

Inmates with Alcohol and Other Drug Problems

What About the Next Generation?

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Introduction

We know that most people in prison have problems related to their use of alcohol and other drugs and also that most of them are at an age where they are likely to have dependent children. Children are profoundly affected by both their parent's incarceration and their parents' alcohol and other drug problems. There is disturbing evidence of the inter-generational relationships between child maltreatment, criminality and parental alcohol and other drug problems, and family violence. However, there is currently no system in place to minimise the possible harm to the children of inmates or to ensure their basic safety and future wellbeing. We know very little about them — who they are, who is caring for them, the impact of their parent's imprisonment, or what happens when their parent is released.

The current lack of priority given to identifying, managing or preventing the possible harm faced by these children is extremely short-sighted. Links need to be built between the various sectors that can influence the outcomes for children. The expertise of workers in the fields of child protection, alcohol and other drug (AOD) treatment, adult mental health, domestic violence, corrections and early childhood services must be pooled in order to clearly identify the risks for children and develop effective methods for reducing the potential harm in their life circumstances. In the first instance, this requires the different sectors to appreciate the way in which the risk factors are interrelated.

Maltreatment and parental alcohol and other drug problems

Parental AOD problems are associated with significant risks for dependent children. When the Victorian Department of Health and Community Services did a major audit of their child protection files, they found that parental alcohol problems were noted in 41 per cent of all their files and in 57 per cent of their neglect files.¹ "Parental AOD problem" was the primary reason given for a third of the notifications of children reported as emotionally abused to the New South Wales Department of Community Services.² At least half of the

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1 Victorian Department of Community Services and Health, *Parental Substance Abuse: Guidelines for Protective Workers* (1992).

2 Client Information System, *1993-94 Total Notifications* (1995), Client Information System, NSW Department of Community Services.

parents whose children are known to the public welfare system in the United States have AOD problems.³

Of course not all people with AOD problems will maltreat their children, as it is not the substance use itself that causes the harm. But problems arise for children when their parent's life is dominated by procuring and using their substance of choice or when they are emotionally or physically unavailable to provide care because of intoxication, withdrawal or the after-effects of using. Family resources, both financial and emotional, may also be devoted to sustaining the substance use and responding to its effects.

There are many factors that can influence the significance of parental AOD problems for the child. Children can survive high risk situations if they have other viable sources of care and support to buffer them against the damage that could be caused by an inadequate, aggressive or absent parent. The risks can be reduced if the family is financially secure and has access to a supportive social network. These factors can be crucial when a family is under stress due to poverty, parental imprisonment or some other crisis. Children also face less risk if they live in a culture which has realistic expectations of them and regards their individual needs as legitimate and worthy of priority attention. A parent can manage much better if their own emotional needs are being met and they have positive parenting role models, conflict resolution skills or a child who is easy to care for.

Research has repeatedly shown

that recurrent maltreatment is not the outcome of any single factor — whether parental psychopathology or maltreatment history, child temperamental or behavioural deviance, marital conflict or violence, economic hardship and job stress, inadequate social supports, or socio-cultural mores that encourage punitive, authoritarian parenting.⁴

Parental AOD problems are one of the key factors (along with domestic violence, low family income and parental mental health problems) over-represented among children who are notified, re-notified or suffer serious or fatal injury.⁵ Browne found similar themes in a matched sample of abusing and non-abusing families in Britain.⁶ The rate of acknowledged parental AOD problems was eight times higher among abusing families, the rate of domestic violence was 15 times higher, socio-economic problems such as unemployment were five times higher, and a parental history of childhood maltreatment was 10 times higher. These factors were found to be concurrent with maltreatment and cannot be regarded as simple predictors of abuse. Children with a parent in prison are likely to face more than one of these risk factors. Their safety needs to be holistically assessed, based on the areas of concern and the strengths in their life situation.

The effects of parental AOD problems

There is widespread agreement that parental AOD problems are associated with poor developmental outcomes for children.⁷ These outcomes include mental health problems

3 Dore, M, Doris, J and Wright, P, "Identifying Substance Abuse in Maltreating Families: a Child Welfare Challenge" (1995) 19 *Child Abuse and Neglect* 5 at 531.

4 Vondra, J, *Families in Community Settings: Interdisciplinary Perspectives* (1990) at 21.

5 NSW Department of Community Services, *Risk Factors Associated with Child Abuse/Neglect* (1994), NSW Department of Community Services, Sydney.

6 Browne, K D, "Violence in the Family and its Links to Child Abuse" in (1993) 1 *Bailliere's Clinical Paediatrics* 1 at 149.

7 Above n3. See also Greenfield, S F, Swaryz, M S, Landerman, L R and George, L K, "Long-term Psycho-

and behavioural difficulties, as well as future criminality and AOD problems. For thousands of years, people have been aware of the devastating effects of substance abuse on families. In biblical times, Noah's sons struggled to cope with the shame of their drunken, naked father. In 322BC Aristotle noted that "drunken women" gave birth to abnormal children. Of course we now have evidence that in the Western world, alcohol is the leading known cause of mental retardation in the foetus.⁸

The physical damage to a child born with foetal alcohol syndrome is compounded by the psycho-social problems that emerge as the child grows up. The parent, who may have ongoing alcohol problems or even alcohol related brain damage, may be poorly equipped to manage their child's anti-social behaviour and hyperactivity or to help them with their learning difficulties. While the community is quick to judge a parent with an illicit drug problem as unfit to care for their child, the effects of excessive alcohol use continue to be largely condoned and somehow invisible.

Prenatal exposure to other types of psychoactive drugs can also make a new-born baby difficult to care for.⁹ The parent has the challenge of caring for a baby who may be irritable, have poor feeding patterns, startle easily and be hard to console. These factors may all interfere with the bonding and attachment process that can otherwise promote the safety of a child who is difficult to care for.

Children whose parents have problems with illicit drugs are more likely to come to the attention of the social welfare system as a result of neglect rather than physical abuse,¹⁰ (although the neglect may co-exist with other forms of maltreatment). Since there are different interpretations of the cultural standards used to define neglect, people who come into contact with seriously neglected children may hesitate to describe a child as neglected. A well-intentioned person may be concerned not to impose his or her own personal or cultural standards on someone who may live according to different standards. However, this "cultural relativism"¹¹ can be used to justify the failure to act to ensure the child's safety. It can effectively condone the extreme disadvantages of children in multi-problem situations.

Killen maintains that emotional neglect (the parent's inability to engage themselves positively with the child) is the core of the other forms of neglect.¹² Physical, medical, social and educational neglect are all symptoms of emotional neglect. It is the emotional aspect of neglect that makes it so difficult to achieve successful outcomes for children, as the practical aspects of care can be more easily assured. Since the neglected child may not appear with acute

social Effects of Childhood Exposure to Parental Problem Drinking" (1993) 150 *Am J Psych* 608; Nordberg, L, Rydelius, P and Zetterstrom, R, "Children of Alcoholic Parents: Health, Growth, Mental Development and Psychopathology Until School Age" (1993) 387 *Acta Paediatric Supplement* 1; Barber, J G and Crisp, B R, "The Effects of Alcohol Abuse on Children and the Partner's Capacity to Initiate Change" (1994) 13 *Drug and Alcohol Review* 409; and Plant, M A, Orford, J and Grant, M, "The Effects on Children and Adolescents of Parents' Excessive Drinking: An International Review" (1989) 104 *Public Health Reports* 5 at 433.

8 Abel, E L and Sokol, R J, "Incidence of Fetal Alcohol Syndrome and Economic Impact of FAS-Related Anomalies" (1987) 19 *Drug and Alcohol Dependence* 51.

9 Above n3.

10 Black, R and Mayer, J, "Parents with Special Problems: Alcoholism and Opiate Addiction" (1980) 4 *Child Abuse and Neglect* 45.

11 Tomison, A M, *Spotlight on Child Neglect* (1995) National Child Protection Clearinghouse, Issues Paper, No 4 Winter.

12 Killen, K, *Neglect of Neglect: Research and Practice* (1995) NSW Child Protection Council Seminar Series No 9.

physical injuries, many workers substantially underestimate the long-term consequences of emotional neglect and are overly optimistic about its effects on the child.¹³

Domestic violence, child maltreatment and inmates

Although social values are beginning to change, alcohol intoxication still carries a powerful social message that permits the intoxicated person to disregard the normal taboos against the use of violence against their partners or their children. While alcohol use does not cause the violence, AOD problems frequently co-exist with violence in the home.

Many inmates have had problems in managing anger and violence that have led them to prison. Of all sentenced prisoners, 18 per cent have committed offences against the person as their most serious offence and a further 8 per cent have committed sexual offences.¹⁴ A person who is violent in one context is more likely to behave in a violent manner in another context than someone who has never used violence as a means of coping with difficulty.¹⁵ There is ample evidence to demonstrate the connections between domestic violence and child maltreatment.

A review of the available research shows that children who witness violence between their parents have emotional and behavioural difficulties that mirror those of children currently identified as being abused.¹⁶

For example:

- More than half of the families where child abuse is present also show other forms of family violence.¹⁷
- Two-thirds of abused children are being parented by battered women.¹⁸
- Abused women are more likely to use severe discipline with their children than are non-abused women.¹⁹

This is of particular concern given the widespread nature of domestic violence and the high proportion of child witnesses. In one study, children were present in two-thirds of wife assault cases.²⁰ Children are also frequently injured in the crossfire of domestic violence, either accidentally or as a consequence of trying to defend their mother. They may also be assaulted as a way of torturing their mother. Children may be used by a violent man to control his partner both during a relationship and after separation. Children of separated parents are especially at risk at handover time. The risks for children are further compounded when the family is disrupted by parental imprisonment.

The problems of family violence, chemical dependency, and family disruption place children at considerable risk when they occur in isolation. When they occur in combination,

13 Above n11.

14 NSW Bureau of Crime Statistics and Research, *Crime and Justice Facts 1995* (1995), Attorney General's Department, Sydney.

15 Tabbert, W and Wright, L J, *Decision Making in Child Protection: Risk Assessment* (1992).

16 Carroll, J, "The Protection of Children Exposed to Marital Violence" (1994) 3 *Child Abuse Review* 6.

17 Browne, K B and Saqi, S, "Approaches to Screening for Child Abuse and Neglect" in Browne, K D, Davies, C and Stratton, P (eds), *Early Prediction and Prevention of Child Abuse* (1988) at 55-85.

18 Stark, E and Flitcraft, A, "Women and Children at Risk, A Feminist Perspective on Child Abuse" (1988) 18 *Int'l J Health Services* 1.

19 Ibid.

20 Leighton, B, *Spousal Abuse in Metropolitan Toronto, Ottawa: Solicitor General's Office Report No 1989-02* cited in Jaffe, P G, Wolfe, D A and Wilson, S K, *Children of Battered Women* (1990).

the risks appear to increase exponentially. Unfortunately children are often affected simultaneously by these three chronic problems. The consequence for them may be a wide range of mental health problems in the short run, and maladaptive behaviour in the long run as problems are transmitted to the next generation.²¹

Alcohol and other drug problems among inmates

Lifetime drinking problems have been found to be a significant predictor of current criminal behaviour, arrest and conviction.²² Two-thirds of inmates who were interviewed as they left prison in 1992 said that they were under the influence of a psychoactive drug at the time of their most serious offence (34 per cent alcohol; 23 per cent other drugs; 10 per cent both alcohol and other drugs).²³ On the basis of these figures, it appears that AOD problems have played a significant role in the incarceration of more than 4000 of the 6200 full-time inmates in New South Wales. The extent of the AOD problems among the 18 500 people under community supervision²⁴ and 1400 in periodic detention²⁵ is unclear. However, more than half of all periodic detainees reported they had used alcohol or other drugs in the 24 hours prior to their offence.²⁶

Different substances are linked to different types of offences. The National Committee on Violence reported in 1990 that 80 per cent of armed robberies in New South Wales were drug related. That is, offenders were under the influence of a substance and/or offended in order to finance their problem with illicit drug use. The majority of those convicted of assault and driving offences were intoxicated with alcohol, while people convicted of property crimes were more likely to be influenced by other drugs such as heroin, cannabis and benzodiazepines. Illicit drug users also committed more property crimes than other property offenders.²⁷

Greater involvement in drug use, including alcohol, cannabis, tobacco, narcotics and concurrent use of a number of drugs is also associated with greater involvement in juvenile crime.

Amongst other lifestyle variables, illicit drug use and the income need that it generates are crucial determinants of offending frequency for both break and enter and motor vehicle theft.²⁸

AOD problems tend to persist and are especially pronounced among re-offenders. While most inmates (62 per cent) in New South Wales prisons in 1992 stated their current offence was related to their use of alcohol and other drugs, this rate was even higher (74 per cent) among previously sentenced inmates.²⁹ AOD use affected all aspects of these

- 21 Johnson, R J and Montgomery, M, "Children at Multiple Risk: Treatment and Prevention" (1989) 3 *J Chemical Dependency Treatment* 1 at 162.
- 22 Greenfield, T K and Weisner, C, "Drinking Problems and Self Reported Criminal Behaviour, Arrests and Convictions" (1995) 90 *Addiction* 361. This study controlled for age, gender, marital status, income, employment, education and race.
- 23 Kevin, M, *Drug and Alcohol Exit Survey Part 1* (1992), NSW Department of Corrective Services, Research Publication No 26.
- 24 Probation and Parole, *NSW Department of Corrective Services Annual Report 1994-5* (forthcoming).
- 25 Department of Corrective Services, *Census Data*, NSW Department of Corrective Services, as at 17 September 1995.
- 26 Stathis, H and Gorta, A, *Profile of NSW Periodic Detainees 1991*, NSW Department of Corrective Services, Sydney.
- 27 Above n23.
- 28 Salmelainen, P, *The Correlates of Offending Frequency: a Study of Juvenile Offenders in Detention* (1995) at 45.
- 29 Stathis, H, Eyland, S and Bertram, S, *Patterns of Drug Use Amongst NSW Prison Receptions* No 23

people's lives. Nearly two-thirds said their AOD use had caused them problems in the past 12 months, including behavioural difficulties (such as aggression and depression), problems with their family or partner, financial problems and health related problems.

It is of course simplistic to assume that AOD problems "cause" crime. If alcohol abuse were somehow eradicated, there would still be crimes of violence, just as there would still be property crimes without illicit drug problems.

Some research questions the validity of the popularly assumed link between the 'disinhibiting' effect of alcohol and violent crime. Research indicates that a pre-disposition for violent behaviour is also necessary to the equation ... the drugs which are said to have a pharmacological connection with violent behaviour need human volition before the violent behaviour associated with these drugs is manifested. Alcohol-related domestic violence is better explained in terms of excuses for, rather than causes of, violent behaviour.³⁰

Dobinson and Ward found that nearly three quarters of heroin users had committed a property crime before they began using illicit drugs.³¹ Research dating back to the 1930s found that opiate dependence was a function of the user's socio-economic context. Just like delinquency, the highest levels of opiate use occurred in multi-problem families in low socio-economic neighbourhoods. Nevertheless, AOD problems are key factors that maintain and increase the frequency of offending.

Removing parental AOD problems will not single-handedly solve the problem of child maltreatment, but failing to remove the AOD problem will certainly impede all other intervention attempts. If an offender is unable to resolve or effectively manage their AOD problems, they will have major problems successfully re-engaging in community life. They will also continue to jeopardise the wellbeing of their children and other family members. Most inmates already appreciate that they need to change the way that they are managing their AOD use. Nearly two-thirds of those interviewed as they left prison said they had attempted to control their use, and more than one-third had already sought some type of formal treatment.³²

Of course AOD problems are not restricted to prison inmates. Nearly half the respondents to the National Drug Household Survey said that they had experienced at least one incident of alcohol related anti-social behaviour in the past six months, including physical abuse, property theft or damage, verbal abuse and being put in fear.³³ Very few of these incidents were reported to the police, and it is likely that many of these incidents would have involved children.

When a child's parent is imprisoned

There are no accurate figures to indicate how many dependent children have a parent in prison in New South Wales. This is perhaps symptomatic of the overall failure to appreciate the significance of parental imprisonment for children and ultimately the costs for society.

(1991) NSW Department of Corrective Services, Sydney.

30 Atkinson, L, *Drugs and Crime: Facts and Fictions* (1992) South Australian Coalition Against Crime Working Group, Crime Prevention Unit, Attorney General's Department, Adelaide at viii.

31 Dobinson, I and Ward, P, *Drugs and Crime: A Survey of NSW Prison Property Offenders* (1985) NSW Bureau of Crime Statistics and Research, Attorney General's Department, Sydney.

32 Above n23.

33 National Drug Strategy Committee, *1993 National Drug Household Survey* (1993) Department of Health, Housing, Local Government and Community Services, Canberra.

Most full-time inmates and people under community supervision in New South Wales are in an age group where they are likely to have young children. In 1982 it was reported that a third of all inmates were parents, including half of all female inmates.³⁴ A recent study of women in Mulawa and Norma Parker Correctional Centres found that nowadays the majority (66 per cent) of women inmates are mothers and that these women were most likely to be solely responsible for the support of their children (35 per cent).³⁵ Women inmates with AOD problems were significantly more likely to be solely responsible for their children than other inmates who had more shared responsibility with their partners. This recent information is very valuable; however, the majority of inmates (95 per cent) are men and we have no data about their children.³⁶

The Children of Prisoners Support Group estimates that there are approximately 4000 children in New South Wales with a parent in custody on any one day, and 12 000 over a year.³⁷ Very little is known about the actual circumstances of these children. Neither the Department of Corrective Services nor the Department of Community Services collates any data on how many children there are, who is caring for them during their parent's sentence, or the social, economic and psychological consequences of the incarceration for the child. The women inmates with drug problems and dependent children who were surveyed in 1994³⁸ said that their children were in the care of their grandparent (36 per cent), or their natural father (28 per cent), or other family members (24 per cent), or foster parents (4 per cent) or in an institution (3 per cent) or with their current defacto husband (1 per cent).

Some research highlights the negative consequences of parental imprisonment for children. Catan reviewed the limited research literature on the children of imprisoned women and reported that separated children are more likely to have low self-esteem, discipline problems at school and lower levels of academic performance than similarly aged peers whose mothers were serving non-custodial sentences.³⁹ Shaw describes some of the consequences for children of male inmates, including running away from home, disturbed social behaviour, mixing with "delinquent groups", depression, poor school attendance and failure to thrive.⁴⁰

Separated children are both directly and indirectly harmed by their parent's imprisonment. They are directly affected by the loss of their parent, with its psychological effects, possible lifestyle changes (including relocation of home and school) economic hardship and separation from their network of support. They are also indirectly harmed by being given a new social definition as "a prisoner's child". There is a risk that this powerful stigma can become a self-fulfilling prophecy. If the child shows any adjustment problems or difficult behaviour, people around him or her may be quick to interpret this as indicative of a "anti-social" parent. This in turn influences the child's self perception, and the

34 Hounslow, B, Stephenson, A, Stewart, J and Crancher, J, *Children of Imprisoned Parents* (1982) Family and Children's Services Agency, Sydney.

35 Kevin, M, *Women in Prison with Drug-Related Problems* (1994) Research and Statistics Unit, Department of Corrective Services, Sydney.

36 Above n14.

37 Larman, G, *What Happens to the Children of Prisoners*, paper presented to Prisoners and Families Forum, Legal Aid Commission, 26 September 1994.

38 Above n35 at 13.

39 Catan, L, "The Children of Women Prisoners" in Morris, A and Wilkinson, C (eds), *Women and the Penal System* (1988) Institute of Criminology, Cambridge, England.

40 Shaw, R, "A Neglected Consequence of Imprisonment: The Inmates' 'Children'" in (1988) 152 *Justice of the Peace* 39.

problem is compounded. The child also has to deal with the disturbing fact that perhaps their most powerful ally and advocate has been stripped of all authority and influence and has been set apart from the mainstream.

In order to analyse the connections between prison and the family, Aungles interviewed a number of people with a family member in prison. Tricia (whose husband was in Central Industrial Prison) starkly describes how families are burdened with the stigma of their family member's incarceration:

When he was out (the last time), the police would put their sirens on when they went by him on the road ... they called Anthony (the then two year old son) "Killer", "We'll be seeing him when he grows up, won't we Killer", they hassled us all the time. We went and lived right next to St Mary's cop shop. That was the worst mistake we ever made.⁴¹

Children often have great difficulty maintaining their relationship with a parent who is in prison. Their parent may be located in a prison far from home or the child may be in the care of someone who is unable or unwilling to visit the prison. Custodial staff and inmate management systems may seriously limit the child's access to their parent. The child may be emotionally unsupported through their grieving, confusion and anxiety from the time their parent is arrested.

Cheryl Mathews told Aungles about how the State violently abused its power over her family:

It was ironical. Not long after Bernie was pinched, I read where the head of the SWAT squad, his daughter, was a bank teller in a bank that was robbed. She was going for compensation for the trauma she went through with a gun held her up (sic), and that man sent his men into my house and held guns on my seven year old boy in the middle of the night in their bedrooms ... Two thirty in the morning and held guns on my two children. They weren't even teenagers, they were only seven, and he talks about how his daughter should get compensation! I think that's a crime. I think my children are victims of crime. A crime's been committed against them!⁴²

Different problems emerge when the parent is released. Both parent and child may have longed for and idealised life after release, but in reality all family members have to make major practical and psychological adjustments. The child may have been quite accepting of the parent during the occasional prison visit, but when the parent returns s/he may start to become very difficult to care for as it may now seem safer for him or her to express the hurt and rage. Apart from the challenges of parenting, the ex-inmate will have a multitude of other adjustments to make and may have developed painfully unrealistic expectations of their child and of family life.

Many of the problems experienced by parents and children can be anticipated and strategies for managing these situations can be developed to support and adequately prepare parents for these transitions. Problem-based parenting skill development programs need to be widely available for inmates who are parents both prior to release and post-release. These programs can assist parents to minimise the harm caused by their incarceration. Among other things, parents can develop ways of responding appropriately to the child's experience of separation and loss, promoting their child's self-esteem, effectively communicating with their children at different developmental stages, coping with blended family life, applying non-violent techniques for managing difficult behaviour and accessing ongoing support.

41 Aungles, A, *The Prison and the Home* (1994) at 137.

42 Id at 138.

While correctional centres may not have primary responsibility for monitoring the needs of the children of inmates, it is essential that the safety of children whose parents are completing periodic detention is addressed at some point in the law enforcement system. Some parents on periodic detention are unable to make satisfactory child-care arrangements for their children and consequently breach their order. This of course leads to further, more onerous penalties that will also have implications for the children.

Intergenerational issues: the chicken or the egg?

Disadvantage appears to be an intergenerational process. The following studies indicate that people in prison are more likely to have experienced childhood maltreatment, more likely to have AOD problems and to have come from lower socio-economic circumstances with all the associated disadvantages. There is evidence to suggest that AOD problems, child maltreatment, domestic violence and other forms of criminality are inter-related and also that they occur across the generations within families.

- A longitudinal study of matched groups showed that childhood maltreatment increases the likelihood of future delinquency, adult criminality overall and specifically, arrest for a violent crime by 40 per cent.⁴³
- People who experienced childhood maltreatment are more likely to be arrested for AOD offences in later life.⁴⁴ This relationship appears to be very strong for women, but unclear for men.⁴⁵
- Female victims of childhood neglect have a significantly elevated risk for alcohol problems in young adulthood.⁴⁶
- The parents of young people with AOD problems are more likely to have a history of maltreatment in their own childhoods.⁴⁷
- AOD problems have also been noted as intergenerational.⁴⁸ Hagan found two-thirds of female polydrug users had one or two alcoholic parents; 87 per cent of poly-addicted women came from "chemically dependent" families.
- AOD problems among women have been linked with childhood sexual abuse: two-thirds of polydrug abusing women in one study had been sexually assaulted (compared to 15 per cent of the control group).⁴⁹

43 Widom, C S, *The Cycle of Violence: Research in Brief* (1992) National Institute of Justice, Washington, USA.

44 Ireland, T and Spatz Widom, C, "Childhood Victimization and Risk for Alcohol and Drug Arrests" (1994) *29 Int'l J of Addictions* 2 at 235.

45 Widom, C S, Ireland, T and Glynn, P, "Alcohol Abuse in Abused and Neglected Children Followed Up: Are They at Increased Risk?" (March 1995) *J Stud on Alcohol* 207.

46 Ibid.

47 Peters, K R, Maltzman, I and Villone, K, "Childhood Abuse of Parents of Alcohol and Other Drug Misusing Adolescents" (1994) *29 Int'l J Addictions* 10 at 1259.

48 Hagan, T A, "A Retrospective Search for the Aetiology of Drug Abuse: A Background Comparison of a Drug-addicted Population of Women and a Control Group of Non-addicted Women" in Harrison, L S (ed), *Problems of Drug Dependence* (1987) DHHS publication no (ADM)88-1564 (NIDA Research Monograph 81) National Institute on Drug Abuse at 154-261.

49 Above n46.

- Nearly half the alcohol and heroin addicted parents in an American study had been physically or sexually abused by their parents.⁵⁰
- Of female inmates with drug problems, 59 per cent described AOD problems in their family.⁵¹
- At least half of female inmates had been physically or sexually abused.⁵²

Children who have experienced maltreatment and enter out-of-home care are over-represented in the juvenile justice system and subsequently in the adult correctional system. Unless the child has a functioning adult ally and sufficient support s/he faces profound developmental disadvantages. Unsupported adolescents can become caught up in offending subcultures while their parents are in prison. Burdekin highlighted the links between youth homelessness, offending, child maltreatment and families with multiple social disadvantages.⁵³ Many workers in the community welfare sector recognise a common pattern among troubled young people from multi-problem families. They have difficulties with school, run away and live high-risk lifestyles that involve hazardous AOD use, violence and self harm.

Costs of intergenerational problems

This failure to interrupt the intergenerational pattern of harm is very costly, both in individual human terms and in social expenditure terms. There is evidence to demonstrate the savings that can be gained from appropriate early intervention. Programs to prevent child maltreatment have been shown to be cost effective.⁵⁴ Calvert outlines a series of studies from the US Government Accounting Office which show that while early intervention programs are costly, they more than pay for themselves in the long run. There is also evidence that it is cost effective to provide treatment for people with alcohol problems as their total health costs subsequently fall significantly.⁵⁵ In these times of economic rationalism, we need to collect and organise data so that convincing arguments can be put to the relevant planners and funding bodies.

Current practice

Many people in the community still regard intoxication as diminishing a person's responsibility for their actions, particularly in cases of assault, domestic violence and child abuse. Potas and Spears surveyed 182 judges and magistrates in New South Wales and found they held widely divergent views about the significance of alcohol intoxication when they determine penalties for serious crimes.⁵⁶ For a domestic violence scenario, 24 per cent of judicial officers regarded intoxication as neutral to sentencing, while 36 per cent considered it to be a mitigating factor and 40 per cent saw it as an aggravating factor. It is interesting that perceptions changed for an armed robbery scenario where the majority

50 Above n10.

51 Above n35 at 13.

52 Ibid.

53 Burdekin, B, *Our Homeless Children — Report of the National Inquiry Into Homeless Children* (1989) Human Rights and Equal Opportunity Commission, Canberra.

54 Calvert, G, *National Prevention Strategy* (1993), National Child Protection Council.

55 Holder, H D and Blose, J O, "The Reduction of Health Care Costs Associated with Alcoholism Treatment: A 14 Year Longitudinal Study" (1992) 53 *J Stud on Alcohol*.

56 Potas, I and Spears, D, *Alcohol as a Sentencing Factor: A Survey of Attitudes of Judicial Officers* (1994) Judicial Commission of NSW, Sydney, at 45, 51.

regarded intoxication to be neutral to sentencing (56 per cent), only 18 per cent regarded it as a mitigating factor and 24 per cent considered it to be an aggravating factor.

A person is less likely to recognise that they need to change their pattern of AOD use if they are able to argue that they are not responsible for the harm that they cause when they are intoxicated. There needs to be community-wide agreement that while there may be reasons for the harm carers cause to children, these cannot be considered to be excuses, as the children face the consequences, regardless of the reason.

The highest rate of permanent child removal in the United States occurs among parents who use illicit drugs, despite the fact that parents with alcohol problems actually have no better prognosis and even have a higher rate of repeat maltreatment.⁵⁷ The court outcomes seem to reflect the need to uphold particular cultural values that specify which substances can be socially condoned rather than an accurate assessment of future harm to the child.

While the value of a holistic approach to harm minimisation is becoming more widely appreciated among human service providers, many case management plans for adults still fail to give adequate priority to ensuring the safety and wellbeing of dependent children. If a worker is uncertain about how to manage the irresponsibilities in regard to confidentiality and duty of care, they may focus exclusively on the needs of the parent and side-step the task of developing and managing a harm minimisation plan for the child.

Workers who have access to adequate case work supervision within an inter-agency framework, are able to clarify how their roles and responsibilities are related to the roles of other workers. This broader approach has many advantages and increases the scope for enhancing the client's motivation towards constructive change. But when workers lack a structured method for reflecting and de-briefing they may fall into the over-identification trap and end up carrying their client's feelings of anger, grief and powerlessness. Apart from creating unbearable stress, workers in this situation may find themselves keeping clients' secrets and colluding to protect them from "the system".

Of course it must be acknowledged that "the system" can also fail to protect the child. Tomison describes the findings of a series of child death enquiries released in 1994 by Health and Community Services, Victoria:

A common finding in seven child death cases was that the child had died of neglect despite the involvement of the state child protection service in the cases (Fogarty 1993). The victims were generally young, born prematurely and/or drug dependent. The parent was often a substance abuser, or appeared to lead a "chaotic" lifestyle. Despite these stressors, the victim had remained in the family, and despite being subject to court-directed supervision, died a number of months into the supervision order.⁵⁸

Where to from here?

Child maltreatment is not just an inter-personal or family matter. Rates of child maltreatment can be predicted across different communities based on factors such as poverty, incidence of domestic violence, single parent households, and whether families engage in neighbourhood exchanges.⁵⁹ Child abuse occurs in family or social systems where the use

57 Murphy, J M, Jellinek, M, Quinn, D, Smith, G, Poitras, F G and Goshko, M, "Substance Abuse and Serious Child Mistreatment: Prevalence, Risk and Outcome in a Court Sample" (1991) 15 *Child Abuse and Neglect* 197.

58 Above n11 at 7.

59 Above n4.

of force against children can be justified or accommodated in some way, or where children's needs simply do not emerge as a priority among other pressing concerns that dominate the attention of adults.

So long as parenting is seen as essentially a private matter, and children are regarded as the personal property of their parents, we will have limited power to prevent child maltreatment. At this stage, few people believe they are entitled to intervene on behalf of another person's child, and the media generally portrays State intervention as an unjustifiable intrusion. This quickly changes of course when there has been a fatality, in which case the child protection system is held fully accountable for its failure to protect the child.

We need to develop an intersectoral approach that builds on the existing strengths within families and communities so that these intergenerational problems can be interrupted. Health, Corrective Services, Community Services, Police, children's services and the non-government community welfare agencies need to clarify their particular roles and establish common goals.

There are a number of strategies that the Department of Corrective Services could utilise to effectively minimise the harm to the children of inmates. Inmates' contact with their children and families can be used as a key resource for rehabilitation and reducing re-offending. Corrective Services needs to ensure that issues related to parenting and family reunion are consistently addressed and reviewed in inmates' case management plans. Procedures must be developed to ensure that children are able to exercise their right to maintain contact with their parent. Pre-release plans must identify strategies for managing the problems that are likely to arise during weekend leave as well as on release.

Corrective Services also need to collate data on the number of dependent children of inmates. Priority then needs to be given to developing and funding ongoing parenting education programs in correctional centres across the State. Strategies can be developed to assist families and their support systems to minimise the extent of the harm experienced by children of prisoners. Parents being reunited with their children can be supported and enabled to develop particular skills to manage the complex transition process into community life.

Correctional interventions must focus on the strategies that have been shown to reduce re-offending.⁶⁰ McLaren spelled out a set of principles that characterise effective correctional interventions, such as reinforcing pro-social behaviour rather than focusing on anti-social behaviour, enhancing inmates' self efficacy and problem solving skills and establishing positive connections between corrections and resources in the community. A residential AOD treatment program, conflict resolution skills and violence management skills programs all need to be widely available for inmates.

Effective working relationships need to be established between case managers within the prisons and service providers in the community. For example, Corrections Health Service or Inmate Development Staff could provide discharge summaries to Area Health Services to ensure that people released on methadone and people with mental health problems have prompt access to relevant health services in the community.

The Department of Health needs to review its referral processes to ensure that ex-inmates with AOD problems are able to promptly access both general health, mental health and AOD services on release. For example, on receipt of the prison discharge summary, the Area

60 McLaren, K, *Reducing Reoffending — What Works Now* (1992) Penal Division, Department of Justice, New Zealand.

Health Service could identify a particular case manager for each individual client prior to their release.

Early Childhood Health Services should be sufficiently resourced to provide home-based support to children of prisoners in families that are under stress.

The Department of Community Services should identify staff with specific responsibilities for children of inmates. This worker could ensure that children of inmates, including adolescents, are able to access support services, and that parents in prison are consulted about decisions regarding the care of their children.

The Probation and Parole Service needs to ensure that the needs of children are consistently addressed in case management plans.

The Police Service needs to develop standards and procedures and then train staff in how to ensure the safety and wellbeing of dependent children when their parents are arrested or detained in police custody.

Most case workers readily acknowledge the significance of problems that stem from their client's family of origin. Unfortunately, this does not always translate into a readiness to consider the possible harm that is likely to be sustained by future generations. Predicting future harm is of course an extremely complex and difficult task, requiring information from a wide range of sources. Risk assessments and management plans need to address the risks and build on the existing strengths in a child's life situation. This must not be considered the sole province of the child protection worker since a wide range of service providers come into contact with inmates who are parents and many others come into contact with their children. Each of these sectors need to recognise their particular role in ensuring the safety of the children of inmates.

When professionals are working in isolation, it is easy for them to become overwhelmed and give way to despair. It is important to remember that not every child with a parent with an AOD problem or an attachment disturbance due to parental imprisonment will suffer long-term harm. There are many factors that can intervene and ameliorate possible damage and disadvantage. These preventative and strengthening factors need to be put in place for as many children as possible. It will take a coherent, intersectoral approach to prevent and manage the risks faced by children with parents in prison with AOD problems. Otherwise, we will be faced with their mental health problems, their criminality problems, and their AOD and violence problems when they become adults.