

## Problematism of Parental Alcohol Abuse Related Harm to Children: The Results of Professionals' Response

**Birutė Peištarė**

*Vytautas Magnus University  
K. Donelaičio g. 58, 44248 Kaunas, Lithuania*

**Ilova Tamutienė**

*Vytautas Magnus University  
K. Donelaičio g. 58, 44248 Kaunas, Lithuania*

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**Abstract.** *Problematism as taken-for-granted “truths” practices making it crucial to look at them critically and to draw attention to any potentially harmful consequences they may have. The main aim of this article is to examine how the issue of parental alcohol’s harm to children is problematised in the child protection and support processes in Lithuania. Data from 20 semi-structured interviews with key child welfare and protection experts were analysed using Bacchi’s problematisation approach strategy. Professionals think that parental intoxication is damaging to children, and because of the issues they perceive, most of their work is focused on measures to enhance parental behaviour. This approach to the problem distances professionals from the harm that children are experiencing. It is typical to remove children from intoxicated parents and re-unite them once the parents sober up. Professionals rely on their own moral principles and ideals, particularly the desire to maintain “family unity”. Long-term harm develops when children who need support are undervalued and neglected. Because child welfare practices focus on a small portion of the problems, the harm to the children’s personalities and development is not adequately addressed. Analyses showed that the problematisation of parental alcohol abuse-related harm to children by professionals impacts the presumed result, which is that children are the “visible but unprotected victims”. The professional field of problematisation of alcohol’s harm to children brought on by parental alcohol misuse must consider crucial elements such as understanding childhood trauma and its long-term effects on child development, knowing how to respond to it when it occurs, and understanding how to avoid harmful long-term consequences.*

**Keywords:** *alcohol, harm to children, parents, children, professionals’ responses, problematisation*

**Raktažodžiai:** *alkoholis, grėsmė vaikams, tėvai, vaikai, ekspertų reakcija, problemos*

### Introduction

The parental alcohol abuse-related harm to children (PAHCh) ranges from emotional, cognitive, and behavioural to delinquent behaviour, failing school grades, substance abuse, depression, and numerous other psychological problems (Tunnard, 2002; Christoffersen, Soothill, 2003; Holmila, Thom, 2017). There is also strong evidence of a link between PAHCh and restricted neurodevelopment that curtails the possibility of healthy mental and physical development by the child (van IJzendoorn, Bakermans-Kranenburg, Ebstein, 2011; Chan, Lake, Hansen, 2017). Therefore, it is no coincidence that globally child protection agencies, as well as societal norms, emphasise providing a nurturant environment for children by reducing poverty and violence.

Providing a nurturant, safe environment for children is seen as the foundation of a society's success and as a significant step toward building a sustainable future (United Nations, 2015).

Parental alcohol abuse is a major cause of children being deprived of parental care, becoming victims of violence, or engaging in early and risky consumption of alcohol (Guščinskienė, Kondrotaitė, 2006; Laslett et al., 2012; Laslett, Dietze, Room, 2013; Midttun, 2017; Tamutienė, 2018; Laslett et al., 2020). In their daily work, child protection and welfare professionals (CPWPs) from different fields often deal with PAHCh and must then assess the need for assistance and provide services to children. Studies show that children affected by parental alcohol abuse stigma do not always receive effective assistance, thus remaining 'visible but unprotected victims' (Werner, Malterud, 2016; Silvé Hagström, Forinder, 2019; Tamutienė, Jogaitė, 2019).

In Lithuania, 35.2 % of children live with problematic alcohol users. This rate remains the highest among 19 European countries (Tamutienė et al., 2022). Problematic alcohol use is a major contributor to child neglect and abuse in our culture (Tamutienė, 2018). It should be noted that 76 % of all violations of the child's rights occur due to intoxication of the child's legal representative from alcohol and/or drugs, psychotropic or other psychoactive substances, and inability to take proper care of the child (Valstybės vaiko teisių apsaugos ir įvaikinimo tarnybos veiklos ataskaita, 2022). Despite high rates of harm, children prefer to disclose their troubles in informal settings because professionals often do not help children to disclose harm or may even ignore their testimony (Tamutienė, Jogaitė, 2019). For this reason, it is essential to reveal how specialists problematise parental alcohol abuse and harm children, as there is still a lack of scientific knowledge about the role of specialists in reducing PAHCh. Problematisation helps to identify the 'truths' hidden in the participants' perceptions and their influence on the institutional response.

The main aim of this study is to investigate how the issue of PAHCh is problematised in the child protection and support processes in Lithuania. In this article, we focus on the work practices and thought processes of CPWPs by analysing how their perception provides insight into the phenomena of 'visible but unprotected victims'. It is recognised that thinking practices must be seen as a significant factor in analysing job performance and deciding on possible directions for change (Reisel, 2017; Bagley, Badry, 2019).

## **Methods**

### ***Problematization approach***

The analytical strategy of problematisation that was used in this study helped us to construct guidelines for semi-structured interviews, to reveal the perceptions of CPWPs and to assess the impact of their thinking practices on their response to PAHCh. The analytical method of problematisation was developed by Bacchi and is an innovative research strategy (Montero, Sonn, 2009) that helps in identifying self-evident "truths" behind the phenomenon (Bacchi, 2012). Central to this method is focusing on what was said in terms of perceptual meaning rather than linguistic discourse. In this case, we focused on knowledge and knowledge-creation practices that shape the respective object (Bonham, Bacchi, 2017). The study assessed problematisations through the perspectives of CPWPs working with families, the established thinking practices that help them identify the decisions making, and their activity results created in the process. The focus of this analysis is the desire to understand how problems are created, stating that this insight can also help to understand how they can be managed (Bacchi, 2012). Problematisation is seen as an effective strategy which highlights the explicitly identified or hidden challenges of the response to the problem as experienced by CPWPs in dealing with PAHCh.

### ***Participants***

The study is based on in-depth semi-structured interviews with CPWPs working with alcohol-abusing families. In Lithuania, key CPWPs are children's rights specialists (state level), case managers and social workers (municipal level). Children's rights specialists respond to violations of children's rights, assess them, and decide on the need for child protection. If support and protection

are needed, the information goes to case managers. Case managers are responsible for drawing up and supervising a family's support plan. Social workers visit families and provide social services. These CPWPs form a support network for families and often cooperate with each other.

Twenty CPWPs (five case managers, six social workers, and nine children's rights specialists), average age 43, participated in this study (see table 1).

*Table 1. Participants' sociodemographic data*

SEX	N
Female	19
Male	1
AVERAGE AGE	
Years	43
PROFESSIONAL STATUS	
Case managers	5
Social workers	6
Children's rights specialists	9
PRIOR EXPERIENCE OF WORKING WITH FAMILIES, INCLUDING FAMILIES WITH ALCOHOL PROBLEMS (YEARS)	
0–5	6
5–10	4
10–20	6
20 or more	4
SPECIALISED TRAINING IN ADDICTIVE DISORDERS AND HOW TO RESPOND TO THEM	
Having at least one specialised training	5
Having at least one non-specialised training	10
Haven't participated in any such training	5

All specialists have been working with families with alcohol abuse issues. Only 5 of the 20 study participants had completed at least one specialised training concerning PAHCh. This fact was important for further analysis.

### *Sampling and ethics*

Informants were selected by targeted sampling (Žydžiūnaitė, 2006), based on the main criteria: prior work experience of working with families with alcohol problems; direct work with members of such families (adults and children); job specialities of the study participants: case managers; social workers; children's rights professionals.

Research participants were sought through institutions working in the field of social services (through Social Services Centers, the State Child Rights Protection and Adoption Service). The heads of the institutions were contacted by telephone. The research topic, goals and tasks were disclosed to them, and the verbal consent of the managers was obtained, allowing their employees to be invited to participate in the study. Research participants informed oral consent was obtained.

The research was conducted in Kaunas County.<sup>1</sup> Although only one county was selected for the study, specialists were interviewed not only in Kaunas, the second largest city in Lithuania but also in smaller towns and villages. 11 out of 20 research participants expressed concerns about being identified, especially given the small number of CPWPs in certain areas in some municipalities. Therefore it was agreed that the analysis of the data would not mention the specific cities or districts in which they worked. Since all of the informants work in Kaunas County, more precise geographical information is not disclosed. Although the study participants were informed that they could withdraw from the study and end the conversation whenever they wished, many, on the contrary, spoke willingly and for longer than planned. The anonymity of the informants was maintained without giving their real names. The interview material was protected from third parties, and after transcription, depersonalised interviews were archived, and audio recordings were erased.

<sup>1</sup> Kaunas county includes seven districts: Kaunas, Kėdainiai, Kaišiadorys, Jonava, Prienai, Birštonas, Raseiniai.

### **Data collection and analysis**

The study lasted from November 2018 until May 2019. The interviews were conducted by the first author. All interviews were conducted in CPWPs' offices, with the researcher coming to the workplace. The average interview duration was 65 minutes. With the informed consent of the study participants, the interviews were recorded, later transcribed, and analysed.

The interview was guided by the problematisation strategy proposed by Bacchi (Bacchi, 2012). During interviews, the questions were related to the CPWPs' thinking practices, PAHCh, the need for assistance, applicable work practices, and the results they generate. The collected data was read and analysed by both authors. In the critical problem analysis, both authors analysed the data separately, trying to describe the process of how specialists represent problems and how they respond to them and to reveal what problems arise in the process. Both interpretations were later verified through discussion. The results of the study are illustrated with original quotations, which allow the reader to understand better the impact of the problematisation of alcohol harm to children on institutional response and work outcomes.

### **Problematisation of alcohol-related harm to children**

The main findings are presented in table 2. CPWPs described broadly the harm to children that can occur when children live with parents who abuse alcohol. All informants stated that in such families, children are at higher risk of suffering from a variety of harms: from physical violence to psychological trauma and neglect. CPWPs admitted that in their work, they have observed that the above-mentioned negative experiences of children during adolescence often turn into delinquent behaviour of adolescents themselves, problems of psychoactive substance use: *“Older children make friends with improper kids so as to be at home as little as possible. Then begins life on the street and related problems like alcohol, drugs, vagrancy, theft”* [Alma].

All CPWPs emphasised the need to ensure the safety of children growing up in such families: *“<...> we demand a safe environment for the child <...>”* [Saulė]; *“<...> it is important to ensure the safety of children”* [Laura]. However, when analysing what is meant by the concepts of “safety” and harm, it has emerged that in direct work, professionals focus on specific parental alcohol consumption situations rather than alcohol harm to children as a deep, long-term phenomenon. The cases of practical experience more often identified short-term harm as the onset of physical insecurity of children during the term of parental drinking. Child safety was directly related to an inappropriate physical environment in the home and unpredictable parental behaviour (study participants stressed that drunk parents could injure, abuse them, and not take care of the child's physiological needs). Such situations are resolved with the short-term accommodation of children in a safe environment (until parental sobriety). However, it is recognised that when parents refuse to seek assistance, children often continue to live in a potentially harmful environment.

The perspective of long-term alcohol-related harm to children as a significant construct in ensuring children's rights and protection was mentioned by only a few CPWPs in the study. This creates practical situations where the PAHCh becomes closely linked to parents' intoxication, and when they become sober, the construct of the harm also disappears.

Table 2. *The problematisation of parental alcohol consumption and harm to children: CPWP and the authors' perspectives*

Theme	CPWPs' presentation of the problem	The problem as identified by the authors
<b>Perception of alcohol harm for children</b>	<p><b>Problem:</b> 1) harm to children is perceived from the short-term perspective and is associated with the risk of parental child maltreatment. 2) safety of children is exclusively linked to the physical environment and parental alcohol intoxication.</p> <p><b>Solution to the problem:</b> 1) an ambiguous situation develops when efforts are made to “keep” children in the family for as long as possible, while it is acknowledged that the home environment is realistically dangerous, where drunk parents can harm children. 2) CPWP's ongoing and often intensive assistance seeks to ensure at least minimal family functioning, although the professionals themselves manoeuvre in this way between (not) ensuring the physical safety of the child and meeting other needs.</p>	<p>The harm to children is closely linked to the intoxication of the parents, and when they sober-up, the construct of harm seems to ‘disappear’. CPWPs' presentation of the problem allows cumulative long-term harm to children caused by parental alcohol abuse.</p>
<b>Assistance to children growing up in families with alcohol abuse</b>	<p><b>Problems:</b> 1) assistance is provided when obvious symptoms of harm to the child's behaviour and emotions are already observed; 2) assistance to children is considered as the provision of assistance to parents, which is why direct work focuses exclusively on change in parents. 3) six out of twenty specialists mentioned that specialised intervention programs for children of alcohol-abusive parents are not needed at all, stating that they receive enough occupational and after-school services.</p> <p><b>Solution to the problem:</b> 1) services for children are provided minimally and are aimed at keeping them occupied. 2) first and foremost, efforts are made to change parental behaviour.</p>	<p>Strengthening a child's personality and emotional resilience as an opportunity to reduce harm in the family environment is an exception, not an established practice.</p> <p>The problem arises from the perception that the child is part of the parents and not an individual personality. At the same time, it leads to a harmful effect when children, without a change in family situation, become “victims” and do not receive appropriate assistance themselves.</p>
<b>Results formed in the process of problematisation</b>	<p><b>Problems:</b> 1) when parents refuse to seek assistance, children often continue to live in potentially harmful environments. 2) The CPWPs' self-awareness is still dominated by ‘the tactic of silence’, which they see as a better alternative to the emergence of specialised services for children. This is justified by personal perception, associating specialised services for children with the threat of social stigma.</p> <p><b>Solution to the problem:</b> 1) solving family situations is based on short-term accommodation of children in a safe environment (until the parents sober-up). 2) The endpoint in not resolving family situations remains the separation of the child from the family. 3) Many children end up growing up in ‘problematic’ families until their adulthood (18 years of age), and changes during the mentioned period are minimal or, conversely, getting more complicated.</p>	<p>Delayed or repeated separation of a child from his or her family is not primarily aimed at the extent of the harm or the risk of experiencing it again, but at seeking to correct parental behaviour. The CPWPs' primary motive in addressing the issue of child safety is often not the specific harm the child has suffered, but the critical point at which the respective situation and problems of the parents can no longer continue.</p> <p>‘The tactic of silence’ in the study was linked to CPWP's estrangement from the difficulties experienced by children, by not seeing into their situations and needs, by not involving them in the decision-making process, and by not providing adequate and child-friendly support.</p> <p>Some CPWPs, in their work with family practices, have developed a specific work background that indirectly normalises a child's life in a drinking family, possibly accompanied by lower standards of child protection. The presumed result is ‘visible but unprotected victims.’</p>

Source: Semi-structured interviews done by authors.

Given the interplay of the above-mentioned factors, work with the family continues for many years. Children even reach adulthood in such “problematic” families, and the changes during the time period are minimal or, conversely, getting more complex: “*We work with families until the children reach 18 years of age*“ [Lijana]. A child’s life in a biological family is associated with the emphasis on the family as a value, the desire to preserve family unity by affirming: „<...> *no matter how bad parents are in our eyes, they are the best for their children*“ [Lina], considering the biological family as a better choice than growing in foster families or institutions: “<...> *children’s rights advocates put human effort to ensure that children grow up in the home environment as much as possible because changing the environment does no good*“ [Irma]. It turned out that in working with families, CPWPs rely not only on professional competence but also on personal values, moral norms and individual assessment of the child’s well-being. Separation of children from the family is seen as the last resort by CPWPs, which can be used when all other means of assistance fail. Nevertheless, a number of CPWPs have acknowledged that the provision of ongoing and often very intensive assistance by social workers and other CPWPs in such situations seeks to ensure at least minimal family functioning, although in this way, the specialists themselves have to manoeuvre between (not)ensuring the physical safety of the child and meeting other needs: “<...> *and as for others as if watching them through the magnifying glass they are very, very much on the question mark. There are real families where we start to observe and work with them really intensively, although working with them is sometimes like ‘hitting the wall’ because these people don’t hear you or accept anything until the child is taken away from them*“ [Vaida].

It has been revealed that in the provision of social services to families, their functioning often remains impaired, and child maltreatment last for several years. This suggests that in their practice of working with families, some CPWPs have developed a specific work background where the child’s life in a drinking family is indirectly normalised, simultaneously lowering the standards of child protection, which may be applied. The factors that led to such CPWPs’ attitudes and decisions have not been identified in detail.

### **The problematisation of assistance for children growing up in families with alcohol abuse**

CPWPs listed specific services recommended for children growing up in families with alcohol abuse: counselling by a psychologist and social educator; extracurricular, socio-cultural activities; services of children’s daycare centres and mental health centres. Only a few CPWPs expressed the opinion that, in general, services for children in Lithuania are rare. Instead, they mostly focused on keeping children occupied and not on providing psychological therapy or other forms of assistance to cope with the problems. Psychological assistance is usually implemented in schools. We need to emphasise that not all schools have psychologists or that when a school has a psychologist, their workload is exceptionally high.

Family support provided by social workers is mainly about the provision of social services to parents, and some CPWPs identified it as: “*supervision by a social worker*“ [Saulė]. Based on the survey participants’ views on the need for assistance to children, in their perception, this target group was mostly isolated from the assistance process, which was also revealed in the analysis of practical situations. It has been observed that children are still considered as side participants in the situation. Paradoxically, however, this problem is identified only by a few CPWPs who participated in the study. Many informants mentioned that children’s daycare centres play the biggest role in providing assistance to children in Lithuania by taking care not only of children’s extracurricular activities and keeping them occupied but also of their physiological needs: e.g., food and rest. Issues of the accessibility of services became apparent, especially for children living in districts with underdeveloped transportation: “*for example, we have a day centre that children attend, but the problem is transportation, because the children are not only from our town but also from the surrounding villages, and the bus takes them home immediately after school. They find only a few minutes to come to us, and you cannot do much with them in a few minutes. This transportation issue is the main reason why they can’t visit the day centre*“ [Vaida].

Only one study participant emphasised the need to strengthen a child's personality and emotional resilience to reduce the harm experienced in the family environment. Among CPWPs, when assessing the need for assistance for children, there is a particularly clear focus on situations where obvious symptoms of harm in the child's behaviour and emotions are already observed: *"when the situation is difficult, the social worker helps to take the child to a psychologist, to a psychiatrist, to the child development centre, etc."* [Ana]. The CPWPs acknowledged that such children, due to their difficult life, painful childhood experiences, lack of love, and neglect, develop a variety of psychiatric disorders that require psychiatric consultations or medication.

As children are provided with minimal services which are primarily focused on keeping them occupied, the endpoint in resolving family situations remains the separation of the child from the family: *"because if the parents drink, the only help for the child is to take him/her out of an unsafe environment and find a safe environment where he/she can grow up safe, supervised, fed"* [Saulė]. CPWPs' self-awareness is still dominated by 'the tactic of silence', seeing it as a better alternative to the emergence of specialised services for children: *"as far as now goes, I say these children are not excluded from the general stream. They receive the same services as other children through centres. They are not separated, and maybe it would be too painful for the children, maybe the society hasn't matured enough when one can specifically identify that I am a child of an alcoholic, and maybe it would be followed by bullying"* [Lijana]. 'The tactic of silence' is justified on the basis of social stigma. As a result, many children in Lithuania do not receive adequate assistance to resolve or deal with their needs.

There is a clear tendency in Lithuania to conceive of assistance to children through providing assistance to parents, which is why direct work is exclusively focused on changes in adults. Eight participants in the study emphasised that they focused on solving parental problems, stating that the well-being of children directly depended on it: *"one of the main things is parents because they have to change and then it will be better for the kids"* [Irma]; *"Well, we won't assistance kids without assistance to their parents. So how can you assist a child? You can assist a child when he/she becomes a mature person"* [Lina]. This indirectly emphasises the idea that the child is part of the parents and not an individual personality. At the same time, this leads to a harmful effect when, without a change in their family situation, children become "victims" and do not receive appropriate assistance.

Positive change in families has been sought for many years. The separation of children becomes a repetitive process: *"<...> because if the child is really of value, then maybe not after the first time he is taken away, but after the second or the third time, they realise that it is the "bottom" and start to recover"* [Indrė]. In this case, the delayed child (re)placement is primarily aimed at seeking to correct the parents' behaviour rather than at protecting the child. As a result, the primary motive for CPWPs in addressing the issue of child safety is often not the specific harm the child has suffered but when they feel that they have reached a critical point at which the problems of the parents can no longer continue. The critical point is mainly related to the patience and feeling of hopelessness of the CPWPs, the realisation that the efforts they put in haven't paid off. It has been observed that the return of children to the family is not always related to the changed situation of the parents but only to temporary sobriety. This creates a practice where, in the absence of fundamental changes, children return to the family, and parents gradually begin to abuse alcohol again. As a result, the environment for children often repeatedly becomes unsafe.

An analysis of CPWPs' perceptions of the need to assist children revealed an ambiguous situation in which they sought to "keep" children in the family for as long as possible but acknowledged that the home environment was considered realistically dangerous as drunk parents can maltreat their children. Some CPWPs working with families noted that assistance to such children was limited in Lithuania and that there was no established clear system and specialised services. However, six out of twenty specialists mentioned that specialised intervention programs for such children were not needed at all, stating that it was enough to keep children occupied with after-school services: *"The fact is that those children have child day centres. It is enough for them, and they willingly attend them. They are so busy everywhere that they only return home in the evening"* [Agnė]; *"In fact, I am thinking about what we have in the city, well, these are all sorts of organised extra-*

*curriculum activities where children are involved, and I think that is enough*“ [Vita]. In the study, the reasons for the reduction in support are related to the distance of CPWPs from the difficulties experienced by children and insufficient attention to their situations and needs. Also, personal perception associating specialised services for children with the threat of social stigma.

### **Discussion and conclusions**

The study revealed that the decisions made by CPWPs, regardless of legal, institutional, or political factors, embody a strong normative dimension based on internal beliefs, perception of the problem and construction of possible solutions. Similar insights were found in the article by Bagley and Badry (2019), where it was identified that CPWPs' perceptions of foetal alcohol syndrome are directly related not only to science-based knowledge but also to non-clinical factors such as their own and other people's personal experiences and individual phenomenon construction. Reisel's (2016) emphasised that the expression of CPWPs' beliefs about child sexual abuse has a significant impact on helping children who have undergone such experiences. As a result, it can be argued that certain individual attitudes need to be disclosed and considered relevant criteria in assessing institutional response and its effectiveness. This shows that the construction of the phenomenon of PAHCh must also be considered as normative.

In problematising parental alcohol abuse, CPWPs informally associate it with low social status. The concentration of the assistance provided by CPWPs on a limited population group (usually those who consume alcohol in a clearly excessive manner with visible consequences for children) reduces the chances of perceiving the effects of alcohol consumption on a wider scale. This contradiction is also emphasised in Laslett (2013). This problem can be thought to be exacerbated by the widespread use of the term 'alcohol problems' or 'alcohol-related problems' in society, which, according to Bacchi (2015), is misleading and represents the interests of the alcohol industry given its extreme focus on a limited part of the society which is lacking self-regulation and dangerously consuming alcohol. In this way, the fact that any alcohol consumption can be harmful seems to be denied, and professionals in their direct work become focused on "*changing the problematic part of society*". Thus, the harm of alcohol to children in regular families remains hidden.

Insufficient education of CPWPs may contribute to "deepening" or "prolonging" problems. A study in the United States found that only 3 per cent of people with social work education had completed a course on addictive disorders, but 29.5 per cent of them had started working with this social group (Richardson, 2008). Similar results were obtained in Canada: assessing the knowledge of CPWPs about alcohol dependence on the basis of the Alcohol Knowledge Scale yielded poor results (Giannetti et al., 2002). Our study supports the need to strengthen CPWPs' knowledge and ability to work with alcohol dependents and their relatives to achieve an evidence-based approach rather than an individual work experience-based approach, thus also reducing the risk of CPWPs' personal frustrations. For this reason, social workers and other professionals working directly with families need to know the specifics of addictive disorders, distinguish between the symptoms of the disease and the essential ways of assistance, and be able to counsel parents and motivate them to seek treatment (Forrester, Harwin, 2006).

The results of the study revealed that CPWPs focus on ensuring the formal and legally-required child safety. In practical situations, however, the concept of safety is reduced to the physical protection of children associated with parental intoxication. This rejects the accumulation of harmful and long-term effects, which are emphasised in the studies of harmful childhood experiences (Anda et al., 2002; Felitti et al., 2019). Due to the rejection of the long-term nature of alcohol-related harm, child welfare practices in the country become of limited capacity and respond only to a small part of the existing risks, which does not neutralise the harm to the child's personality and development.

The research revealed that ensuring the protection of children's rights in Lithuania and solving the problem of parents' alcohol dependence is not always based on addiction treatment, which has a direct impact on the achieved outcomes of work. According to Ainsworth (2004), psychoactive substance consumption by parents is one of the biggest and most complex children welfare problems in the contemporary age. According to Knoke (2009), the return of children to the family should be



related to the progress of treatment for parental addiction. In the absence of obvious changes in the family, other measures may be taken to ensure safe and stable childhood for children: child custody or adoption. However, according to Semidei et al. (2001) in the case of addiction, if children are left in or returned to the family in the hope of at least minimal safety, their long-term psychological, social, and physical well-being remains poor until their parents enter treatment programs and begin to recover. Participants in our study acknowledged that many children grow up in families who have not solved the problem of alcohol abuse and that repeated violations of children's rights often occur in them. Other studies suggest that parental alcohol abuse is a risk factor for recurrent separations of children from their families (Laslett et al., 2012).

This study revealed that in ensuring the welfare of children and making decisions about their safety, professionals rely not only on professional competence but also on personal values, and moral norms, especially the need to preserve 'family unity', seeing the family as an 'indivisible unit'. In assessing violations of children's rights, the practice of prioritising the family unit may possibly lead to delayed CPWPs' decisions and actions related to the separation of children from the family. Family preservation policies are associated with the pursuit of intensive services and support to families, thus reducing the likelihood of children being separated from family and parents (Tracy et al., 1994; Zlotnik, Shaw, 2021). The situation can be associated with Bartholet's (2012) insights that the prevailing concept of family preservation makes the child welfare system risky, as institutional interventions are usually introduced only when there is clear evidence of parental misconduct. This conflicts with the right of children to always have responsible, caring parents and family preservation when parents obviously do not meet these set standards. Almost all the specialists who participated in our research associated the concept of family preservation with their personal beliefs and moral norms. The legal framework and the child welfare policies in Lithuania share the same conceptual direction. According to Sindi and Strömpl (2019), decisions made by professionals regarding childcare are often based primarily on personal perceptions of children's well-being and safety standards. A similar situation emerged also in Lithuania. Especially when the importance of private life is emphasised in society, and children are perceived as part of private life, the perspectives for ensuring the well-being of children remain unclear (Lin, Lee, 2016). Based on this approach, it can be assumed that the direction of family preservation and the underdeveloped family support service base in practice create the opposite effect and become a 'trap' for professionals focusing on family unity, not taking sufficient account of work results and family changes, leaving children in the outskirts of the support system.

The study clearly demonstrates that to ensure the well-being of children and provide support to families, the focus of CPWPs is exclusively on affecting changes in adults and working with parents, leaving children still at the margins of the support system. Even the separation of children from parents who abuse alcohol is, first and foremost, a deliberative means intended to change parental behaviour. Although the involvement of children in the aid process is highly emphasised in many countries, a wide range of challenges remain (Holmila, Itäpuisto, Ilva, 2011; Usher, McShane, Dwyer, 2015; Brakenhoff, Slesnick, 2015; Werner, Malterud, 2017). Greater recognition of the harm suffered by children as a result of parental alcohol abuse has been associated with the transformation of 'hidden child harm' into 'open harm', especially in adolescence. Until then, the underestimation of specialised assistance to children and the observance of 'the tactic of silence' from the perspective of CPWPs are perceived as more appropriate methods of working with families. However, the effect of 'silence' is harmful in practice because children in such situations feel betrayed by those who should assist them (Werner, Malterud, 2017; Tamutienė, Jogaitė, 2019).

### **Limitations**

Nineteen women and only one man participated in the study. The results may be different if more men were included in the study. It is important to emphasise that the social services sector in Lithuania is strongly feminised. The study was conducted in Kaunas County, which shows that the situation prevailing only in a certain geographical part of Lithuania has been analysed; the situation,

especially in the capital city Vilnius, may be more favourable due to a greater variety of services and better accessibility to them.

### Conclusion

The problematisation of parental alcohol abuse and harm to children must be considered an important criterion in analysing institutional responses and evaluating work outcomes. The mental narratives of CPWPs are essential in reducing the harm to children caused by parental alcohol abuse. Focusing professional help on separating a child from an intoxicated parent and trying to change his or her behaviour is a common practice that is taken for granted as “truth,” which “solves” child protection and welfare problems. Although all experts understand that parental alcohol abuse has a negative impact on children, the problem primarily revolves around parents. In the meantime, children’s experiences of difficulties and trauma, especially due to long-term neglect and repeated separation and reunification with parents with alcohol problems, remain at the margins of problematisation. Professional help for the child must be prioritised, including recovery from parental drinking-related trauma, resilience building, problem-solving skills, and other critical skill formation and well-being conditions.

The study revealed that CPWPs have received very little and fragmented knowledge about the dynamics of alcohol use disorders and the harm caused by parental alcohol abuse to children, and how to respond to child issues. Studies and professional development programs for CPWPs should fill the gap.

There is an urgent need for scientific evidence on the approaches that are most successful in addressing the issues faced by children whose parents have alcohol problems. The dissemination of effective methods and tools in this area would aid in broadening the scope of professional problematisation to include assisting children in daily activities.

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## **Su tėvų piktnaudžiavimu alkoholiu susijusios žalos vaikams problematizavimas: specialistų reakcijos rezultatai**

*Anotacija*

Problematizavimas kaip savaime suprantamos “tiesos”, todėl labai svarbu kritiškai į jas pažvelgti ir atkreipti dėmesį į galimas žalingas jų pasekmes. Pagrindinis šio straipsnio tikslas - iširti, kaip tėvų alkoholio žalos vaikams klausimas problemizuojamas vaiko teisių apsaugos ir paramos procesuose Lietuvoje. Duomenys, gauti iš 20 pusiau struktūruotų interviu su pagrindiniais vaiko gerovės ir apsaugos ekspertais, buvo analizuojami taikant Bacchi problematizavimo metodo strategiją. Specialistai mano, kad tėvų svaiginimasis alkoholiu daro žalą vaikams, ir dėl įžvelgiamų problemų dauguma jų darbo yra orientuota į tėvų elgesio stiprinimo priemones. Toks požiūris į problemą atitolina specialistus nuo žalos, kurią patiria vaikai. Įprasta vaikus iš apsvaigusių tėvų paimti ir vėl juos sujungti, kai tėvai blaivėja. Specialistai remiasi savo pačių moraliniais principais ir idealais, ypač noru išlaikyti “šeimos vienybę”. Ilgalaikė žala išsivysto, kai vaikai, kuriems reikia paramos, nuvertinami ir apleidžiami. Kadangi vaiko gerovės praktikoje dėmesys sutelkiamas į nedidelę dalį problemų, žala vaikų asmenybei ir raidai nėra tinkamai sprendžiama. Analizės parodė, kad specialistų atliekamas su tėvų piktnaudžiavimu alkoholiu susijusios žalos vaikams problematizavimas turi įtakos numanomam rezultatui, t. y. vaikai yra “matomos, bet neapsaugotos aukos”. Profesionalus tėvų piktnaudžiavimo alkoholiu sukeltos alkoholio žalos vaikams problematizavimo laukus turi atsižvelgti į esminius elementus, pavyzdžiui, suprasti vaikystės traumą ir jos ilgalaikį poveikį vaiko raidai, žinoti, kaip į ją reaguoti, kai ji atsiranda, ir suprasti, kaip išvengti žalingų ilgalaikių pasekmių.

*Birutė Peištare*, researcher and lecturer, Vytautas Magnus University, Kaunas Lithuania  
Email: [birute.peistare@vdu.lt](mailto:birute.peistare@vdu.lt)

*Ilona Tamutienė*, senior researcher and professor, Vytautas Magnus University, Kaunas Lithuania  
Email: [ilona.tamutiene@vdu.lt](mailto:ilona.tamutiene@vdu.lt)

*Birutė Peištare*, mokslo darbuotoja, Vytauto Didžiojo universitetas, Politikos mokslų ir diplomatijos fakultetas, Kaunas, Lietuva  
El. paštas: [birute.peistare@vdu.lt](mailto:birute.peistare@vdu.lt)

*Ilona Tamutienė*, vyr. mokslo darbuotoja, profesorė, Vytauto Didžiojo universitetas, Politikos mokslų ir diplomatijos fakultetas, Kaunas, Lietuva.  
El. paštas: [ilona.tamutiene@vdu.lt](mailto:ilona.tamutiene@vdu.lt)



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