fifth key piece of policy setting out the agency's practice in relation to alcohol, and possibly drug, use.

Practice responses

What is clear in law and in the majority of policy documents is the need to *protect children, and vulnerable adults, and prioritise their safety* regardless of the area of specialist practice. For services that work mainly on an individual basis with adults on issues other than their parenting, for example their alcohol use, this may be a particular challenge. It may need further discussion among the team to ensure there is agreement and clarity over why children's needs come before adults' needs *if* it comes

down to a choice between the potential breakdown of a therapeutic relationship or the protection of a child. However, the easiest way to avoid having to make such choices is by ensuring partnership agreements and procedures are in place between specialist agencies. Thus both parent and child can be simultaneously supported if the referring agency is not able to work with them both. (For further information see Alcohol Concern's (2006) *Guidance on multi-agency working*.)

Couples work

If couples are being seen together at the time the domestic abuse is identified, they will need to be seen separately. A victim is unlikely to be open about her suffering, and that of the children, with the perpetrator sat next to her because of fear of reprisals and further abuse.

In the UK, it is currently unlikely that both alcohol problems and domestic abuse will be addressed fully by one agency. It is more common to find two separate services, with limited partnership working between the two. Consequently adults, and their children, are falling through the gaps in services and not having their support needs adequately met. However, there are signs of improvement. Some alcohol and domestic abuse services are beginning to recognise the need to improve their practice and have taken on specialist workers to develop policy and practice guidance. While these workers provide

a good resource and support for agency staff it is also important that they do not become the 'expert' at the cost of all staff improving their practice and ensuring domestic abuse and its impact on parents and children is absorbed into mainstream practice.

As there are different types of alcohol service provision, the practice response will need to be tailored to the structure and focus of the agency. For example, alcohol agencies working with children and families will have additional practice considerations compared with alcohol agencies working directly with adults



only (see table 2). However, any response needs alcohol professionals to be clear that part of their job includes identifying and asking about domestic abuse, and intervening where children are suffering abuse or at risk of abuse. This is in addition to identifying if their adult client, and parent, is suffering or perpetrating domestic abuse. Second, they also need to be clear that their service user's safety is the priority rather than their drinking goal or sobriety. This can be difficult if staff fear that asking about domestic abuse will frighten clients away. However, if it is a routine part of the assessment and is set alongside the other personal questions asked during

this process, it is unlikely to be an issue. Third, there needs to be staff commitment to referring the adult, and children, to domestic abuse specialists, as well as a commitment to monitoring and supporting their progress. Alcohol professionals need to be able to offer ongoing support to the domestic abuse specialists who may be ignorant of how to work with someone with alcohol problems. Once the safety of the children and parent is established, it is more likely that they will feel able to talk about the links between the domestic abuse, their alcohol use and subsequent thoughts, feelings and behaviour.

Table 2. Interventions for adult only and family oriented alcohol services

Adult only interventions	Family and children interventions
1. being aware of domestic abuse and identifying the risk to the parent, and their children, as it arises during the adult intervention	1. being aware of domestic abuse and identifying the risk to the parent, and their children, as it arises during the intervention
2. supporting, or challenging, the drinking parent (depending on whether they are victim or perpetrator respectively)	2. supporting, or challenging, the drinking parent (depending on whether they are victim or perpetrator respectively)
3. assessing and exploring the domestic abuse and the <u>parent's</u> awareness of its impact on themselves, their parenting and the children, and what they would like to happen about it	3. assessing and exploring the domestic abuse and the <u>parent's</u> awareness of its impact on themselves, their parenting and the children, and what they would like to happen about it 3a. assessing and exploring the domestic abuse and the child's awareness of its impact on themselves and their parents and what they want to happen about it

<p>4. identify any child protection concerns, seeking advice if needed, and consult agency procedures if the child is at risk</p>	<p>4. identify any child protection concerns, seeking advice if needed, and consult agency procedures if the child is at risk</p>
<p>5. referrals to relevant specialist agencies (with or without consent as appropriate), offering support to the specialist agency and parent through the referral and specialist intervention process</p>	<p>5. referrals to relevant specialist agencies (with or without consent as appropriate), offering support to the <u>child</u>, parent and specialist agency through the referral and specialist intervention process</p>
<p>6. supporting the adult, including discussion about how their alcohol use is related to their suffering, or perpetration, of domestic abuse, and how both these behaviours affect their children. (This provides an educational opportunity to dispel some of the myths about the relationship between alcohol and domestic abuse.)</p>	<p>6. supporting the adult, including discussion about how their alcohol use is related to their suffering, or perpetration, of domestic abuse, and how both these behaviours affect their children</p> <p>6a. supporting the child, including discussions (if age appropriate) about how their parent's alcohol use is related to the domestic abuse, and how it affects them. (For parent/s and children this provides an educational opportunity to dispel some of the myths about the relationship between alcohol and domestic abuse.)</p>
<p>7. discuss safety planning with the parent in relation to the domestic abuse and alcohol use, a) when drinking and b) when sober</p>	<p>7. discuss safety planning with the parent, <u>and children</u>, in relation to the domestic abuse and alcohol use, a) when parent/s drinking and b) when sober</p>
<p>8. provide relevant information including details of relevant agencies, websites, leaflets</p>	<p>8. provide relevant information including details of relevant agencies, websites, leaflets</p> <p>8a. ensure information is provided to children in age appropriate language and formats, eg. videos, helplines, leaflets, web addresses</p>



NB. Effective and safe interventions need to be underpinned by adequate training for managers and staff, informed and regular supervision, joint working agreements with partner agencies, and policies that are clear and support staff and clients alike.

When to intervene

Intervention begins as soon as domestic abuse is suspected or identified. This is why there is a need to understand the language of domestic abuse and to have the confidence to ask for clarity on phrases such as "I'll be in trouble" or "Daddy can get really angry". Given the extremely high prevalence rates of domestic abuse among people receiving alcohol services, it is likely that such phrases will convey abusive behaviour.

Early intervention means that potential harms to children can be prevented sooner. However, the maxim 'better late than never' also applies in relation to children, and adults, suffering harm or at risk of harm. What happens next will primarily depend on where the agency sits in the broader context of the individual's or family's care. For example, the agency may be one of many involved in a family's care over a number of years

or it may be the first agency the adult/parent has approached. This will be determined by referral information, assessment and intake procedures but unless there is a specialist domestic abuse service involved, it is not safe to assume that anyone has previously asked them about their experiences of domestic abuse. Even then, it is highly unlikely that anyone has discussed with the parent the relationship between their alcohol use and experiences of suffering or perpetrating domestic abuse, let alone the impact on their children.

How to assess (adults)

It is important to incorporate questions about domestic abuse into screening and assessment procedures and to routinely ask the questions of all service users. It is not possible to identify by age, ethnicity, appearance or any other means who is and is not a victim or perpetrator of domestic abuse. The most we know is that women and children are more likely to be victims and men are more likely to be perpetrators. Therefore it is important to ask all service users the questions and to be prepared to respond to disclosures. As yet, there is no gold standard for assessment questions but the following examples may be helpful:

Table 3. Sample questions for assessing domestic abuse in alcohol agencies (developed by Sheila Raby, Aquarius and Sarah Galvani, University of Birmingham)

Women's questions

Many people with alcohol or drug problems report conflict in their relationships.

1. Have you experienced conflict in your current, or past, relationships?
2. Has this conflict ever left you feeling put down or frightened of a) a partner (stop and wait for answer before offering b), b) a family member? (Is this with your current partner?)
3. Have you ever been physically hurt by a) a partner or b) family member? (Is this with your current partner?)
4. Have you been forced to have unwanted sexual contact with a) a current or previous partner, or b) a family member?
5. Have the police ever been called as a result of arguments with a partner or family member?
6. How concerned are you for your own safety at present?
7. How concerned are you for your children's safety at present?
8. How do you think these experiences relate to your drinking and/or drug use?

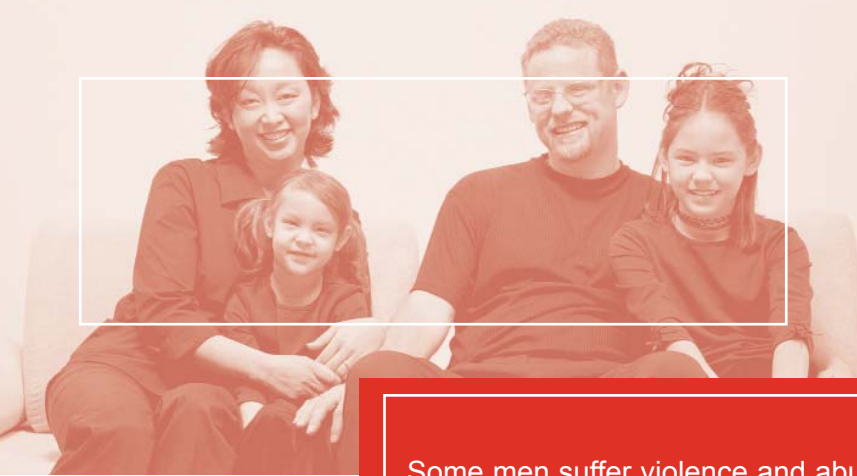
Occasionally women are violent and abusive to their partners or family too.

1. Have you ever threatened a partner or another family member?
2. Have you ever harmed a current or previous partner or another family member? (Note: If yes to either of above, ask for further information about threats, harm and whether this involves current partner and/or family member)
3. How do you think this relates to your drinking or drug use?

Men's questions

Many people with alcohol or drug problems report conflict in their relationships.

1. Have you ever threatened a partner or another family member?
2. Have you every harmed a partner or another family member? (Note: If yes to either of above, ask for further information about threats, harm and whether this involves current partner and/or family member)
3. Have the police ever been called as a result of arguments with a partner or family member?
4. How do you think this relates to your drinking and/or drug use?



Some men suffer violence and abuse from their partners or family too.

1. Have you been left feeling put down or frightened of a) a partner (stop and wait for answer), (If yes, is this your current partner?) or b) a family member?
2. Have you ever been physically hurt by a) a partner or b) family member? (Is this with your current partner?)
3. Have you been forced to have unwanted sexual contact with a) a current or previous partner, or b) a family member?
4. How concerned are you for your own safety at present?
5. How concerned are you for your children's safety at present?

It is important that questions around safety issues are not closed questions and therefore require a response on which practitioners can build a discussion as necessary.

Talking to children

One similarity between parents with alcohol problems and parents suffering domestic abuse is that they often think the children are not aware of the drinking or abuse, and/or will try to protect their children from it. Research has shown that children do know what is going on and very much want to talk about it. Mullender et al. (2002), in their research on children's perspectives of domestic abuse, found that the children were very willing to talk about it for the research. However, two clear messages for practice emerged from the children's views:

1. Children needed to feel safe (emotionally and physically)
2. They then needed someone to talk to.

Other important messages for practice

from the children who took part in the research included the need for professionals to help them open up and talk about it. Children said they couldn't always find the right words but they wanted more opportunities to talk about it. However, the discussion needed to be at their own pace and the children did not want to be pressured by the professionals. Mullender et al. (2002) also found that children often remembered specific incidents and had a range of strategies to help them cope and/or intervene in the abuse. They also wanted their mothers to talk about it to them to help them understand and cope with it better.

To conclude, the safety of children has to be a priority for all staff regardless of their specialist area of practice. Children living with domestic abuse and parental alcohol problems are at risk of harm and professionals working with the parents and/or the children need to be ready, willing and able to respond appropriately.

Useful websites and further reading

For professionals and adults

Websites

- *Every Child Matters* documents - www.ecm.gov.uk
- Find your *local domestic violence forum* (via Women's Aid website)- <http://www.womensaid.org.uk/azfora.asp?section=0001000100090002>
- *Women's Aid* - <http://www.womensaid.org.uk>
- *Refuge* - <http://www.refuge.org.uk>
- *Respect* - www.respect.uk.net
- *Broken Rainbow* - <http://www.broken-rainbow.org.uk>
- *The Home Office Domestic Violence website* - <http://www.homeoffice.gov.uk/crime-victims/reducing-crime/domestic-violence>
- *NSPCC* - guide for parents on how to keep their children safe from physical abuse. Also leaflet on how to communicate effectively with children. <http://www.nspcc.org.uk/html/Home/Informationresources/forparentscarers.htm>
- Organisations supporting *Black and minority ethnic women* (via Women's Aid) - <http://www.womensaid.org.uk/page.asp?section=00010001001300010003>

Reading

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For children

- *Domestic abuse information for children* - www.thehideout.org.uk
- *Drug information aimed at young people* - www.talktofrank.org.uk
- *Children's advice to other children suffering domestic abuse* - Appendix in Mullender et al. (2002) - see references below for full details
- *NSPCC* - link to publications for children <http://www.nspcc.org.uk/html/home/informationresources/forchildren.htm>
- *Youth organisations and resources* (via Women's Aid link) - http://www.womensaid.org.uk/landing_page.asp?section=00010001001300050002



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The Parenting and Alcohol Project aims to protect and improve the quality of life and opportunities of children parented by someone who misuses alcohol. It aims to achieve this by:

- developing the capacity of alcohol treatment services to offer parenting support to their clients who are parents
- developing the capacity of parenting professionals to work effectively with parents who have alcohol-related problems

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Alcohol Concern Is

- The national agency on alcohol misuse
- Working to reduce the level of alcohol misuse, and to develop the range and quality of helping services available to problem drinkers and their families
- England's primary source of information and comment on a wide range of alcohol related matters

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