



Childhood, interrupted

Parental problem alcohol use
and its harms to children

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About us

Alcohol Action Ireland (AAI) is the national independent advocate for reducing alcohol harm. We campaign for the burden of alcohol harm to be lifted from the individual, community and State, and have a strong track record in effective advocacy, campaigning and policy research.

Our work involves providing information on alcohol-related issues, creating awareness of alcohol-related harm and offering policy solutions with the potential to reduce that harm, with a particular emphasis on the implementation of the Public Health (Alcohol) Act 2018. Our overarching goal is to achieve a reduction in consumption of alcohol and the consequent health and social harms which alcohol causes in society.

Alcohol Action Ireland directors:

- Pat Cahill, former President ASTI (Company Secretary)
- Aidan Connaughton, Chartered accountant, former partner and head of risk, Grant Thornton
- Paddy Creedon, Recovery Advocate
- Dr Eoin Fogarty, Consultant in Emergency and Retrieval Medicine
- Michael Foy, Head of Finance, Commission for Communications Regulation
- Prof Jo-Hanna Ivers, Associate Professor, Addiction: Public Health & Primary Care, Trinity College Dublin
- Prof Frank Murray (Chair) Consultant in Hepatology & Gastroenterology. M.B., B.Ch. B.A.O., M.D., F.R.C.P.I., F.R.C.P. (Ed)
- Dr Mary T. O'Mahony, Consultant in Public Health Medicine & Medical Officer of Health, Department of Public Health, Public Health Area D (Cork & Kerry)
- Dr Catriona O'Toole, Associate Professor/Senior Lecturer Psychology of Education, Maynooth University
- Dr Bobby Smyth (Vice Chair), Consultant Child & Adolescent Psychiatrist
- Kathryn Walsh, Director of Policy and Advocacy at the National Youth Council of Ireland

Patron: Mr Justice Geoffrey Shannon

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Foreword

Dr. Niall Muldoon – Ombudsman for Children



As Ombudsman for Children, with a statutory obligation to promote and protect the rights of all children in Ireland, this report is a timely reminder of the wide range of risks that children can face in everyday life.

Ireland has always had a love/hate relationship with alcohol. We know that from the time of Father Matthews and the Temperance Movement (1840s - 1 million members, if we include the US) to the Pioneer Abstinence Association (1898) which saw 500,000 members in the 1950s. Those movements were derived from a frustration, and a fear, for how people were behaving under the influence of alcohol – and that has not changed too much in the modern Ireland.

In 2017, the Government's Special Rapporteur on Child Protection, Dr. Geoffrey Shannon, was commissioned by An Garda Síochána to examine the Garda's use of Section 12 of the Child Care Act, a provision that allows gardaí to remove children from their families when the children are at serious and immediate risk. In discussing his findings, Dr. Shannon stated that violence against young people by parents abusing alcohol was a "national crisis".

“ Too many of our children are being exposed to harmful behaviours, violence and poverty as a result of Parental Problem Alcohol Use. ”

I have visited enough domestic refuges and family hubs, and spoken with enough children about their lives there, to know that alcohol is still a major destroyer of lives across this country. It is too

often overlooked when the trauma of those children is being discussed. These children, like every child in the country, have the right to feel safe from harm, to have a family life (free from fear), to have a secure home and to be able to reach their potential through good education and health services. Unfortunately, what this report clearly highlights is that too many of our children are being exposed to harmful behaviours, violence and poverty as a result of Parental Problem Alcohol Use (PPAU).

This report, which is designed to highlight the reality of PPAU, should be a real wake-up call for Irish society – enough is enough. We need to recognise the enormous damage being done across every city, town and village in Ireland by this legal drug. The report quotes research that estimates alcohol harm costs countries like Ireland 2.5% of GDP - €14bn annually. They also suggest this is likely to be an underestimation.

Thus, there are lifelong negative impacts for any child who is caught up in a household where alcohol, or any substance, is being misused. The report points out that 1 in 6 children in Ireland are currently affected by alcohol-related harm in the home – which equates to 200,000 living in harm's way. That is more than the total population of the cities of Galway and Limerick combined. That is scandalous and scary. However, what makes things even worse is the data around the immediate- and long-term impact of living with PPAU.

This report makes for harrowing reading in the way it connects so many harms with the dangerous use of alcohol e.g. links with domestic, sexual and gender-based violence, child abuse and neglect, poor physical and mental health. One survey in the UK found that adult children of parents with alcohol addiction were “more likely to consider suicide, have eating disorders, drug dependency and have above average alcohol dependency and mental health problems”.

This report goes on to recommend ways in which we can do better for these children and reduce the trauma that they have to go through, at the most vulnerable stages of their lives. Alcohol Action Ireland (AAI) has highlighted the link between violence and increased availability and accessibility of alcohol – therefore AAI is seeking to change these two factors here in Ireland, where 73% of the population are living within 300 metres of a licenced premises.

AAI points out that even closing one hour earlier can make a huge difference in the levels of violence seen in homes and on the street. The recommendation which flows from this is to ask the Government to create a “coherent policy in relation to the reduction of alcohol consumption at a population level (i.e. controls on availability, advertising and price of alcohol)”.

In line with that thinking, AAI recommends that alcohol be included within the new National Strategy on Domestic, Sexual and Gender Based Violence. This would give professionals training and awareness of the role of alcohol in these issues and, more importantly, create an opportunity to intervene to support children where the outworking of PPAU is violence or abuse in the home.

“ Even closing one hour earlier can make a huge difference in the levels of violence seen in homes and on the street.



I commend Alcohol Action Ireland for producing such a comprehensive and evidence-based report. It provides an important insight into the impact that alcohol-related harm can have on children

and families and highlights the urgent need for a coordinated policy response.

The famous American civil rights activist Fredrick Douglass once said, “It is better to build strong children than fix a broken man”. Thus, children who are affected by alcohol-related harm deserve to have their rights protected and their voices heard. By taking decisive action now, I believe that Government has an opportunity to improve outcomes for vulnerable children and families, prevent future harm and ensure that every child can grow up in a safe, healthy and supportive environment - they can be that strong man or woman that Douglass talked about.

I therefore urge the Government to give serious consideration to these recommendations and to demonstrate its commitment through meaningful and sustained investment in their delivery.

Background to Silent Voices

Through our Silent Voices initiative, Alcohol Action Ireland has been shining a light on Parental Problem Alcohol Use (PPAU) and its impact from childhood to adulthood. Silent Voices, which was established in 2019 by three individuals who experienced PPAU growing up, aims to break the taboo on discussing this Adverse Childhood Experience (ACE) – a trauma which can have a lifelong legacy.

The initiative endeavours to ensure the right supports are available to children today coping with PPAU – and those adults dealing with the impact of a childhood trauma in later life. Silent Voices aims to support and not to judge. It seeks to increase recognition of this issue and works to reduce its incidence through greater advocacy, better education, and the enhancement of existing services to meet the needs of those who are living or have lived with PPAU.

Silent Voices is about giving a voice to the lived experience of the child and adult child growing up with PPAU, to start the conversation about this hidden harm, to help not only those affected by growing up with PPAU but also the next generation, to put this childhood trauma on everyone's radar so that progressive policy solutions can be put in place to reduce this trauma while also ensuring supports to help victims and survivors.

An important part of our work is through Shared Voices – a platform where those who have experienced this childhood trauma can share their stories. This report highlights many of the issues which have been shared with Silent Voices through this forum.

For more about Silent Voices see Who Silent Voices Are
<https://alcoholireland.ie/our-work/campaigns/silent-voices/who-silent-voices-are/>



Summary

Parental problem alcohol use (PPAU) is a well-established Adverse Childhood Experience (ACE) with profound and enduring consequences for the physical and mental health of children affected – in childhood and into adulthood. Ireland's high levels of alcohol consumption is closely associated with increased levels of harm as decades of evidence demonstrates that greater consumption leads to greater harm and reduced consumption leads to reduced harm.

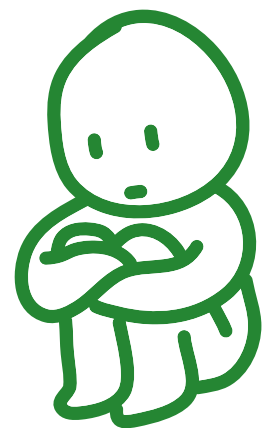
At least 1 in 6 young people in Ireland are currently affected by alcohol-related harm in the home – equating to more than 200,000 children living in a home blighted by PPAU. Research further indicates that 1 in 4 Irish people may have grown up in the presence of problematic alcohol use. Including partners of those drinking at problematic levels, this suggests that it is likely more than 1.5 million people across the state are, or have been, affected by alcohol harm in the home.

The outworking of this is both immediate and lasting harm as PPAU is strongly linked to neglect, abuse, mental and physical health difficulties, family breakdown, and alcohol-fuelled violence. Yet children's voices remain largely unheard due to the denial and secrecy which accompanies PPAU.

The only way to tackle PPAU and its harms to children is to identify it, talk about it, offer services and support to those affected – especially children – and to limit its frequency by reducing alcohol consumption at a population level. This, however, will take a coordinated, whole-of-government response, which places the reduction of alcohol consumption and its harms to children at the heart of government policy.

200,000

The number of children in Ireland who are estimated to be currently living with parental problem alcohol use



Summary of recommendations



Research & responses

Government must commission research in relation to PPAU and track responses of those affected, especially children, over time.



Children's services

The provision of direct services for children impacted by PPAU regardless of whether a parent is in treatment or not.



Mental health professional training

The provision of training for mental health professionals who are likely to encounter children/adult children in services.



Coherent policy

A coherent government policy in relation to seeking a reduction in alcohol consumption at a population level (i.e. controls on the availability, advertising, and price of alcohol).



Voice & views

The voice and views of children should be central to policy making around alcohol.



Prioritising protection

The prioritisation of the protection of children from the direct and indirect harms from alcohol across the whole of government.



Professional training

The provision of training for all professionals in contact with children to raise awareness of the issues of PPAU.



DSGBV strategy

That alcohol be included in the new national strategy on domestic, sexual and gender-based violence.



Whole-of government approach

The integration of addressing alcohol harm in the work of all relevant government departments.

Introduction

Parental problem alcohol use (PPAU) is a significant and long-recognised Adverse Childhood Experience (ACE), with lifelong implications for the physical and mental health of victims. Ireland has a high level of PPAU due to its associated high levels of alcohol consumption, because we know from decades of research the positive associations between alcohol consumption and harm, and we can say with some confidence that more drinking tends to result in more harm, and less drinking tends to result in less harm.[1]

In Ireland, HSE research published in 2018 revealed that one in six carers (16%) reported that children, for whom they had parental responsibility, experienced harm because of someone else's drinking.[2] Therefore it is likely that today more than 200,000 children in Ireland are living with the traumatic circumstances of a childhood where PPAU is a frequent event.

Furthermore, comprehensive research analysing the occurrence and co-occurrence of ACEs and their relationship to mental health in the United States and Ireland found that 1 in 4 Irish people may have grown up in a household blighted by alcohol.[3] Including the other carer in the household, this means there may be more than 1.5 million people across all age ranges in Ireland affected by problem alcohol use in the home.[4]



Research shows that living with PPAU can increase the risk for other Adverse Childhood Experiences, including neglect (both physical and emotional), abuse (emotional, physical, and/or sexual), parental mental health issues, parental separation, divorce, or early death of a parent.



Unfortunately, research shows that living with PPAU can increase the risk for other ACEs, including neglect (both physical and emotional), abuse (emotional, physical, and/or sexual), parental mental health issues, parental separation, divorce, or early death of a parent.[5] While the impact of PPAU has been published in various studies, very little is known about the lives and experiences of children affected by the issue from their own perspectives. Denial and secrecy are hallmarks of this issue, and children's voices too often go unheard. Organisations such as [Barnardos](#), [ISPCC](#) and the [Children's Ombudsman's Office](#) have done important work to bring the child's experience to the fore. However, there is a need for such an approach to be integrated across the whole of government in relation to alcohol policy matters.

This paper will endeavour to explore the impact of PPAU on the physical and mental health of families, partners, and children, and how these harms can last a lifetime.[6] Moreover, this policy paper will also attempt to give a voice to the child throughout – from the childhood perspective of living with PPAU, to the impact in later life on the adult child.

Children affected by PPAU

Given PPAU has a negative impact on the parent's capacity to meet children's needs in relation to basic care, safety, supervision, and stability due to the physiological, financial, social and lifestyle implications of alcohol use,[7] there are inevitable impacts on children, many of them life lasting. PPAU is associated with multiple, well-documented risks to children across developmental domains, such as:

Education and development impact

Research has shown that children experiencing parental substance use often struggle at school, have a lower attendance record, and attain poorer results.[8] Studies regularly reinforce that even at very young ages, there are observable differences between children who live with PPAU and those who don't.[9] Unfortunately, these differences uniformly involve poorer functioning among the children who live in homes affected by PPAU.[10]



My first memory as a child is trying to wake my mother up so I could go to playschool, I was four years of age. Unfortunately, she would not wake up so I got a chair and opened the front door of our home and went down the road to playschool myself. Should this be the first memory of a small child, I think not but this was the fall-out for me as a child of an alcoholic mother. That is the only memory I have of my mother growing up in our family home.[11]

Julie



This is important because research also shows educational attainment has important implications for socioeconomic position, subsequent life opportunities and health such as suicide or substance abuse.[12]



When our parents drank, we were left to our own devices. From a very early age, we had to assume total responsibility to feed ourselves, manage finances, manage chaotic parents, get to school. We didn't go 'off the rails', and were 'good', polite children who applied ourselves at school and made sure we were clean and well dressed. I think this gave others in our family and elsewhere, an impression that we were fine.[13]

Ciara



However, school can also be a safe haven for children escaping the turmoil of a home marred by alcohol. Indeed, children from PPAU backgrounds can be overachievers as result of their efforts to try and make the family situation look good – which can make the situation even more hidden by obfuscating a chaotic home life.[14]

Social and behavioural impact

As far back as 1960 the academic research has shown that PPAU has a broad range of social and behavioural impacts on children,[15] while more recent research has delved even deeper into the detrimental effects on children's psychological and cognitive well-being.[16] [17]



My parents' drinking created constant chaos and fear in our home... This behaviour brought the following: constant fighting between my parents, before and after their separation; guards and social workers occasionally showing up randomly to our house, screaming relatives showing up with threats to pull me and my sibling away from our home; no food at home, bills unpaid, threats arriving by post because of debts. But two things still haven't left us, they are fear and shame.[18]

Roisin



Some of the impacts are difficulties in forming healthy relationships, increased risk of participating in bullying, and alcohol and drugs use. While research found further association between PPAU and child externalising problems, such as conduct disorders, antisocial behaviour, opposition disorder, and internalising problems such as behavioural problems, disturbances in emotion and mood, as well as depression and anxiety.[19]



Some of the impacts are difficulties in forming healthy relationships, increased risk of participating in bullying, and alcohol and drugs use.



Emotional and mental health impact

Studies over decades have outlined how PPAU is associated with child mental health problems.[20] Recent research from Sweden found exposure to parental substance use during childhood and adolescence was associated with an increased risk of psychiatric conditions in early adulthood for both males and females.[21]

One of Britain's leading social care organisations, Turning Point, revealed how children from homes affected by PPAU are likely to experience psychological problems and psychiatric disorders at a greater rate.[22] The outworking of this is children who constantly feel angry, frustrated, anxious, sad and depressed.[23]

In Ireland, a study examining the experience of mental health professionals working with clients who have experienced problem alcohol use in the home during childhood found these children were more likely to experience violence; adopt avoidant coping strategies; experience poor mental health, including being more likely to attempt suicide.[24]





I'm 43 years old and I've been the child of an alcoholic for many years. My father was a man that was very proud, being ex-military, he was very strict, methodical and had high expectations. Living in a house with him and his drinking was by far the most difficult thing I've had to endure in my life... Some of the hardest parts of my childhood were the disconnection I felt, that walking on eggshells feeling that you get when you're anticipating their action. Dad was unpredictable in his mood and often got aggressive. Like my Mum and older sister, I was petrified of him. He was a bully; he intimidated us and used his power to dictate everything in the house. It was regimented, we lived on edge when he was around and all felt a sigh of relief when he wasn't at home.[25]

Niamh



Substance use impact

More recently, research has begun to examine in detail how parental substance use may influence child substance use. Such research has consistently revealed PPAU as a risk factor for child alcohol and drug use. For instance, a study from Britain has found that children who are victims of PPAU are also more likely to use alcohol as a coping strategy or escape mechanism, and may have different views of where, when and how it is appropriate to use alcohol.[26]



I am 51 years old and I still have not recovered from the trauma of my mother's alcoholism. Mental health services are a 'normal' part of my life. I experience anxiety (I call it fear) and depression and am on medications. I struggle not to use alcohol as a means of self-medication (to take the edge off my fear)...[27]

Debbie



Meanwhile, national research has revealed that PPAU is associated with earlier alcohol initiation, steeper escalation of alcohol use (compared with their peers without PPAU), and problem substance use in the children affected.[28] Further domestic research also revealed how parental substance use increases the risk of adolescent use of alcohol and drugs,[29] while research from Wales found children affected by PPAU are likely to drink more heavily and more often, and drink alone rather than with others in their peer group.[30]

Wellbeing and safety impact

Research has shown that PPAU can be a risk factor for the physical and sexual abuse of children or leave children more vulnerable to such abuse by others.[31] Unfortunately, studies have found a relationship between child physical and sexual abuse experiences and parental alcohol and other drug use.[32]



Terror, fear and anxiety was my existence until the day he died! At aged 28 it was over, and the healing could begin. I am now 46yrs and he is still living in my head and my body. My father was a verbally and sexually abusive alcoholic who got worse as he deteriorated over the years into chronic alcoholism.[33]

Wendy



Research shows that where PPAU exists that children are more likely to be physically abused. The perpetration of abuse towards children incapsulated harsh, unfair discipline, verbal aggression, parent-to-child violence, as well as a failure to protect children from such violence.[34] Similarly, research has also found PPAU to be a risk factor for child sexual abuse in the home or increasing a child's vulnerability to such abuse.[35] [36] [37]



Children of PPAU parents are significantly more likely to sustain unintentional injuries, with greater severity than peers in non-drinking households.



Physical health impact

Children who live with a parent who problematically uses alcohol are at increased risk of poor physical health. Several studies have recognised consequences of PPAU in the physical well-being of children.[38][39] [40] Many international studies show children of PPAU parents are significantly more likely to sustain unintentional injuries, with greater severity than peers in non-drinking households.[41]

In certain European research, pre-school children in homes affected by PPAU were found to be 65% more likely to be ill than other youngsters, as well as being inclined to anaemia, colds or coughs and be either over or underweight.[42] Such research also found that PPAU children spend more days in the hospital and were more susceptible to specific injuries. [43] In addition, PPAU can also see children go with their basic needs unmet – as it can impact the provision of food, reduce supervision, affect physical safety, and impact security of housing.



My dad was an alcoholic. There I've said it. I don't remember lots of my childhood as it's too associated with pain and shame. We all suffered and it was abuse in today's terms. I witnessed violence, actual and threatened. I experienced unnecessary poverty and guilt. I developed a shell, but it has often cracked. [44]

Brendan



Foetal Alcohol Spectrum Disorders (FASD) impact

Prenatal alcohol use at any time from 6 weeks before conception (either parent) and for the duration of the pregnancy can cause Foetal Alcohol Spectrum Disorders (FASD). FASD are a group of disorders caused by prenatal alcohol exposure and are associated with a range of lifelong physical, mental, learning/educational, social, and behavioural difficulties.[45]

FASD comprise Foetal Alcohol Syndrome (FAS), partial Foetal Alcohol Syndrome, Alcohol Related Birth Defects, and DSM-5 Neurodevelopmental Disorder – Prenatal alcohol exposure.[46] The symptoms of FASD may vary from child to child but are lifelong.[47] FASD is often an invisible disability, yet prenatal alcohol exposure is the leading preventable cause of neurodevelopmental disorder. According to the HSE, only a small proportion of children with FASD have visible facial features (facial dysmorphism), with the majority of children with FASD having no visible signs of disability at birth.[48] Indeed, difficulties due to FASD may not manifest until preschool or school age.

240%

The rate of FASD in Ireland is almost two and a half times higher than in the WHO European region

Source: [Jama Paediatrics](#)



Cyclical impact of PPAU

Research has shown that there is a distinct correlation between unresolved childhood trauma and problem alcohol use in adulthood. Unfortunately, there is a dark, cyclical nature to such trauma because research also indicates that exposure to parental substance use, such as alcohol, can be a trauma experienced in childhood which creates a variety of long-term mental and psychological issues that may cause victims to use drinking as a coping mechanism in the future.[49] [50]

While the risk factors for other childhood traumas, such as domestic abuse, sexual assault abuse, and emotional and psychological abuse,[51] are all known to be heightened under conditions of PPAU.[52]

PPAU and its lasting harm to children

Children are incredibly perceptive when it comes to alcohol. Research has shown that children start to acquire knowledge about alcohol at age two; at three children they can recognise and identify alcoholic beverages; by four they understand alcohol use in adult culture and have certain expectations regarding what happens to people when drinking alcohol and by five they understand the norms of alcohol as an adult product as well as knowing what is a socially acceptable amount of alcohol use. [53] [54] This illustrates not only the ages by which children can comprehend alcohol, but the ages at which they can understand alcohol harms.



I block out the memories of all the hurt caused by alcohol to our family. I honestly can say my father's drinking was like the grim reaper, hanging around always ready to pounce, it could be any time, any occasion – weddings, Christmas, even funerals, the drink always won. The fear of his drinking and how his mood would change is always with me even now, as an adult woman...[55]

Seana



Growing up in a home with PPAU has been recognised internationally as an adverse childhood experience for over 20 years, and the physical and mental consequences of such problems have also been widely studied.[56] [57] [58] Indeed, research has found that there is a serious risk that parents with alcohol problems may neglect their children. This can have a negative impact on children's emotional and physical development and education, while also putting them at risk of physical and sexual abuse.[59]

A survey carried out by the UK National Association for Children of Alcoholics (Nacoa) investigating the problems of adult children of alcoholics found that they were more likely to consider suicide, have eating disorders, drug dependency, and be in trouble with the police, as well as having above average alcohol dependency and mental health problems. [60] Yet still this issue remains a hidden one, as demonstrated by national policy, Hidden Harm, a strategy document seeking to alert professionals working with such children and families to the problem.[61]

A 2012 report by Children's Commissioner for England highlighted how children affected by parental alcohol use remain hidden and overlooked by the support services that they need. This report was critical in emphasising how children's voices are not included in policy making and do not have input in decisions that impact their lives. This means children are not always represented in the decision-making process regarding their own lives.[62]

Thankfully, Ireland has recently shown leadership in this area with the 'Third National Strategy on Domestic, Sexual and Gender Based Violence' (DSGBV) recognising children as victims/survivors in their own right and advocating for them to have immediate and longer-term access to the safety, support and advocacy they need, with their voice to be heard throughout the process.[63]

Domestic, sexual, and gender-based violence

As stated by Cuan, Ireland's recently established agency for DSGBV – “Domestic, sexual and gender-based violence (DSGBV) remains a pervasive issue in Irish society, impacting women, men and children in diverse and devastating ways”.^[64] DSGBV is not solely an issue for those directly affected – it is a pervasive, insidious, society-wide problem that touches every community, every workplace and every home in Ireland.^[65] These crimes are a blight on society and encompasses different forms of physical, sexual and psychological abuse.

DSGBV can happen to anyone, and it can take many forms – psychological/emotional abuse, sexual abuse, and physical abuse.^[66] For instance, in 2023, Men's Aid had 8,682 contacts to their domestic violence support service with victims ranging in ages from 18 to 90+ years across the country.^[67] In their annual report, the charity outlined how on average victims contacted their support service four times.

However, the reality is that DSGBV in Ireland is overwhelmingly perpetrated against women, and against children. Shockingly, 2025 was a record-breaking year for all the wrong reasons with Women's Aid recording the highest level of disclosures of domestic abuse in its 50-year history. According to their annual report there were 37,790 contacts through frontline services detailing 62,275 disclosures of abuse – a 33% increase on the previous year. The disclosures to Women's Aid included 57,520 reports of domestic abuse against women and 4,755 reports of abuse of children.^[68]



My father drank from when I was born until about nine years old. In that time, he crashed the car with me in it, injured family members, verbally abused us all, ruined my mum's life, spent the mortgage on alcohol... the list goes on. I spent a lot of time wishing I was dead. It is only now at nearly 40 I am fully understanding the impact that this had on my whole life, my emotional health, my relationships, my parenting and my physical health.^[69]

Eithne



The CSO Sexual Violence Survey 2022 also made for grim reading. The survey outlined how four in ten adults in Ireland have experienced sexual violence at least once in their lifetime, with 26% of adults having experienced sexual violence as an adult and 29% as a child. Again, as with domestic violence, women experience higher levels of sexual violence in their lifetime than men, with women almost four times more likely to have experienced sexual violence.^[70] Since early 2015, the number of recorded sexual offences in Ireland has been increasing.^[71] In 2025, the number of reported sexual offences was 2,991.^[72]

Furthermore, 2025 also saw seven women die in violent circumstances.^[73] Shockingly, it remains the case that the most dangerous place for women is their own home as the nightmare of violence and abuse most commonly will be at the hands of a current or former intimate male partner.^[74]

PPAU and DSGBV

The consistent link between alcohol and domestic violence has led to the recognition of alcohol as a “risk factor” for intimate partner violence by the World Health Organisation. [75] However, there has been relatively little research examining how alcohol affects violence, at least in part because of concerns that such research would be used to justify the use of alcohol as an excuse for violence against women.[76] Alcohol is not, and never will be, an excuse or explanation for domestic violence. However, it is a known accelerant of domestic violence.

A recent paper in the *Irish Journal of Family Law* highlighted how alcohol and drug use operate as potent disinhibitors, pointing out that evidence shows that substance use is linked to increased aggression and violent behaviour, especially when combined with pre-existing impulsivity or aggression-prone traits.[77] Indeed, academic research continuously identifies alcohol use as one of the most consistent risk factors for domestic violence and violence against children.[78]



Alcohol has long been known to increase both the incidence and severity of physical and sexual violence within intimate relationships and families.



Alcohol has long been known to increase both the incidence and severity of physical and sexual violence within intimate relationships and families.[79] The National Centre for Domestic Violence (NCDV) in Britain analysed 63,046 anonymised witness statements to examine if alcohol was referenced within applications for protective injunctions.[80] They found that alcohol was frequently referenced in survivor narratives as increasing fear and unpredictability, particularly around perceived loss of control: “Yeah, I was more scared when they were drunk, like, what were they capable of? Where were the boundaries?”.[81]

The key findings in their report were that alcohol is frequently present in domestic abuse contexts and may intensify volatility, fear, and harm, particularly where coercive control is already established, but, alcohol does not cause domestic abuse, nor is it present in all abusive relationships.[82] In the NCDV’s research, they found three recurring patterns in survivor accounts:

- Alcohol as a context – abuse occurring alongside drinking without being attributed to it.
- Alcohol as an accelerator – increased severity, volatility, or frequency when intoxicated.
- Alcohol as a tactic – deliberate use of intoxication to excuse, deny, manipulate, or intensify control.

The report reinforces the importance of trauma-informed, evidence-based approaches that recognise alcohol as a risk marker, not a cause, and centre victim-survivor experience without misattributing blame.[83]

International research also shows that the accessibility and availability of alcohol is closely linked to violence: the more alcohol outlets there are and the later they trade, the more violence we see, and vice versa. For example, a two-hour reduction in late-night trading hours in New South Wales, Australia, in the late 2000s was found to reduce reports of domestic violence by 29%.[84] Unfortunately, the inverse was also proven when the New South Wales Government decided to extend alcohol sales by one hour in 2016, and a significant increase in family violence assaults was experienced.[85] While in Northern Ireland, the extension of licencing hours in October 2021 led to a 17% increase in alcohol-related crime in the following year.[86]



I grew up with two alcoholic parents in a very dysfunctional household that was extremely violent. Police calling to our home at weekends, ambulances taking my mother away after my father had split her head open again against the fireplace whilst I stood behind him begging him to stop, my mother attending school masses and wetting herself, my brother drowned during my childhood – probably suicide – the facts of that like everything else was hidden.[87]

Miriam



Alcohol-related crimes that take place in the home, particularly those associated with domestic abuse, can often go unreported to An Garda Síochána. However, we know from research that a “higher density of alcohol retailers is associated with greater incidences of violence, assault, and domestic violence”. [88] Indeed, international research shows that density is “positively associated with rates of assault hospital admissions”. [89] In Ireland, 73% of the population live within 300 metres of a licensed premises, with the number of off-licences increasing by 95% from 2003 to 2021. [90] This means Ireland has a growing trend in home drinking, with close to 50% of all alcohol bought in Ireland now purchased from the off trade. [91]



I lived in fear most of my early childhood. Dad could be violent when he drank. I have two younger siblings. I would tell them that everything was going to be ok, while downstairs dad was beating our mum. [92]

Ian



Alcohol can never be used as excuse for criminality, and this is especially true with incidents of domestic and gender-based violence. Research shows that, in incidences of domestic abuse, it appears the role of alcohol is one of a facilitative nature, a contributing cause. [93] Studies from Australia found that alcohol is involved in about 30-40% of both intimate partner and family violence. [94] Similarly, national research in Ireland on domestic abuse in intimate partner relationships found that alcohol was a trigger for abusive behaviour in 34% of cases. [95] In addition, past research found that alcohol was a factor in up to 70% of cases of domestic violence against women. [96]

Alcohol is never an excuse or an explanation for rape or sexual assault. Yet alcohol consumption is sometimes disgracefully used to blame victims or to diminish the responsibility of perpetrators. It must be unequivocally stated that sexual violence is never the victim's fault, and therefore the responsibility for assault always lies with the perpetrator, under any circumstances.[97] Nevertheless, alcohol is consistently found in a high proportion of those who perpetrate sexual assault.[98] The Rape Crisis Network Ireland has said that alcohol is the most common drug used in sexual assaults. The Rape and Justice in Ireland Report found that 76% of all rape defendants had been drinking at the time of the alleged offence.[99]

Despite the known role of alcohol as a driver of DSGBV, a 'Rapid Review of Prevention Approaches' in Australia which looked at actions to end domestic, family and sexual violence (DFSV) found that "a failure to consider DFSV in alcohol policy has allowed unprecedented growth in alcohol availability, both in the density of liquor outlets and the length of online delivery hours.".[100] The Review recommended that alcohol legislation be examined and strengthened. As a result, the national government in Australia in September 2024 advised states to carry out such an examination.[101] This action is in keeping with the developing international frameworks, which guide the global agendas around violence against women and children, and which now recognise reducing harmful alcohol use as an important prevention strategy.[102]



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PPAU and intergenerational harms

PPAU remains a leading contributor to familial disruption and intergenerational harm,[103] with a well-established body of research finding that PPAU perpetuates intergenerational cycles of problem alcohol use.[104] Indeed, international studies have established that young people exposed to PPAU are significantly more likely to engage in early-onset and harmful alcohol use, with effects often persisting into adulthood and contributing to intergenerational transmission of alcohol problems.

Such studies are reinforced by research which has found PPAU to be the most important factor in the alcohol socialisation process of children – for both boys and girls – with parental consumption frequency and binge drinking predicting children’s consumption frequency and binge drinking in adulthood.[105]

Furthermore, as will be elaborated on in the next section, alcohol use and its role as a risk factor for domestic, sexual and gender-based violence (DSGBV) also has a dark, intergenerational aspect as “some research has also shown that boys who were exposed to domestic violence in their childhood homes are more likely to engage in domestic violence as adults, and girls who have been exposed to domestic violence as children are more likely to be victims of domestic violence in their adult lives”.[106]



Some research has shown that boys who were exposed to domestic violence in their childhood homes are more likely to engage in domestic violence as adults, and girls who have been exposed to domestic violence as children are more likely to be victims of domestic violence in their adult lives.



PPAU and child abuse and neglect

Children are often the unseen victims of domestic abuse. The European Union Agency for Fundamental Rights survey on violence against women found that 73% of women who have been victims of violent incidents by their previous or current partner indicate that children living with them were aware of the violence.[107] It is well recognised that children's exposure to domestic violence is a serious ACE and that such children are victims in their own right. One third of children in Ireland have at least one parent who regularly binge drinks or is dependent on alcohol.[108]

Harmful alcohol use by a parent or caregiver has been shown to have a range of detrimental consequences for children, including negative health, educational, and social outcomes.[109] Furthermore, given the close connection between alcohol and domestic violence it is likely that hundreds of thousands of children are living in homes with alcohol-fuelled violence.

Alcohol use is implicated in an increased risk of child maltreatment, including physical or sexual abuse and neglect.[110] A review of studies examining the presence of both child maltreatment and intimate partner violence found that they occurred during the same period in 45–70% of studies.[111] Children may experience domestic violence directly, but children who witness domestic violence may also be significantly affected. Findings from several reviews show that witnessing intimate partner violence can also negatively affect the development of children.[112]

For example, one meta-analysis concluded that “children’s exposure to domestic violence is significantly correlated with child problems in the areas of social, emotional, behavioural, cognitive and general health functioning.”.[113] Indeed, children in such circumstances may experience emotional and psychological harm, including anxiety, depression, and post-traumatic stress disorder.[114] In some cases, this trauma can last well into adulthood. [115] Indeed, as mentioned in the previous section, research has also shown that boys who are exposed to domestic violence in their childhood homes can be more likely to engage in domestic violence as adults, while for girls it can leave them at heightened risk of being victims in adult life.[116]

TABLE 7: ISSUES PRESENTING IN CASES WHERE WE HAVE INFORMATION ON PARENTS

Parental issues	Frequency	Percentage
Disability comprising mental health (38), cognitive (23) and physical (8)	69	28%
Addiction to drugs or alcohol	51	20%
Domestic Violence	35	14%
Membership of ethnic minority	34	14%
Parent dead or missing	21	8%
Parent in prison	14	6%
Parent had been in care as a child	14	6%
Had experienced homelessness	11	4%
Total references to issues	249	100%

Child Law Project: issues affecting parents’ ability to parent their children as described in court.[117]

A report from the Child Law Project, 'Falling through the cracks: An analysis of child care proceedings from 2021 to 2024', shows that both alcohol use and domestic violence feature in a significant number of cases where issues arise that affect a parent's ability to parent their children.[118] A review of court cases found that alcohol and domestic violence were involved in over a third of such cases.[119]

Despite the existing scholarship on alcohol and its accelerating role in DSGBV, many health professionals do not make the connection between PPAU and possible physical and psychological abuse of children in the home. A study carried out by UCC and AAI found that 70% of mental health professionals receive no training on problem alcohol use in the home despite the serious psychological impacts on children and adolescents.[120] Too often children are only prioritised once a parent presents with an alcohol problem or is in treatment.

Conscious that thousands of children and young people across Ireland are fighting to be heard about how domestic violence impacts them, Barnardos 'Empower Kids Project' seeks to give these children a voice.[121] 'Empower Kids' is a multi-agency collaboration with services from around Ireland and includes the voices of more than 74 children and young people to date who have endured the impact of domestic violence and abuse.[122] This national campaign aims to highlight and create awareness around the voice of the children and young people who live with domestic violence and abuse in Ireland.



Barnardos Empower Kids Project [123]

This focus on a child-centred approach and inter-agency collaboration is central when it comes to ensuring children receive the right help at the right time. As evidenced by the work of Barnardos, and others, the reality is that children need services and supports independently of whether a parent is in treatment or not. Not acting is unconscionable as early interventions and support are key to offset trauma and lifelong harm. Key in this is that all professionals – from teachers to mental health professionals – understand the impact of PPAU and have the resources to support children and families at a macro level, not just if there are child welfare concerns.[124]

Moreover, a recent editorial in the Irish Journal of Family Law noted that at present, Ireland's response to domestic abuse remains heavily weighted towards crisis intervention after harm has already occurred and called for a stronger preventative framework which would combine accountability, behaviour-change intervention, coordinated risk management and victim safety within a fully integrated system response.[125]

In the context of the prevention of harm to children there are multiple opportunities within government structures to address alcohol harms in the home in a co-ordinated manner. These include awareness raising for all professionals in contact with children, interventions such as Operation Encompass – an early intervention programme which links Gardai and schools – specific services for children regardless of whether a parent is in treatment or not and training for addiction services in issues around domestic violence.

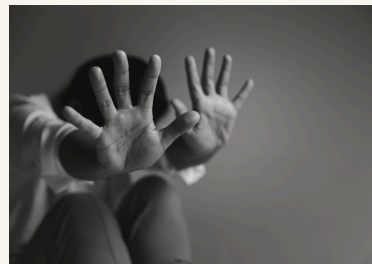
There are also other occasions when alcohol issues come to the attention of state bodies, such as arrests for drink driving or presentations to Emergency Departments for alcohol-related matters, which can provide an opportunity to check on children. In a wider context and recognising alcohol as a risk factor for many harms to children, addressing Ireland's still high level of alcohol consumption is essential with coherent cross-government action on pricing, marketing and availability.



A recent editorial in the Irish Journal of Family

Law noted that at present, Ireland's response to domestic abuse remains heavily weighted towards

crisis intervention after harm has already occurred and called for a stronger preventative framework which would combine accountability, behaviour-change intervention, coordinated risk management and victim safety within a fully integrated system response.



The impact of PPAU on the safe parent/partner

Alcohol is a significant factor in the deterioration of family dynamics, frequently undermining the economic stability, physical health, and emotional well-being of household members, especially children.[126] This can ultimately lead to relationship breakdown and, in some cases, domestic violence. The impact on partners of those who drink heavily is often a less spoken about element of PPAU. Indeed, partners, who are often also a safe parent, regularly bear a considerable personal toll as a direct consequence of their partner's alcohol use.[127]

Research shows female partners are likely to experience mental health and anxiety issues, report poorer physical health, and experience higher rates of victimisation and injury when their partner uses alcohol problematically.[128] In addition, research also demonstrates that economic harm from PPAU is not merely a secondary issue but a significant, gendered consequence with real implications for household stability and children's welfare.[129]

However, having one stable, non-drinking parent was found to be among the most protective factors for children who suffered from a parent or caregiver who engaged in problematic alcohol use.[130] Research shows that despite the emotional, psychological and physical impact on the safe parent, they acted as meaningful buffer against psychological harms to their children.[131]

As such, it is important to note the impact of PPAU on partners, because supporting the safe parent is not incidental to supporting the affected child, it is central to it.[132]



The impact on partners of those who drink heavily is often a less spoken about element of PPAU. Indeed, partners, who are often also a safe parent, regularly bear a considerable personal toll as a direct consequence of their partner's alcohol use.



PPAU - evidence from the frontline



Men Overcoming Violence (MOVE)

Data from MOVE Ireland reveals that problem alcohol and substance use is a significant factor among men engaging with their perpetrator intervention programmes. In 2024, 48% of men presented with drug and/or alcohol issues at screening,[133] and 17% identified substance use as a contributing risk factor in their abusive behaviour.[134] Substance use also created barriers to engagement with their Annual Report revealing 2% of cases were closed at screening due to such concerns,[135] and 5% of unsuccessful assessments were attributed to chaotic drug and alcohol issues.[136]

From an intergenerational perspective, MOVE highlighted how clients presented with an average of 12 ACEs in 2024,[137] indicating high levels of childhood adversity. Indeed, the evidence from the frontline tallies with academic research in the area as data from MOVE reveals 11% of those engaging with their services in 2024 had lived with someone with drug and/or alcohol problems as a child,[138] reflecting the presence of substance-related harm in their early environments.

The impact on children is equally striking. In 2024, 427 children were linked to men engaging with services.[139] It was reported that children were present during shouting or screaming in 17.5% of cases,[140] and 13.2% had directly witnessed violence.[141] Unsurprisingly, men reported observable impacts on children, including increased anxiety, aggression, and sleep difficulties. Such revelations underscore that children do not merely witness domestic abuse but experience it.

MOVE Ireland's 2024 data demonstrates that alcohol use, childhood adversity, and domestic abuse are deeply interconnected. Therefore, addressing these interrelated factors is essential to delivering effective interventions that challenge abusive behaviour, support accountability, and promote safer outcomes for women and children.



Irish Society for the Prevention of Cruelty to Children (ISPCC)



Data from the Childline contact system corroborates and amplifies the experiences of MOVE Ireland. Over a recent eight-month period, Childline recorded over 50 contacts relating to alcohol or substance use by a parent or adult caregiver. Of these, 41.5% were assessed as high-risk, and 66% of children indicated that the situation had negatively impacted their mental health, exceeding the Childline average of 59%. Such figures point to the disproportionate psychological burden carried by children living with PPAU.

Childline data further indicates that PPAU is frequently associated with physical violence and chronic verbal and emotional abuse, with substance use functioning as a trigger, escalator, or contributory factor for harmful behaviour. Shockingly, children's accounts reveal that such abuse is typically repeated and sustained rather than isolated, with many experiencing regular exposure to harm linked directly to parental substance use. This is, unfortunately, unsurprising given PPAU creates an unpredictable home life, contributes to emotional neglect and parental absence, and generates ongoing conflict, physical and verbal abuse, and unsafe conditions. Naturally, PPAU leaves children feeling neglected, frightened, and without adequate protection.



Testimony from a Childline Therapeutic Support Worker



PPAU creates a deeply unstable environment for children whether the parent/adult is within or separated from the family home. Verbal, emotional, and physical abuse during periods of drinking is common, alongside demeaning and sexualised language, such as referring to daughters as “whores” and sons as “gay”, if the parent is challenged.

Cyclical patterns of withdrawal, followed by “honeymoon” periods of gifts and promises, create a complex emotional roller coaster for children. The outworking of this for the child is hypervigilance, anxiety, and depression. Moreover, alcohol and drug use by a parent or caregiver can see children exposed to financial harm, can contribute to familial fragmentation (including between siblings), and frequently cause the child to feel responsible for the parent’s welfare.

It is important to note that these harms do not end at separation when the parent leaves the family home. Indeed, the parent may often arrive back at the home under the influence of alcohol or drugs demanding money, with inadequate responses from the Gardaí and State agencies leaving safe parents to manage alone. Indeed, a variety of abuses can continue post-separation, such as accumulated debt, and during contact, children are often emotionally manipulated and pressured, by the parent with the alcohol problem, and extended family alike, not to disclose abuse. Oftentimes this comes with explicit warnings that consequences will follow if they do.

The cumulative impact of such abusive and chaotic situations is the progressive erosion of the safe parent’s resilience, coping capacity, and ability to provide consistent, nurturing care to the affected children.

However, Childline seeks to provide a way forward for children. Intervention begins by creating a safe, trusting space where the child feels heard and validated. Through one-to-one support, children are helped to understand the nature of PPAU and addictions and to recognise that they are not responsible for a parent’s behaviour.

Childline’s work focuses on building self-esteem, self-confidence, and self-regulation, addressing common patterns in children affected by the unpredictable home environment caused by PPAU, such as perfectionism and emotional suppression. Moreover, Childline ensures children are supported to explore their own risk factors and develop coping strategies through psychoeducation, self-care, and practical self-regulation techniques, with reassurance that support, including Childline, is always available.



Case study of a Childline caller



In his own words: *"It was hard having to watch her be a bad person again."*

An eleven-year-old boy contacted Childline having spent years navigating the impact of his mother's problem alcohol use. Although living with his maternal grandparents, with whom he shared a very close bond, he maintained a relationship with his mother through visits and occasional sleepovers.

However, these visits exposed him to emotional abuse when she was drinking, as well as physical and verbal violence between his mother and her partner. Resultantly, Tusla became involved and a safety plan introduced a coded communication system with his grandmother, allowing her to remove him from his mother if an unsafe situation developed. Despite this, the child suppressed his own emotions consistently, not wishing to upset his mother or burden his grandmother.

However, late one particular night when his mother began drinking and became unpredictable, he fled her house in the direction of his grandmother's home. Late at night, scared, and with a dead phone battery he wandered across town in search of his grandmother's house, until a passerby intervened and helped. The incident left him frightened, isolated, and acutely aware of his vulnerability. Following his mother's subsequent admission to treatment and later relapse and recovery, he remained in a state of chronic hypervigilance, checking her bag, smelling her breath, monitoring her mood. Despite being in primary school, he carried the emotional weight, and took on the responsibilities, of an adult.

Through Childline's Therapeutic Support Service, grounded in the Edith Grotberg Model of Resilience, significant progress was achieved. His resilience and coping skills, self-regulation, and relationship skills all increased. Most importantly, he began to understand that he was not responsible for his mother's choices. Now aged twelve, with his mother sustaining her recovery, their relationship has grown.

In his own words: *"Her attitude has changed and her mood is happier. She is thinking ahead and making plans. Things are more positive and I trust her more now."*



Canal Communities study of Hidden Harm

A recent small-scale study^[142] into the hidden harm experienced by children and young people was conducted in Dublin's Canal Communities: Bluebell in Dublin 12 and Inchicore and Rialto in Dublin 8. This engaged with the perspectives and experiences of individuals living and working in the region. Two key features emerged of children and young people's experience of parental substance use:

1. While the HSE & Tusla's 2019 Hidden Harm Strategic Statement^[143] implied that the term Hidden Harm was used to describe the harm caused to children and young people who were often not known to services and were thereby considered hidden, a critical statement of this research was that, though those consulted acknowledged the harm caused to children, most stated that the harm was not hidden in the Canal Communities. In fact, the harm caused in the home was mirrored by the extent of open substance misuse and dealing in the Canal Communities, thereby exposing children and young people to harm in the home and in their communities.
2. They suffer harm in a number of ways because of compromised parenting which can impede young people's social, physical and emotional development.

The report highlighted the importance of:

- not speaking down to young people and seeking to engage them in discussions around substance misuse from an informed cultural lens;
- going beyond trauma-informed practice in families affected by substance misuse to trauma-therapy, trauma-repair and trauma recovery;
- integrated, joined up practice between statutory and community-based agencies and between services supporting adults in recovery and those supporting their children;
- addressing Hidden Harm at multiple levels – the level of the child and the traumatic experience of growing up in a household affected by substance misuse; the level of the adult involved in substance misuse who, alongside their addiction, wants the best for their children; the level of the family and repairing damage done to the entire family system; the level of the community and the wider influence of community trauma and community behaviour on the wellbeing of children and young people.

How to reduce PPAU and its impacts

The burden of alcohol harm in Ireland remains unacceptably high. There is still a high level of consumption across the population, at 9.2 litres per capita over the age of 15 years in 2025.[144] This is still above the modest reduction target of 9.1 litres per capita which was set by government in 2013, to be achieved by 2020.[145] Very concerningly it more than one-third above the level if the adult population who consume alcohol stayed within the current HSE lower risk drinking guidelines. These guidelines are acknowledged as being high compared to other jurisdictions and are currently being examined for revision.

The outworking of such high levels of consumption are the associated harms which alcohol causes across several areas, not least health care, criminal justice, roads and transport, and economic productivity but also harms to children, as this document has shown.

Furthermore, alcohol harm costs high-income countries like Ireland 2.5% of GDP annually – that's €15bn for 2025 – according to the World Health Organisation.[146] However, this does not include the costs of FASD, PPAU and associated ACEs, which constitute a further extraordinary financial burden on the taxpayer. European research which looked at the health and financial costs of adverse childhood experiences in 28 European countries, including Ireland, found that the financial impact of 13 ACEs, including PPAU, was in the region of 2% of GDP[147] – that's €12bn for 2025.

As noted in a recent UCD Geary Institute for Public Policy discussion paper, Ireland does not have an estimate of the fiscal or economic costs associated with FASD.[148] The paper quotes as an example estimates for harm from FASD in Canada, which was put at approximately \$1.8 billion Canadian dollars in 2013. Taking all of the above costs into account, this means that the harms from alcohol in Ireland are likely in excess of €20bn annually.



In terms of the impact on the health service – an estimated 11% of the health budget is spent on dealing with alcohol each year. While 177,892 hospital bed days accounted for every year due to alcohol;[149] almost one million people have grown up with a problem drinker in the home; 600,000 people are classified as having alcohol use disorder; 35% of driver fatalities with a toxicology result available had a positive toxicology for alcohol.[150]

Regional research has shown that alcohol is associated with one-third of self-harm hospital presentations[151] and is a factor in close to half of all suicide cases;[152] alcohol is a commercial driver of violence and crime, especially the crimes of domestic, sexual, and gender-based violence (DSGBV), with past research indicating that alcohol was a factor in up to 70% of cases of domestic violence against women;[153] babies are born every day in Ireland with Foetal Alcohol Spectrum Disorders (FASD), a group of disorders caused by prenatal alcohol exposure and are associated with a range of lifelong physical, mental, learning/educational, social, and behavioural difficulties;[154] and four people die every day in Ireland due to alcohol.[155]

According to the WHO, the harms from alcohol can be averted through interventions and policies that reduce the risk factors outlined above.[156] The WHO identifies the following priority actions for alcohol policy in its so called 'Best Buys':[157]

- Pricing controls such as excise duties to help regulate demand for alcoholic beverages
- Restrictions or bans on alcohol advertising
- Restrictions on the availability of alcoholic beverages

Essentially, the WHO contends that interventions on affordability, advertising, and availability are the most effective public policy measures that governments can take to offset at least some of the harm caused by alcohol.

In 2025, Ireland's alcohol use per drinker aged 15 years or older was:



Source: <https://alcoholireland.ie/facts-about-alcohol/how-much-do-we-drink/>

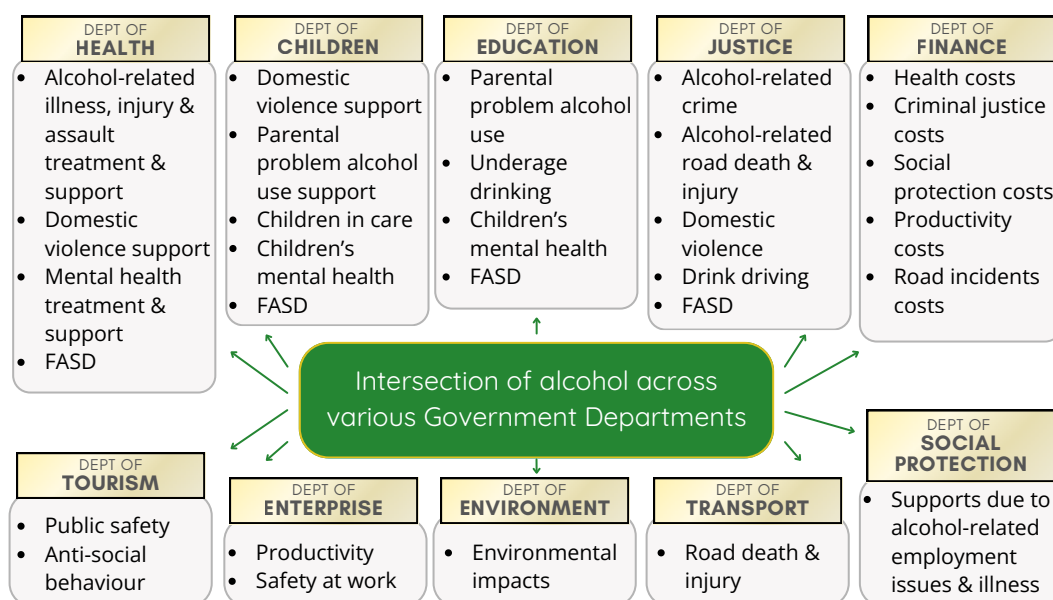
Integrated government services

It is essential to have comprehensive and integrated systems in place to ensure that when an alcohol-related issue is identified, the question of whether children are involved is considered. This is especially important given the potential risks of physical and mental abuse as well as DSGBV.

For instance, this includes situations like Garda callouts to domestic incidents, drink driving, referral to alcohol treatment services, engagement with the criminal justice system, and alcohol-related visits to emergency departments, amongst others. In all such situations the services concerned should be asking the question, are there children in the picture?

A starting point for this should be the integration of alcohol into the strategies produced by relevant government departments, such as those produced by the Department of Justice, the Department of Children, the Department of Transport, and the Department of Health, to name but a few.

The below infographic highlights where alcohol intersects with various government departments and provides a visualisation as to why these departments should weave alcohol and the protection of children into their work and the strategies they produce, where appropriate.



Operation Encompass

There is growing evidence indicating the importance of early intervention in mitigating against the legacy of trauma. A particularly important aspect in reducing the harm from ACEs is ensuring the child is on the radar of at least one adult with knowledge of the situation.

“

...her crutch not seen by most was alcohol and secret drinking in the home. I was the youngest and I grew up to live with her and hidden empty bottles. School was very tough; I was quiet and bullied and then at 11 I flipped and became loud and distractive but had learned how to work the bullying aspect and deflect. School was of no help, they were blind to the alcohol abuse, as most were, or they didn't know how to approach.[158]

Ciaran

”

Since 2020, AAI/Silent Voices has been advocating for the introduction of an early intervention programme - Operation Encompass. This programme would facilitate an information sharing partnership between Gardai and schools, enabling schools and teachers to offer immediate intervention and support for children and young people experiencing domestic abuse. Information would be shared by Gardai with a school's designated officer prior to the start of the next school day, after the Gardai had attended a domestic incident. This would ensure appropriate assistance and care is given, depending on the needs and wishes of the child.

The programme has been in place across England and Wales since 2010 and was introduced in Northern Ireland in 2023. In its first year in existence in Northern Ireland, 23,000 referrals were made under it.[159]



Key Facts of Operation Encompass in 2023/24 (England and Wales):^{[160][161]}

- 2,000 notifications a day in England and Wales alone, with an average notification including two children.
- 4,000 children a day in England and Wales alone receiving support from their school.
- Over 28,333 staff in schools and education settings including early years settings, and other professionals, have accessed Operation Encompass free online National Key Adult training.
- Bespoke briefings to over 4,000 people, including:
 - Ministry of Defence and Tri Services.
 - Police Force Officers.
 - Small Islands Police Forces: Isle of Man, Guernsey, Jersey and Gibraltar.
 - Strategic Safeguarding Leads in LSCB.
 - Educational and Clinical Psychologists.
 - Professionals working in the safeguarding and social care field.
 - Head Teachers.
 - School Safeguarding Leads.
 - Governors.
 - Early Years Settings.
 - Childminders.
 - Frontline Officers.
 - Strategic Policing Teams.
 - Yorkshire and Humber Regional Organised Crime Unit.
 - Bespoke face-to-face briefings were held with police officers in both Merseyside Police (5 days of presentations) and Greater Manchester Police (3 days of presentations).

Key Facts of Operation Encompass in 2023/24 (Northern Ireland):^[162]

- 1,162 schools, of all types, are part of Operation Encompass.
- All 11 policing districts are involved.
- All Further Education colleges are part of the scheme.
- Up to January 2024, approximately 18,000 Operation Encompass notifications about individual children and young people were made by the PSNI.
- In its first year in existence 23,000 referrals were made.

In Ireland, we know that one in three children are living with a parent who regularly binge drinks or is dependent on alcohol.^[163] We also know that in many incidents, alcohol use is the catalyst to significant domestic disruption and abuse. Having Operation Encompass operating in Ireland would go a long way to addressing the substantial harm caused to children living with domestic abuse during these vital developmental stages of their lives. Their lives and futures must matter. Early intervention is key and getting these at-risk children on the radar of a responsible adult is the first action required.

Thankfully, the Minister for Justice has committed to introducing Operation Encompass through the Criminal Law (Sexual Offences, Domestic Violence and International Instruments) Bill 2025.

AAI was extremely grateful to give evidence on Operation Encompass during Pre-Legislative Scrutiny of the Bill in January 2026.^[164] AAI hopes that the legislation can become law as soon as is possible, so children can receive the support they need and deserve.

Trauma-informed practice in education

Living with PPAU significantly increases a child's risk of experiencing co-occurring ACEs, including neglect, abuse, parental mental health difficulties, and family breakdown.[165] These traumatic experiences can cause lasting psychological harm extending well into adulthood. Teachers are uniquely placed to identify signs of harm and provide early support. It is therefore essential that teachers are equipped to recognise the indicators of PPAU and respond in a trauma-informed, non-stigmatising manner.

Schools are in a unique position to reach large numbers of the population and to interrupt the negative developmental trajectories associated with trauma, such as PPAU.[166] Thankfully, there is increasing recognition that educators should be equipped to understand how trauma affects children's development, learning, and behaviour in the classroom.[167]

The reason trauma-informed practice (TIP) in education is so important, especially in relation to PPAU, is because when this understanding is absent, the signs of trauma in young people can be misread as behavioural difficulties. Thereafter, the outworking is often confrontation and punitive disciplinary responses or, in some cases, expulsion from school.[168] This can significantly worsen the situation and harm experienced by the child, particularly as schools are identified as vital safe spaces for children experiencing adversity[169] and are routinely identified as one of the most important protective factors during childhood.[170]

Research has shown that when teachers understand that trauma has a physiological impact on children's development, behaviours such as emotional dysregulation, hypervigilance, or withdrawal can be recognised as trauma responses rather than deliberate classroom disruption.[171]

Recently, 'The Green Zone School Project: An ED- TARA Primary School Evaluation' looked at the impact of TIPs in a DEIS Band 1 primary school in Coolock, Dublin.[172] TIPs were introduced to the school to address the complex needs of pupils living in a community with high levels of adversity, poverty, and crime. This research was the first evaluation of TIP's implementation in an Irish school, and the report found robust evidence that the approach had a positive effect on students at the school.[173] As a result, children were better prepared to engage with learning.

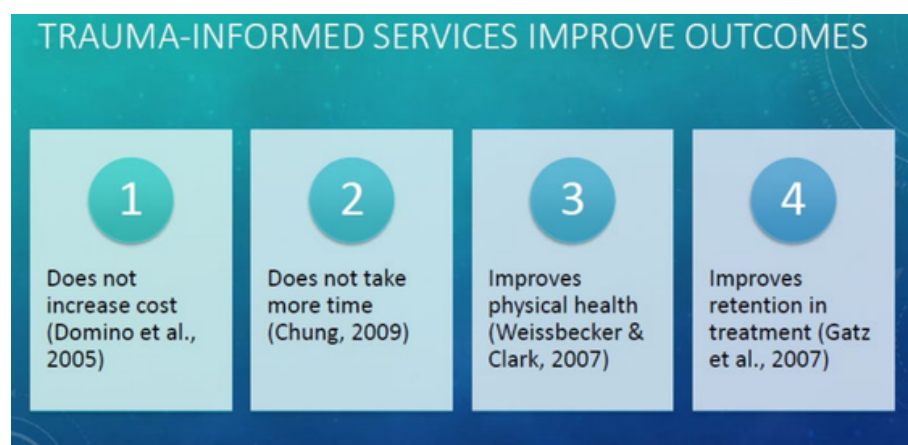
However, while positive teacher-student relationships play a central role in mitigating trauma responses, teachers alone cannot do everything themselves.[174] Individual teacher effort is insufficient without Department of Education buy-in and whole-school structures, encompassing all staff, and systemic supports being in place.[175][176] Additionally, this must be accompanied by stronger cross-sector collaboration between education, health, and social care services.[177]

Therefore, it is essential that schools are supported with the necessary resources, human and financial, to deliver trauma-informed approaches in education. Furthermore, trauma-informed approaches must be integrated into teacher education at third level, and protected training time must also be guaranteed for teachers to upskill in the area.[178]

Trauma-sensitive services

Trauma extends beyond a narrative of past events that accounts for fear, anger, or dysregulated behaviour. Research shows that trauma is re-lived in the present through intense physical sensations and emotional responses that individuals may not consciously connect to prior traumatic experiences.[179] Accordingly, trauma-informed care can help individuals understand that the experiences they had may have had an impact on their current well-being.

Trauma-informed care aligns best when services are also trauma-informed. Across Ireland we can see many instances of best practice where it comes to the provision of trauma-informed frontline supports and services. Cork, for example, has developed a strategy to ensure organisations that provide frontline supports are committed to a “trauma-sensitive” approach in the delivery of their services.



Above: Trauma-Informed Care: Beaumont Study Day [180][181][182][183][184]

The ‘Cork Trauma Sensitive Cities Strategy 2022-2025’ outlines a framework for embedding a trauma-informed lens across statutory, community, and voluntary services, in addition to local communities.[185] At its core is the development of principles and practices which further Cork City becoming trauma-sensitive.

Cork City is a pioneer in their trauma-sensitive services approach. The overarching aim is to be a city which understands that trauma, such as abuse, neglect, violence, or other overwhelming experiences, can affect how people think, feel, and behave.[186] Central to trauma-sensitive services is the reorientation of professional practice away from asking the question “what is wrong with you?” towards “what has happened to you?”. In the context of services for children affected by PPAU, this is significant. Such an approach is essential for professionals supporting children and families affected by alcohol.

The initiative is co-ordinated by an interagency trauma-sensitive forum chaired by Cork City Council, and which consists key players including community organisations, Tusla, the Health Service Executive, Department of Social Protection, Cork Education and Training Board, An Garda Síochána, Munster Technological University, and University College Cork. [187] The forum shows the power of interagency collaboration and the strategy lays out a blueprint for other towns and cities to follow.

Adult children of alcoholics (ACOAs)

Children affected by PPAU can carry the effects of a childhood blighted by alcohol into adulthood. These effects can manifest themselves in several areas, especially difficulty with boundaries and assertiveness, which may present as codependency and people-pleasing, or manifest as emotional detachment.[188] Hypervigilance is often reported in child victims of PPAU and can continue into adulthood as an adaptive response to potential danger. [189] This often reflects a nervous system conditioned by an unpredictable home life. Such patterns are also associated with anxiety in adulthood, a pronounced sense of over-responsibility, oftentimes corresponding with difficulty in adult relationships, depression, self-criticism, shame.[190][191][192]

It is essential to state that such responses in adulthood are the manifestation of the intelligent adaptations made by children to the unsafe or unstable childhood environment in which they grew up. However, while these approaches once served a protective function, they can cause difficulties for ACOAs in terms of their physical and mental wellbeing and in relationships. Thankfully, targeted therapeutic support can help ACOAs recognise the origins of their responses and set healthier boundaries, ease hypervigilance, build secure relationships and move beyond self-blame.



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Therapeutic approaches for adult children victims

The harms of PPAU frequently present in adult services long after the traumatic childhood events which caused them. Over many years a distinct clinical literature has developed in response, and it outlines what are considered the necessary therapeutic approaches to help adult children of alcoholics. Foundational contributors, such as Stephanie Brown,[193] Claudia Black,[194] Janet Geringer Woititz,[195] Sharon Wegscheider-Cruse[196] and, Tian Dayton[197] all argue that the difficulties adult children experience and present with for professional help are clear evidence of a chaotic childhood due to parental problem alcohol use.

The broad-spectrum of treatment frameworks outlined by these theorists are practitioner-derived and the evidence base supporting them has been informed by clinical practice. However, each treatment framework assumes that the history of the adult, as a child who grew up in a home harmed by alcohol, will be recognised by health professionals. Unfortunately, we know that in Ireland this is not currently the case. Therefore, since the trauma of PPAU follows children into adulthood, it is important that such therapeutic approaches are understood within the Irish clinical landscape in order to identify PPAU trauma, understand its genesis, and respond appropriately for adult children victims.

Children's services

PPAU is an adverse childhood experience and is recognised as a traumatic experience. Indeed, as outlined earlier in this document, PPAU harms social, cognitive and emotional functioning of children, dramatically upsetting the safe, nurturing environments children need to thrive.[198] As such, trauma-informed care can help individuals understand that the experiences they had as children may have had an impact on their current well-being. Therefore, it is essential that children's care and services are trauma-informed. Consequently, the HSE and Department of Health should map services for children to identify where PPAU awareness and training are needed.

Conclusion and recommendations

According to research from the Health Research Board, one third of children in Ireland have at least one parent who regularly binge drinks or is dependent on alcohol.[199] Harmful alcohol use by a parent or caregiver has been shown to have a range of detrimental consequences for children, including negative health, educational, and social outcomes.[200]

The seriousness of this is compounded due to the close connection between alcohol and crime and violence. With such high rates of hazardous and binge drinking it is likely that hundreds of thousands of children are living in homes with alcohol-fuelled violence.[201] The outworking of PPAU is simply abuse and harm to children throughout childhood and which follows them into adulthood, devastating lives along the way.

Unless we put the lives and experiences of children affected to the forefront of policy making, then they will continue to suffer. We can no longer ignore the role of alcohol in the maltreatment and abuse of children. There is ample evidence of the corrosive role PPAU plays in stealing childhoods and devastating adulthoods.

There is a need for government policy across multiple departments to recognise the role alcohol plays in devastating childhoods and respond with progressive policy responses to address this.

AAI recommends:

- The voice and views of children should be central to policy making around alcohol.
- Government must commission research in relation to PPAU and track responses of those affected, especially children, over time.
- The prioritisation of the protection of children from the direct and indirect harms from alcohol across the whole of government.
- The provision of direct services for children impacted by PPAU regardless of whether a parent is in treatment or not
- The provision of training for all professionals in contact with children to raise awareness of the issues of PPAU
- The provision of training for mental health professionals who are likely to encounter children/adult children in services
- That alcohol be included in the new national strategy on domestic, sexual and gender-based violence.
- The integration of addressing alcohol harm in the work of all relevant government departments.
- A coherent government policy in relation to seeking a reduction in alcohol consumption at a population level (i.e. controls on the availability, advertising, and price of alcohol).

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Summary of recommendations



Research & responses

Government must commission research in relation to PPAU and track responses of those affected, especially children, over time.



Children's services

The provision of direct services for children impacted by PPAU regardless of whether a parent is in treatment or not.



Mental health professional training

The provision of training for mental health professionals who are likely to encounter children/adult children in services.



Coherent policy

A coherent government policy in relation to seeking a reduction in alcohol consumption at a population level (i.e. controls on the availability, advertising, and price of alcohol).



Voice & views

The voice and views of children should be central to policy making around alcohol.



Prioritising protection

The prioritisation of the protection of children from the direct and indirect harms from alcohol across the whole of government.



Professional training

The provision of training for all professionals in contact with children to raise awareness of the issues of PPAU.



DSGBV strategy

That alcohol be included in the new national strategy on domestic, sexual and gender-based violence.



Whole-of government approach

The integration of addressing alcohol harm in the work of all relevant government departments.