Alcohol's Harm to Children: Findings from the 2015 United States National Alcohol's Harm to Others Survey

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Objectives To examine the prevalence and severity of alcohol's harm to children in the US and the relationship of the harmer to the child, and to examine caregivers' sociodemographic characteristics, alcohol use, and exposure to harm due to a drinking spouse/partner or other family member as risk factors for alcohol's harm to children.

Study design We report data on 764 caregivers (defined as persons with parental responsibility for at least 1 child aged ≤17 years) from the 2015 National Alcohol's Harm to Others Survey, a dual-frame national sample of US adults.

Results Overall 7.4% of caregivers reported alcohol's harm to children in the past year. Risk factors for alcohol's harm to children included the caregiver's own experience of alcohol's harm from a spouse/partner or other family member. Caregivers with a heavy drinker in the household were significantly more likely to report harm to children. A caregiver's own heavy drinking was not a significant risk factor for children in his or her care.

Conclusions Alcohol places a substantial burden on children in the US. Although a caregiver's own drinking can harm children, other drinkers also increase the risk of alcohol's harm to children. Screening caregivers to determine whether there is a heavy drinker in the household may help reduce alcohol's harm in the family without stigmatizing caregivers, who themselves may not be heavy drinkers. *(J Pediatr 2017;184:186-92).*

Parental substance use adversely affects children's health.[1,2] Adverse impacts of alcohol may extend beyond drinkers to the children in their care, as is the case for fetal alcohol spectrum disorders[3-5] and mental health issues in the children of alcoholics.[6,7] National data on alcohol's harm to children will help identify children at risk and can inform targeted interventions to prevent and reduce alcohol's harm to families.[8,9] Despite the documentation of alcohol's harm to others as a significant global public health concern,[10-13] the extent to which drinking harms children has not been adequately studied in the US.

Currently available US national data are limited in several ways. Harms to children associated with parental drinking problems that do not reach clinical significance have been overlooked in research and practice. National data on adult substance abuse indicate that alcohol's harm to children may be substantial, given that an estimated 7.5 million children under age 18 years (10.5% of all children) live with a parent with an alcohol use disorder (AUD).[14] These data do not include other types of alcohol use, however. Research shows that the majority of alcohol problems in a population can be attributed to less heavy but more commonly occurring patterns of drinking, described as "the prevention paradox" in the literature on alcohol use.[15-17] Thus, examining only AUD in parents provides an incomplete picture of alcohol's harm to children.

National data on child abuse and neglect underestimate alcohol's harm to children, because they only include reported cases of harm (thus excluding certain types of harm). Data from a national Australian study showed that the prevalence of alcohol's harm to children was underestimated by Child Protective Services (CPS) data owing to the exclusion of such harms as witnessing alcohol-involved violence and conflict, as well as a lack of systematic assessment of alcohol use among caregivers by CPS and possible underreporting of alcohol involvement by caregivers to CPS.[8]

Estimates of alcohol's harm to children focus primarily on the parent or primary caregiver, and thus could be substantially higher if alcohol use by other drinkers in the child's life is also considered. Although drinking by a spouse, partner, or other family member can negatively impact both caregivers and their children, alcohol's harm to the caregiver rarely has been systematically assessed in studies, and few studies have focused on the overlap between alcohol's harm to adults and harm to children in their care.

To address the current gaps in our understanding of children's experience of alcohol's harm, we examined data from the 2015 US National Alcohol's Harm to Others Survey (NAHTOS) to (1) estimate the prevalence of diverse types of

AUD	Alcohol use disorder
CPS	Child Protective Services
NAHTOS	National Alcohol's Harm to Others Survey
NIS-4	Fourth National Incidence of Child Abuse and Neglect Survey

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alcohol's harm to children in the US (including abuse, neglect, and witnessing conflict caused by someone who had been drinking) due to any drinker in the child's life, describe the relationship of the harmer to the child, and measure the subjective severity of such harm and (2) examine caregivers' sociodemographic characteristics, drinking behaviors, and exposure to harm due to a drinking spouse/partner or family member as risk factors for alcohol's harm to children.

Methods

We report data from NAHTOS, a dual-frame landline and mobile telephone survey that included oversamples of African American and Hispanic individuals. Survey fieldwork was conducted by ICF Macro, Inc (Burlington, Vermont) between February and June 2015, achieving an overall cooperation rate of 60%, which is typical of national telephone surveys in the US.[18] The survey had a total of 2830 respondents, including 1400 landline respondents and 1430 mobile telephone respondents.

Case Selection Criteria

Cases for the present analysis include all respondents with at least 1 child in the household for whom they have caregiving responsibility. Of the 764 respondents meeting this criterion, 45.5% were men, with 61.4% non-Hispanic White/Caucasian, 12.9% non-Hispanic Black/African American (hereinafter African American), 19.9% Hispanic/Latino, and 5.8% of "other" ethnicity (Asian, American Indian or Alaska Native, Native Hawaiian or Pacific Islander, or "something else/other"). The majority of respondents (94.2%; n = 720) completed the survey, and a smaller subgroup (5.8%; n = 44) completed all sections of the questionnaire used in the present analysis. Regarding interview modality, 36.8% (n = 281) of the caregivers completed the survey via a landline and 63.2% (n = 483) completed it via a mobile telephone.

Study Variables

Alcohol's harm to children was measured using 6 items assessing whether any child for whom the respondent had caregiving responsibility had been harmed due to someone's drinking in the past year. Specific items assessed whether, because of someone's drinking, (1) a child had been physically harmed; (2) a child had been yelled at, criticized, or otherwise verbally abused; (3) a child had been left unsupervised; (4) there was not enough money for a child's needs; (5) a child had witnessed violence; or (6) CPS had been called.

The sources of harm (ie, perpetrators) included various drinkers in the child's life. These included a parent, a stepparent or the spouse/partner of a child's parent, a guardian, a sibling, another relative, a family friend, or someone else (**Table I**).

The severity of alcohol's harm to children was assessed using a question to obtain respondents' ratings of the severity of harm to their child or children, which was reported on a subjective scale ranging from 1 to 10 (with 10 being the most severe). Harm to the caregiver was assessed using 8 items asking about the adult caregiver's experience of the following harms from a drinking family member or a spouse/partner in the past year: (1) harassed or insulted, (2) threatened or made to feel afraid, (3) physically harmed, (4) traffic accident, (5) damaged your property, (6) pushed or assaulted, (7) family problems, (8) and financial trouble. The number of harms reported were coded as dichotomous measures (1 = ≥1 of the 8 harms; 0 = no harm in the past year) for each possible source (eg, ≥1 harm from a family member, ≥1 harm from a spouse/partner).

Table I. Harms to children by maltreatment type and relation to child (n = 764)

Variables	Value
Any alcohol-related harm to child, n (weighted %)	61 (7.4)
Child yelled at	41 (5.1)
Child witnessed violence	21 (2.2)
Family services called	9 (1.5)
Child left unsupervised	12 (1.2)
Child physically hurt	7 (<1)
Not enough money for child's needs	6 (<1)
Relationship of drinker to harmed child (n = 51), n (weighted %)*	
Parent	25 (49.1)
Another relative	10 (22.0)
Sibling	5 (4.7)
Stepparent or spouse/partner of parent	2 (3.5)
Family friend	2 (6.7)
Child's guardian	1 (2.8)
Someone else	6 (11.1)
Severity of harm (range, 1-10), mean ± SD	
Any type of harm, over all caregivers	3.5 ± 3.0
By relationship of drinker to harmed child	
Parent/stepparent/guardian	5.3 ± 2.9
Sibling/another relative/family friend/someone else	3.0 ± 2.7
By type of harm†	
Not enough money for child's needs	7.4 ± 4.4
Child left unsupervised	5.6 ± 3.1
Family services called	4.9 ± 3.1
Child witness violence	4.8 ± 3.6
Child yelled at	3.8 ± 3.1
Child physically hurt	3.6 ± 3.5

*Relationship of drinker to harmed child missing for 10 cases.
†Weighted mean severity rating for the specific harm to child/children.

Caregivers' sociodemographic characteristics included age (in categories, see **Table II**, with age ≥60 years as the reference category); sex (male as the reference); race/ethnicity (3 indicators for African American, Hispanic/Latino, and "other," with non-Hispanic white as the reference); education (2 indicators for high school or less and some post–high school education, with 4-year college or more as the reference); employment (indicator for not currently working, including those who were unemployed, in school, homemakers, and disabled persons, with employed as the reference); and an indicator for having an income below the 2015 poverty line (reference, not below the 2015 poverty line), using the income adjusted for household size.

Assessment of caregivers' drinking included 2 measures of alcohol use by the respondent caregiver. Frequent heavy drinking was defined as ≥4 drinks/day for women and ≥5 drinks/day for men at least monthly (vs less than monthly) in the past year. AUD was defined as meeting *Diagnostic and Statistical Manual of Mental Disorders, 5th edition* diagnostic criteria for mild AUD (reporting symptoms in ≥2 of 12 domains in the past year).[19]