PROCHILD
PROTECTION AND SUPPORT OF ABUSED CHILDREN THROUGH MULTIDISCIPLINARY INTERVENTION

Co-funded by the Rights, Equality and Citizenship Programme (REC) Programme of the European Union

810109 - PROCHILD - REC-AG-2017/REC-RDAP-GBV-AG-2017

MAPPING OF OPERATORS' NEEDS AND GOOD PRACTICES

FOR AN EARLY AND INTEGRATED DETECTION AND TREATMENT OF ABUSEDMINORS

PUBLICATION ON THE CAUSES OF VIOLENCE AGAINST CHILDREN AND ROLE OF PARENTAL MENTAL HEALTH

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WP3
Mapping of operators' needs and good practices for an early and integrated detection and treatment of abused minors

D3.2 - Publication on the causes of violence against children and role of parental mental health

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Causes of violence against children in families with parental mental health problems

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Abstract: *Parental mental health problems, including substance abuse, add to a complex mesh of child maltreatment risk factors. In particular, we explain how they exacerbate risk of childhood violence both directly and indirectly. Designing effective public support mechanisms should involve an interdisciplinary approach, i.e. fostering cooperation of existing institutional services.*

1. Introduction

Childhood experiences, both positive and negative, set the stage for the young personality´s development, determining if and how she or he will be able to realize the full potential in future life. Particularly, negative or *adverse* childhood experiences are all forms of violence against children up to age 18, whether perpetrated by parents, other caregivers, peers, romantic partners or strangers, potentially critically endangering the child's development. According to recent estimates, up to one billion children worldwide experienced neglect, physical, sexual or emotional violence in the past year (Hillis, Mercy, Amobi & Kress, 2016).

Besides the immediate threats to the short-term well-being of children, the long-term effects of the experiences are severe and often affect broad aspects of life (Widom, 2013). Long-term consequences of experienced violence may be an increased risk of (re-)victimization, physical or mental health problems, such as depressions, anxiety disorders or Posttraumatic Stress Disorder (Lenz, 2014; National Center for Injury Prevention and Control, Division of Violence Prevention, 2016). Experienced child maltreatment is also associated with failing to achieve secondary school qualifications (Boden, Horwood & Fergusson, 2007) or risky sexual behavior (Norman, Byambaa, De, Butchart, Scott & Vos, 2012).

At different stages of development, children are exposed to different types of interpersonal violence. Child maltreatment in particular is mostly experienced by infants and children while adolescents are affected to a lesser degree. Münder et al. (2000) and Trocmé et al. (2003) find that

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the younger a child the higher the risk of child maltreatment. 60-90% of all children affected by severe maltreatment are younger than three years old, 50% are even younger than one year old (Krieger et al., 2007; Lenz, 2014). This sheds light on the role that parental psychological well-being potentially plays in child maltreatment.
The younger a child the more it relies on parents or caregivers to satisfy their needs and to ward off potential harm. The necessary parental attention however binds psychological resources which are increasingly hard to free up in the presence of mental health problems. For example, maternal psychological well-being and the availability of psychosocial resources were found to be significant predictors of the interaction quality between mothers and their infants (Bernstein et al. 1984).
In fact, parental mental health problems are a widespread phenomenon. According to a systematic review of data from different Western European countries, 27% of the adult population 18–65 years had experienced at least one of a series of mental disorders during the previous year, including problems arising from substance misuse, psychoses, depression, anxiety, and eating disorders (World Health Organisation). With exceptions to substance-related disorders, women have much higher rates than men (World Health Organisation). This is particularly significant since mothers tend to be the primary caretakers of children. Previous research suggests that over 20% of parents suffer from mental illness (Naughton, Maybery & Goodyear, 2018).
The article is structured as follows. First, the general risk of mental health problems in parents with a focus on substance misuse is explored. Second, the links between parental mental health problems and parenting skills will be examined. The third part analyzes the available public support services and possible reasons for the lack of interventions for families with parental mental health problems. The last section concludes with a summary of results and policy recommendations.

2. General risk of parental mental health problems

Various studies have identified parental mental health problems as a strong risk factor in child maltreatment (Reinhold & Kindler, 2005 a, b, c; Mattejat & Lisofky, 2014; Bender & Lösel, 2005; Lenz, 2014). This is relevant because the lifetime prevalence for parents for any psychiatric disorder is 17.3% (Walsh et al., 2002).
Nonetheless, it should be kept in mind that neither parental mental health problems nor other so called risk factors such as poverty, unstable social relationships or cramped living conditions (Thomas & Stein, 2007) do inevitably lead to violence against children. Adverse childhood experiences usually are a potentially complex accumulation and interaction of risk factors instead (Mattejat & Lisofky, 2014). For example, to which extent a certain mental health problem promotes violence in families depends on different factors such as the severity of the disorder or the available resources and protective factors.
However, the empirical literature has been able to establish some robust linkages. Ethier et al. (1995) found that neglecting parents are more likely to have had adverse childhood experiences themselves and to suffer from depression as adults. Children who reported clear signs of their

parent's mental illnesses were 2-3 times more likely to experience child abuse, neglect or sexual abuse compared to others (Walsh et al. 2002). Which specific mental disorders strongly correlate with child maltreatment changes by parental gender: Abusing mothers tend to be diagnosed with depressions, anxiety disorders or borderline personality disorders. By contrast, abusing fathers often suffer from dissocial personality disorder (Oates, 1997).
Mental health problems basically affect a person on a cognitive, behavioral or affective level (Schmutz, 2010). Deneke (2005) found that neglect occurred mostly in non-responsive parents. Consequently, impaired parental mental health prohibits adequate recognition and reaction to children's emotional and social needs. They alter the relationship between parents and their children increasing the risk of child maltreatment.

Risk of substance-related disorders

In the context of parental mental health problems, substance-related disorders are one of the strongest risk factors for healthy emotional development of children (Klein et al., 2013; Klein, 2008) as well as different forms of child abuse and neglect (Dube, 2001; Onigu-Otite & Belcher, 2012). Based on the diagnosis standards of DSM-IV 5-6 million children aged 0 – 20 years live with alcohol-abusing parents in Germany alone (European Monitoring Centre for Drugs and Drug Addiction: Drugs and Vulnerable Groups of Young People (EMCDDA), 2008).
In fact, alcohol abuse is one of the most common mental health problems child protection services experience in the families they support (EMCDDA, 2008; Harwin et al., 2003; Harwin & Ryan, 2007; Ryan et al. 2006; Hinze & Jost, 2006). For example 38.6 % of the children who received support from child-protection agencies were found to be from families of origin with a background of addiction (Hinze & Jost, 2005). Danish social care agencies observe that 40% of children placed outside their family home, were because of parental alcohol or drug problems (EMCDDA, 2008). Ryan et al. (2006) found that 60 – 70% of all care proceedings in parts of London involved parental substance misuse. Both child maltreatment as well as parental substance-related disorders are significant social problems, disproportionately affecting young children (Appleyard et al. 2011). Meier et al. (2004) used a large database from the UK treatment monitoring system and showed that children in out of home placements tended to have parents with more signs of problem substance use and adverse social circumstances than parents of children living with them.
As with mental health problems, substance-related disorders are often subject to an intergenerational propagation mechanism. According to Widom et al. (2007) and Wieland & Klein (2018), childhood maltreatment is a significant predictor of later substance abuse while parental substance abuse predicts victimization of their children in turn (Klein et al., 2013; Chaffin et al., 1997). Previous research showed that children who experienced abuse before they were ten years old are especially at risk to start consuming alcohol earlier and in a larger amount (Hamburger, Leeb & Swahn, 2008; Shin, Edwards & Heeren, 2009; LeTendre & Reed, 2017; Cohen, Menon, Shorey et al., 2017). Similarly, life-time prevalence of substance-related disorders are much higher

for maltreated children (14-35%) as compared to other groups (3-12%) (Mullen et al., 1993; MacMillan et al., 2001).
There are different levels, especially parental alcohol or drug misuse can affect their children directly or indirectly:

a) Individual level

The individual level regards the personality or biography of the parent or caretaker including their mental health status. It is widely known that this has a big influence on the behavior of a person. Direct effects of the parental substance misuse on their children result from this individual level in the way of parenting skills or behavior (Bauman & Doherty, 1986; Hogan, 2007).
Direct effects of parental alcohol or drug misuse regard the behavior toward their children. Substance-related disorders can make parents less responsive to children's needs. This sometimes starts as early as in the pregnancy since maternal alcohol or drug misuse harms children even before birth. Alcohol or drug use during the pregnancy can cause the Fetal Alcohol Syndrome Disorder (FASD), premature birth or Neonatal Abstinence Syndrome (NAS) (Ikonomidou et al., 2000; McQueen et al., 2016).

b) Microsystem

This level refers to family-related matters. As stated before substance-related disorders are a risk factor in itself. Misusing substances may lead to the occurrence of other risk factors as well. The constant purchase of alcohol or drugs can lead to severe financial struggles in the households. This has consequences for the living conditions, such as the available living space. Cramped living conditions as well as the behavior altered by substance misuse are known to increase the risk for conflicts in the family or intimate partner violence (El-Bassel, 2005; Cleaver, 2007). It is well known that the witnessing of violence is a potential harm for children as well (e.g. Cohen, 2011).

c) Exosystem

Effects of parental substance misuse show in regard of the exosystem as well. Living in a neighbourhood strained by a high-crime rate may be due to the concentration of financial resources to purchasing alcohol or drugs or a restriction of the income because the parent is not able to hold a steady job. Alcohol or drug misuse can result in a lack of a social support system which therefore minimizes the protective factors building children's resilience.

3. Links between parental mental health problem and violence against children

Parenting competence is a very important basis for the positive development of children (Petermann & Petermann, 2006). Previous research identified certain dimensions of dysfunctional parenting styles in substance misusing parents (Hogan, 2007; Klein, Dyba & Moesgen, 2016). Affected are all main competencies, such as the abilities to have a relationship/rapport, set boundaries, nurture

and encourage, to show emotional affection, to act as a role model and to manage the everyday are affected (Petermann & Petermann, 2006).
McKenagey et al. (2002) found that drug-using parents had difficulties in keeping up a stable family-life with routines for mealtime and bedtime since many household resources were channeled towards purchasing drugs.
Although substance misuse alone might not be a significant predictor of parenting quality (Hogan 2007), Bauman and Doherty (1986) found drug-using mothers showed more commanding, disapproving and provoking behaviors towards their children compared to non-drug using mothers. In combination with a lack of involvement this parenting style can be described as authorative. Although this is far from actual violence, it is well known that this parenting style comes along with a strained parent/caretaker and child relationship, which increases the risk for experiencing violence as well.
Unfavourable parenting behaviour, including abuse and/or neglect has long-lasting negative effects on children. The less resources and protective factors a child has, the higher the risk for later mental and physical health problems.

Neglect

Neglect is a form of abuse that is more passive and therefore often overlooked since affected children do not have bruises or broken bones like many physical abused children have. Nonetheless, the consequences of neglect in early childhood must not be underestimated. There seems to be an elevated risk for children of substance users to be neglected (Forrester, 2000). Overall emotional neglect seems to be more frequent than physical neglect (Wekerle et al., 2006). Different aspects of substance misuse are risk factors for neglect. The effort of purchasing and consuming substances in combination with other substance related factors often prohibits affected parents to hold a steady job. The resulting lack of income may expose the families to poverty and debt (Hussong et al., 2008). The focus of resources towards purchasing and consuming of substances prohibits parents from taking responsibility of simple household tasks (Klein, Dyba & Moesgen, 2016). Substance misusing parents show a high emotional instability and volatile parenting behavior - regardless of the misused substance (Templeton et al., 2009). This manifests itself in a lack of rituals, inconsistent use of punishments as well as in a lack of reliability. A decreased sensitivity for childish needs such as affection, attention and warmth as well as unreasonable irritability is often found in substance misusing parents (Barnow et al., 2002). This kind of parental behavior is a huge burden for children who are forced to take on a lot of responsibility than appropriate for their age.

Physical or emotional abuse

Children living in families with parental substance misuse report physical abuse more often than other children (Klein et al., 2003). In Particular this shows in the context of fatherly alcohol misuse. A German study showed that of those children reporting fatherly alcohol misuse, 26% specified to experience at least sometimes violence. Furthermore they reported that physical abuse occurred when the father actually consumed alcohol. In the United States 30% of child abuse cases involved

alcohol misusing parents and 60% of domestic violence cases occurred when perpetrator was under influence of alcohol (Collins & Messerschmidt 1993; HHS, 1997).

4. Support services for parents with mental health problems

Kölch & Schmid (2008) noted that 80% of the questioned parents with mental health problems acknowledged the burdens and problems of their children and would very much appreciate assistance for their sake. At the same time they felt embarrassed by their mental health issues, unsure about where to seek support and afraid their children may be removed from the family (Cleaver, 2007).

Together, these circumstances can make affected parents reluctant or even hostile towards assistance, causing confusion and frustration on the side of assistants. In effect, quality of public protection services can suffer severely where it is urgently needed. In particular, suspected mental health problem and substance misuse may stay unaddressed or even unidentified as child protection agents lack special training, awareness and sensitivity for those matters in the first place (Cleaver, 2007).

In addition, there is a huge lack of knowledge about the skills other professions may offer. This often manifests itself in stereotypes. For example, hospital avoid informing child protection services about their patients need for support because they assume that child protection services will place the children in out-of-home care (Lenz, 2005). Social services on the other hand rarely contact health care professionals in known cases of parental substance misuse (Hinze & Jost, 2005).

Lack of cooperation between support services

To establish a functioning and effective support system for a family it is therefore necessary for professionals to coordinate with each other. Although there is a broad variety of specialized support services for parents with mental health problems, such as health care (e.g. psychiatrists or psychotherapists, withdrawal clinics) and social care (e.g. social workers in hospitals, child protection services). This specialization improves the expertise of professionals but prohibits an integrated approach of support (Lenz, 2014).

Individual professionals or institutions work with their clients but do not work in coordination with other professionals (Lenz, 2005). Since certain professionals often refer their clients to other experts which themselves refer the clients to other professionals, parents may be confused and therefore withdraw from the support system (Brägelmann-Tan, 2014). Since parents with mental health disorders most often seek support with their family doctor, it is crucial to establish which kind of support offers are recommended by these health care professionals (Gomes de Matos, 2014).

Requirements for effective cooperation

On a basic level, all professionals working with children or parents should ideally have knowledge about skills, jurisdictions and responsibilities as well as operational structures of other services working in child protection. This allows for the reduction of false expectations and creates understanding for actions or non-actions of professionals from other support services. Diverging

tasks and assignments; different horizons of experience or patterns of thinking require exchange between institutions to avoid misunderstandings and to enable cooperation (Lenz, 2005).
Operationally, getting to know professionals personally can significantly reduce inhibitions and stereotypes (Van Santen & Seckinger, 2003). Additionally cooperation should be integrated into a fixed framework to create material and time resources in institutions and thereby establish an exchange of activities, decisions and developments. Tight schedules and budgets in child protection agencies as well as in other institutions often prevent professionals from establishing relationships with other professionals on their own. The fixation of cooperation in everyday routines is important for it to become an integral part of the work of child protection professionals.

5. Conclusion

Violence against children is a pressing and growing public health problem. The consequences of it stretch into adulthood and even affect the life of these children's own children. This shows that child maltreatment does not only have consequences on the individual but on the societal level and well into the long-run. The knowledge of causes and risk factors of violence against children is therefore crucial for prevention. Currently known risk factors associated with child abuse are diverse: poverty, single parenthood, parental mental health problems, cramped living conditions, characteristics of the child. Besides these direct effects, indirect effects exist. The presence of one risk factor increases the probability of occurrences of other risk factors (Mattejat & Lisofky, 2014).
Since parenting competence is very important for the positive development of children and previous research found dimensions of dysfunctional parenting styles in parents with mental health problems, it is not surprising that this adds to the complex mesh of child maltreatment risk factors. It has to be said that affected parents must not be reduced to their mental health problems. Stigmatization and isolation inhibits them to seek the needed support. Professionals working with families are faced with the difficulty of building a trusting relationship with parents while protecting their children if necessary. These aims may at times contradict each other and it is therefore very important for professionals to cooperate in a transparent and effective way.
Currently, affected children are identified late, referrals from alcohol treatment agencies to child protection services are rare and children from affected families are often placed in out of home care. It is therefore necessary to improve the identification of problems earlier and to better connect interventions between child agencies and the health system. Cooperation has to be integrated into a fixed framework to create material and time resources in institutions and thereby establish an exchange of activities, decisions and developments that is independent of individual professionals.

citations

Appleyard, Karen; Berlin, Lisa J.; Rosanbalm, Katherine D.; Dodge, Kenneth A. (2011): Preventing early child maltreatment: implications from a longitudinal study of maternal abuse history, substance use problems, and offspring

victimization. In: *Prevention science : the official journal of the Society for Prevention Research* 12 (2), S. 139–149. DOI: 10.1007/s11121-010-0193-2.

Arria, Amelia M.; Mericle, Amy A.; Rallo, Deanna; Moe, Jerry; White, William L.; Winters, Ken C.; O'Connor, Garrett (2013): Integration of parenting skills education and interventions in addiction treatment. In: *Journal of addiction medicine* 7 (1), S. 1–7. DOI: 10.1097/ADM.0b013e318270f7b0.

Baer, Judith C.; Martinez, Colleen Daly (2006): Child maltreatment and insecure attachment: a meta-analysis. In: *Journal of Reproductive and Infant Psychology* 24 (3), S. 187–197. DOI: 10.1080/02646830600821231.

Barnow, S.; Lucht, M.; Freyberger, H. J. (2002): Alkoholprobleme im Jugendalter unter Berücksichtigung der Hochrisikogruppe Kinder alkoholkranker Eltern Ergebnisse einer Familienstudie in Mecklenburg Vorpommern. In: *Nervenarzt* 73 (7), S. 671–679. DOI: 10.1007/s00115-002-1309-0.

Bates, T.; Buchanan, J.; Corby, B.; Young, L. (1999): Drug Use, Parenting and Child Protection: Towards an effective interagency response.

Belsky, J. (1980): Child Maltreatment. An Ecological Integration. In: *American Psychologist* 35 (4), S. 320–335.

Belsky, Jay; Vondra, Joan (1989): Lessons from child abuse: the determinants of parenting. In: Dante Cicchetti und Vicki Carlson (Hg.): Child maltreatment. Cambridge: Cambridge University Press, S. 153–202.

Bender, Doris; Lösel, Fiedrich (2005): Misshandlung von Kindern. Risikofaktoren und Schutzfaktoren. In: G. Deegener und W. Körner (Hg.): Kindesmisshandlung und Vernachlässigung : ein Handbuch. Göttingen [u.a.]: Hogrefe, S. 317–346.

Boden, Joseph M.; Horwood, L. John; Fergusson, David M. (2007): Exposure to childhood sexual and physical abuse and subsequent educational achievement outcomes. In: *Child Abuse & Neglect* 31 (10), S. 1101–1114. DOI: 10.1016/j.chiabu.2007.03.022.

Brägelmann-Tan, Sabine (2014): Im Dickicht der Hilfesysteme? In: Niedersächsischen Ministerium für Soziales, Gesundheit und Gleichstellung (Hg.): Im Dickicht der Hilfesysteme? Versorgungsprobleme und innovative Lösungsansätze zwischen Suchthilfe und Psychiatrie. 24. Niedersächsische Suchtkonferenz. Hannover, S. 6–7.

Choenni, Vandhana; Hammink, Alice; van de Mheen, Dike (2017): Association Between Substance Use and the Perpetration of Family Violence in Industrialized Countries: A Systematic Review. In: *Trauma, violence & abuse* 18 (1), S. 37–50. DOI: 10.1177/1524838015589253.

Cicchetti, Dante; Carlson, Vicki (Hg.) (1989): Child maltreatment. Cambridge: Cambridge University Press.

Cleaver, Hedy (2007): Child protection, domestic violence and parental substance misuse. Family experiences and effective practice. London, Philadelphia: JKP/Jessica Kingsley Publishers (Quality matters in children's services). Online verfügbar unter http://search.ebscohost.com/login.aspx?direct=true&scope=site&db=nlebk&db=nlabk&AN=216740.

Cleaver, Hedy (2007): Child protection, domestic violence and parental substance misuse. Family experiences and effective practice. London, Philadelphia: JKP/Jessica Kingsley Publishers (Quality matters in children's services). Online verfügbar unter http://search.ebscohost.com/login.aspx?direct=true&scope=site&db=nlebk&db=nlabk&AN=216740.

Cleaver, Hedy; Walker, Steven (2004): Assessing children's needs and circumstances. The impact of the assessment framework. London, New York: Jessica Kingsley. Online verfügbar unter http://site.ebrary.com/lib/academiccompletetitles/home.action.

Cohen, Joseph R.; Menon, Suvarna V.; Shorey, Ryan C.; Le, Vi Donna; Temple, Jeff R. (2017): The distal consequences of physical and emotional neglect in emerging adults: A person-centered, multi-wave, longitudinal study. In: *Child Abuse & Neglect* 63, S. 151–161. DOI: 10.1016/j.chiabu.2016.11.030.

Collins, J.; Messerschmidt, P. M.: Epidemiology of alcohol-related violence. In: *Alcohol Health Research World* 1993, S. 93–100. Online verfügbar unter https://link.galegroup.com/apps/doc/A15684142/AONE?u=googlescholar&sid=AONE&xid=ba9dcc3e., zuletzt geprüft am 18.02.2019.

Currie, Janet; Spatz Widom, Cathy (2010): Long-Term Consequences of Child Abuse and Neglect on Adult Economic Well-Being. In: *Child maltreatment* 15 (2), S. 111–120. DOI: 10.1177/1077559509355316.

Deegener, G.; Körner, W. (Hg.) (2005): Kindesmisshandlung und Vernachlässigung : ein Handbuch. Göttingen [u.a.]: Hogrefe.

Deegener, Günther (Hg.) (2005): Kindesmisshandlung und Vernachlässigung. Ein Handbuch. Göttingen, Bern, Toronto, Seattle, Oxford, Prag: Hogrefe.

Deegener, Günther; Körner, Wilhelm (2016): Risikoerfassung bei Kindesmisshandlung und Vernachlässigung. Theorie, Praxis, Materialien. 4. Auflage. Lengerich: Pabst Science Publishers.

Doidge, James C.; Higgins, Daryl J.; Delfabbro, Paul; Segal, Leonie (2017): Risk factors for child maltreatment in an Australian population-based birth cohort. In: *Child Abuse & Neglect* 64, S. 47–60. DOI: 10.1016/j.chiabu.2016.12.002.

Dube, Shanta; Anda, R.; Felitti, V.; Croft, J.; Edwards, V. (2001): Growing up with parental alcohol abuse: exposure to childhood abuse, neglect, and household dysfunction. In: *Child Abuse & Neglect* 25, S. 1627–1640.

El-Bassel, Nabila; Gilbert, Louisa; Wu, Elwin; Go, Hyun; Hill, Jennifer (2005): Relationship between drug abuse and intimate partner violence: a longitudinal study among women receiving methadone. In: *American journal of public health* 95 (3), S. 465–470. DOI: 10.2105/AJPH.2003.023200.

English, Diana J. (1998): The Extent and Consequences of Child Maltreatment. In: *The Future of Children* 8 (1), S. 39. DOI: 10.2307/1602627.

European Monitoring Centre for Drugs and Drug Addiction (2008): Drugs and vulnerable groups of young people. Selected issue 2008. Luxembourg: Office for Official Publications of the European Communities.

Farmer, E.; Owen, M. (1995): Child protection practice: private risks and public remedies: a study of decision-making, intervention and outcome in child protection work.: HM Stationery Office.

Fluke, John D.; Shusterman, Gila R.; Hollinshead, Dana M.; Yuan, Ying-Ying T. (2008): Longitudinal analysis of repeated child abuse reporting and victimization: multistate analysis of associated factors. In: *Child maltreatment* 13 (1), S. 76–88. DOI: 10.1177/1077559507311517.

Freisthler, Bridget; Gruenewald, Paul J. (2013): Where the individual meets the ecological: a study of parent drinking patterns, alcohol outlets, and child physical abuse. In: *Alcoholism, clinical and experimental research* 37 (6), S. 993–1000. DOI: 10.1111/acer.12059.

Freisthler, Bridget; Maguire-Jack, Kathryn (2015): Understanding the Interplay Between Neighborhood Structural Factors, Social Processes, and Alcohol Outlets on Child Physical Abuse. In: *Child maltreatment* 20 (4), S. 268–277. DOI: 10.1177/1077559515598000.

Funke, Thomas: Vortrag_KipsykrE_KoKi Hof_1.06.2016 [Schreibgeschützt].

Gilbert, Ruth; Kemp, Alison; Thoburn, June; Sidebotham, Peter; Radford, Lorraine; Glaser, Danya; MacMillan, Harriet L. (2009): Recognising and responding to child maltreatment. In: *The Lancet* 373 (9658), S. 167–180. DOI: 10.1016/S0140-6736(08)61707-9.

Gomes de Matos, Elena (2014): Epidemiologie von Substanzstörungen in der erwachsenen Allgemeinbevölkerung. In: Niedersächsischen Ministerium für Soziales, Gesundheit und Gleichstellung (Hg.): Im Dickicht der Hilfesysteme? Versorgungsprobleme und innovative Lösungsansätze zwischen Suchthilfe und Psychiatrie. 24. Niedersächsische Suchtkonferenz. Hannover, S. 8–12.

Hamburger, Merle E.; Leeb, Rebecca T.; Swahn, Monica H. (2008): Childhood Maltreatment and Early Alcohol Use Among High-Risk Adolescents. In: *J. Stud. Alcohol Drugs* 69 (2), S. 291–295. DOI: 10.15288/jsad.2008.69.291.

Herrenkohl, Todd I.; Hong, Seunghye; Klika, J. Bart; Herrenkohl, Roy C.; Russo, M. Jean (2013): Developmental Impacts of Child Abuse and Neglect Related to Adult Mental Health, Substance Use, and Physical Health. In: *Journal of family violence* 28 (2). DOI: 10.1007/s10896-012-9474-9.

Hicks, Leslie; Stein, Mike (2015): Understanding and working with adolescent neglect: perspectives from research, young people and professionals. In: *Child & Family Social Work* 20 (2), S. 223–233. DOI: 10.1111/cfs.12072.

Hillis, Susan; Mercy, James; Amobi, Adaugo; Kress, Howard (2016): Global Prevalence of Past-year Violence Against Children: A Systematic Review and Minimum Estimates. In: *Pediatrics* 137 (3), e20154079. DOI: 10.1542/peds.2015-4079.

Hinze, Klaus (Hg.) (2006): Kindeswohl in alkoholbelasteten Familien als Aufgabe der Jugendhilfe. Freiburg im Breisgau: Lambertus.

Hinze, Klaus; Jost, Annemarie (2005): Kinder aus suchtbelasteten Familien im Kontext von Verfahren zu Hilfen zur Erziehung. In: *SUCHT* 51 (2), S. 109–118. DOI: 10.1024/2005.02.06.

Hogan, Diane M. (2007): The impact of opiate dependence on parenting processes: Contextual, physiological and psychological factors. In: *Addiction Research & Theory* 15 (6), S. 617–635. DOI: 10.1080/16066350701663698.

Hussong, Andrea M.; Flora, David B.; Curran, Patrick J.; Chassin, Laurie A.; Zucker, Robert A. (2008): Defining risk heterogeneity for internalizing symptoms among children of alcoholic parents. In: *Development and psychopathology* 20 (1), S. 165–193. DOI: 10.1017/S0954579408000084.

Iffland, Benjamin; Brähler, Elmar; Neuner, Frank; Häuser, Winfried; Glaesmer, Heide (2013): Frequency of child maltreatment in a representative sample of the German population. In: *BMC public health* 13, S. 980. DOI: 10.1186/1471-2458-13-980.

Ikonomidou, C. et al. (2000): Ethanol-Induced Apoptotic Neurodegeneration and Fetal Alcohol Syndrome. In: *Science* 287 (5455), S. 1056–1060. DOI: 10.1126/science.287.5455.1056.

Jacobi, Gert (2008): Kindesmisshandlung und Vernachlässigung. Epidemiologie, Diagnostik und Vorgehen. 1. Aufl. Bern: H. Huber (Programmbereich Medizin).

Jacobi, Gert; Bratzke, Hansjürgen (2008): Kindesmisshandlung und Vernachlässigung. Epidemiologie, Diagnostik und Vorgehen. 1. Aufl. Bern: Huber. Online verfügbar unter http://haw-hamburg.ciando.com/shop/book/short/index.cfm/fuseaction/short/bok_id/20071.

Kindler, Heinz (Hg.) (2006): Handbuch Kindeswohlgefährdung nach §1666 BGB und Allgemeiner Sozialer Dienst (ASD). Deutsches Jugendinstitut. München: DJI, Abt. Familie.

Klein, Michael (2008): Alkoholsucht und Familie - Kinder in suchtbelasteten Familien. In: *Aus Politik und Zeitgeschichte : APuZ* 58 (28), S. 22–29.

Klein, Michael; Dyba, Janina; Moesgen, Diana (2016): Crystal Meth und Familie – Zur Analyse der Lebenssituation und des Hilfebedarfs betroffener Kinder. Berlin: Bundesministerium für Gesundheit.

Klein, Michael; Moesgen, Diana; Bröning, Sonja (2013): Kinder aus suchtbelasteten Familien stärken. Das "Trampolin"-Programm (Therapeutische Praxis).

Klein, Michael; Zobel, Martin (2008): Prävention und Frühintervention bei Kindern aus suchtbelasteten Familien. In: Martin Zobel (Hg.): Wenn Eltern zu viel trinken : Hilfen für Kinder und Jugendliche aus Suchtfamilien. Bonn: BALANCE Buch + Medien Verlag, S. 96–104.

Klein M, Ferrari T, Kürschner K. (2003): Kinder unbehandelter suchtkranker Eltern. Eine Situationsanalyse und mögliche Hilfen. Hg. v. Projektbericht im Auftrag des Bundesministeriums für Gesundheit und Soziale Sicherung. Bonn. Online verfügbar unter ww.bmgs.bund. de/download/broschueren/F305.PDF.

Korbin, Jill E.; Krugman, Richard D. (Hg.) (2014): Handbook of Child Maltreatment. Dordrecht: Springer Netherlands (Child Maltreatment).

Kroll, B.; Taylor, A. (2000): Invisible Children? Parental Substance Abuse And Child Protection: Dilemmas for Practice. In: *Probation Journal* 47 (2), S. 91–100. DOI: 10.1177/026455050004700202.

Kury, Helmut; Obergfell-Fuchs, Joachim; Woessner, Gunda (2004): The Extent of Family Violence in Europe. In: *Violence Against Women* 10 (7), S. 749–769. DOI: 10.1177/1077801204265550.

Lammel, Matthias; Allroggen, Marc (Hg.) (2013): Kindesvernachlässigung und Kindesmisshandlung. Medizinische und juristische Perspektiven. Berlin, Germany: Medizinisch Wissenschaftliche Verlagsgesellschaft (Jahresheft für Forensische Psychiatrie).

Lenz, Albert (2014): Kinder psychisch kranker Eltern. 2., vollst. überarb. und erw. Aufl. Göttingen, Bern, Wien, Paris, Oxford, Prag, Toronto, Boston, Amsterdam, Kopenhagen, Stockholm, Florenz, Helsinki: Hogrefe.

LeTendre, McKenzie Lynn; Reed, Mark B. (2017): The Effect of Adverse Childhood Experience on Clinical Diagnosis of a Substance Use Disorder: Results of a Nationally Representative Study. In: *Substance use & misuse* 52 (6), S. 689–697. DOI: 10.1080/10826084.2016.1253746.

Lown, E. Anne; Nayak, Madhabika B.; Korcha, Rachael A.; Greenfield, Thomas K. (2011): Child physical and sexual abuse: a comprehensive look at alcohol consumption patterns, consequences, and dependence from the National Alcohol Survey. In: *Alcoholism, clinical and experimental research* 35 (2), S. 317–325. DOI: 10.1111/j.1530-0277.2010.01347.x.

MacMillan, H. L.; Fleming, J. E.; Streiner, D. L.; Lin, E.; Boyle, M. H.; Jamieson, E. et al. (2001): Childhood abuse and lifetime psychopathology in a community sample. In: *The American journal of psychiatry* 158 (11), S. 1878–1883. DOI: 10.1176/appi.ajp.158.11.1878.

Mash, E. J.; Barkley, R. A. (Hg.) (2003): Child psychopathology. New York, NY, US: Guilford Press.

Mattejat, Fritz; Lisofsky, Beate (Hg.) (2014): Nicht von schlechten Eltern. Kinder psychisch Kranker. 4. korrigierte und ergänzte Auflage. Köln: BALANCE Buch + Medien Verlag (BALANCE Ratgeber).

McQueen, Karen; Murphy-Oikonen, Jodie (2016): Neonatal Abstinence Syndrome. In: *The New England journal of medicine* 375 (25), S. 2468–2479. DOI: 10.1056/NEJMra1600879.

Merrick, J. (2017): Some international aspects on disability and abuse. In: *International Journal of Child Health and Human Development* 10 (3), S. 271–276.

Miller, S. (2002): Child abuse and domestic violence. In: *British Journal of Midwifery* 10 (9), S. 565–568.

Mullen, Paul E.; Martin, Judy L.; Anderson, Jessie C.; Romans, Sarah E.; Herbison, G. Peter (1993): Childhood Sexual Abuse and Mental Health in Adult Life. In: *Br J Psychiatry* 163 (06), S. 721–732. DOI: 10.1192/bjp.163.6.721.

National Center for Injury Prevention and Control, Division of Violence Prevention (2015b): Child maltreatment: risk and protective factors. Hg. v. Centers for Disease Control and Prevention (CDC). Online verfügbar unter http://www. cdc. gov/violenceprevention/childmaltreatment/riskprotectivefactor. html.

Naughton, Michael F. A.; Maybery, Darryl J.; Goodyear, Melinda (2018): Prevalence of mental illness within families in a regional child-focussed mental health service. In: *International journal of mental health nursing* 27 (2), S. 901–910. DOI: 10.1111/inm.12386.

Niedersächsischen Ministerium für Soziales, Gesundheit und Gleichstellung (Hg.) (2014): Im Dickicht der Hilfesysteme? Versorgungsprobleme und innovative Lösungsansätze zwischen Suchthilfe und Psychiatrie. 24. Niedersächsische Suchtkonferenz. Hannover.

Norman, Rosana E.; Byambaa, Munkhtsetseg; De, Rumna; Butchart, Alexander; Scott, James; Vos, Theo (2012): The long-term health consequences of child physical abuse, emotional abuse, and neglect: a systematic review and meta-analysis. In: *PLoS medicine* 9 (11), e1001349. DOI: 10.1371/journal.pmed.1001349.

Onigu-Otite, Edore C.; Belcher, Harolyn M. E. (2012): Maternal drug abuse history, maltreatment, and functioning in a clinical sample of urban children. In: *Child Abuse & Neglect* 36 (6), S. 491–497. DOI: 10.1016/j.chiabu.2012.04.003.

Osborne, Cynthia; Berger, Lawrence M. (2009): Parental Substance Abuse and Child Well-Being. In: *Journal of Family Issues* 30 (3), S. 341–370. DOI: 10.1177/0192513X08326225.

Osofsky, Joy D. (2003): Prevalence of Children's Exposure to Domestic Violence and Child Maltreatment: Implications for Prevention and Intervention. In: *Clinical Child and Family Psychology Review* 6 (3), S. 161–170. DOI: 10.1023/A:1024958332093.

Pérez-Fuentes, Gabriela; Olfson, Mark; Villegas, Laura; Morcillo, Carmen; Wang, Shuai; Blanco, Carlos (2013): Prevalence and correlates of child sexual abuse: a national study. In: *Comprehensive psychiatry* 54 (1), S. 16–27. DOI: 10.1016/j.comppsych.2012.05.010.

Petermann, Ulrike; Petermann, Franz (2006): Erziehungskompetenz. In: *Kindheit und Entwicklung* 15 (1), S. 1–8. DOI: 10.1026/0942-5403.15.1.1.

Power, Thomas G. (2013): Parenting dimensions and styles: a brief history and recommendations for future research. In: *Childhood obesity (Print)* 9 Suppl, S14-21. DOI: 10.1089/chi.2013.0034.

Professor Judith Harwin; Professor Nicola Madge and Sally Heath: 2010report-on-the-research-policy-practice-and-service-development-relating-to-chapaps-across-europe1[1].

Reijneveld, S. A.; van der Wal, M.; Brugman, E.; Hira Sing, R. A.; Verloove-Vanhorick, S. P. (2004): Infant crying and abuse. In: *The Lancet*, S. 1340–1342.

Schäfer, Ingo; Barnow, Sven; Pawils, Silke (2016): Substanzbezogene Störungen als Ursache und als Folge früher Gewalt. Grundlagen, Therapie und Prävention im BMBF-Forschungsverbund CANSAS. In: *Bundesgesundheitsblatt, Gesundheitsforschung, Gesundheitsschutz* 59 (1), S. 35–43. DOI: 10.1007/s00103-015-2264-9.

Shin, Sunny Hyucksun; Edwards, Erika M.; Heeren, Timothy (2009): Child abuse and neglect: relations to adolescent binge drinking in the national longitudinal study of Adolescent Health (AddHealth) Study. In: *Addictive behaviors* 34 (3), S. 277–280. DOI: 10.1016/j.addbeh.2008.10.023.

Sugaya, Luisa; Hasin, Deborah S.; Olfson, Mark; Lin, Keng-Han; Grant, Bridget F.; Blanco, Carlos (2012): Child physical abuse and adult mental health: a national study. In: *Journal of traumatic stress* 25 (4), S. 384–392. DOI: 10.1002/jts.21719.

Templeton, Lorna; Velleman, Richard; Hardy, Emma; Boon, Sarah (2009): Young people living with parental alcohol misuse and parental violence: 'No-one has ever asked me how I feel in any of this'. In: *Journal of Substance Use* 14 (3-4), S. 139–150. DOI: 10.1080/14659890802624287.

van Santen, E.; Seckinger, M. (2003): Kooperation: Mythos und Realität einer Praxis: eine empirische Studie zur interinstitutionellen Zusammenarbeit am Beispiel der Kinder-und Jugendhilfe: Leske & Budrich.

Walker, Jim (2011): The relevance of shame in child protection work. In: *Journal of Social Work Practice* 25 (4), S. 451–463. DOI: 10.1080/02650533.2011.560660.

Walsh, Christine; MacMillan, Harriet; Jamieson, Ellen (2002): The relationship between parental psychiatric disorder and child physical and sexual abuse: findings from the Ontario health supplement. In: *Child Abuse & Neglect* 26 (1), S. 11–22. DOI: 10.1016/S0145-2134(01)00308-8.

Wekerle, Chr.; Wolfe, D. (2003): Child maltreatment. In: E. J. Mash und R. A. Barkley (Hg.): Child psychopathology. New York, NY, US: Guilford Press, S. 632–684.

Wekerle, Christine (2006): Childhood maltreatment. Cambridge, MA, Göttingen, Ashland, OH, Toronto, Ontario, Bern: Hogrefe (Advances in psychotherapy, vol. 4).

Westby, Carol E. (2007): Child Maltreatment: A Global Issue. In: *LSHSS* 38 (2), S. 140–148. DOI: 10.1044/0161-1461(2007/014).

Widom, Cathy Spatz (2014): Longterm Consequences of Child Maltreatment. In: Jill E. Korbin und Richard D. Krugman (Hg.): Handbook of Child Maltreatment, Bd. 2. Dordrecht: Springer Netherlands (Child Maltreatment), S. 225–247.

Wiegand-Grefe, Silke; Mattejat, Fritz; Lenz, Albert (Hg.) (2011): Kinder mit psychisch kranken Eltern. Klinik und Forschung : mit 55 Tabellen. Symposium Kinder Psychisch Kranker Eltern - Aktuelle Forschungsergebnisse; Deutsche Gesellschaft für Kinder- und Jugendpsychiatrie; Jahreskongress der Deutschen Gesellschaft für Kinder- und Jugendpsychiatrie, DGKJP. Göttingen, Oakville: Vandenhoeck & Ruprecht. Online verfügbar unter http://www.socialnet.de/rezensionen/isbn.php?isbn=978-3-525-40210-8.

Wieland, Nuri; Klein, Michael (2018): Substanzbezogene Störungen und traumatische Erfahrungen in der Kindheit. In: *Suchttherapie* 19 (02), S. 66–75. DOI: 10.1055/a-0582-1751.

Williams, Janet F.; Smith, Vincent C. (2015): Fetal Alcohol Spectrum Disorders. In: *Pediatrics* 136 (5), e1395-406. DOI: 10.1542/peds.2015-3113.

World Health Organisation (WHO): Prevalence of mental disorders. Hg. v. WHO. Online verfügbar unter http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/data-and-resources, zuletzt geprüft am 28.02.2019.

Zobel, Martin (Hg.) (2008): Wenn Eltern zu viel trinken : Hilfen für Kinder und Jugendliche aus Suchtfamilien. Bonn: BALANCE Buch + Medien Verlag.