# Trigger Trio

## Prevalence

The trigger trio refers to the co-existence of domestic abuse, substance misuse and mental health issues in parents and carers. Estimates suggest that 15% of people live with two or more of these issues and 4% of people live with all three.[[1]](#footnote-1) In England an estimated 0.9% of all children live in a household where a parent or carer faces all three of the trigger trio issues to a severe extent, while 3.6% are in households where a parent or carer faces all three trigger trio issues to a moderate or severe extent.[[2]](#footnote-2) The prevalence of mental illness, substance misuse or domestic abuse in families with dependent children is incomplete and figures vary depending on the population group and as such the number of children affected is likely to be higher.[[3]](#footnote-3)

## Risk factors

Risk factors that increase the likelihood of a parent having issues with the trigger trio can include factors such as; their own adverse childhood experiences, the age and experience of the parent, the availability of family support and a history of poor mental health or substance misuse.[[4]](#footnote-4) Parents with mental illness, substance misuse and domestic abuse issues often have a poor relationship with their own parents. Social isolation and social support is often lacking for parents who have mental illness in particular.[[5]](#footnote-5)

## Impact on the family

Professionals within care services felt that the unmet needs of parents adversely affect the safeguarding and wellbeing of the child.[[6]](#footnote-6) The co-existence of the trigger trio greatly increases the risk to the child's safety and welfare. The three individual issues rarely exist independently of one another and research suggests that adults with mental illness are more likely to abuse drugs or alcohol. Similarly there is a known link between domestic abuse and 'problem drinking' and negative consequences for the victim's mental health. The best predictor of long-term adverse effects to the child was the co-existence of family disharmony and violence. [[7]](#footnote-7)

When the parent's problems become extreme, the child may be separated from one or both parents. This could because of imprisonment for drug dealing, hospitalisation for mental illness or escaping to a refuge because of domestic abuse. In these situations the risk of negative outcomes is reduced if the other parent or relative could provide a stable environment and the attention the child needs, unfortunately this is not a luxury all children have available.[[8]](#footnote-8) Children who are receiving care and support through child protection plans and looked after children are likely to have been affected by parents who have substance misuse issues, mental illness, experienced domestic abuse or a combination of these issues. Individually the likelihood of a child becoming looked after is:

* twice as likely if the parent has an alcohol or substance misuse issue,
* 29% more likely if there is a domestic abuse issue in the family,
* 44% more likely if the parent has a mental illness. [[9]](#footnote-9)

There are often financial consequences related to the co-existence of mental illness, domestic abuse and substance misuse. The multitude of issues that can arise in these situations means the family environment is in unstable and can make it difficult for the parents to sustain employment. Often money that is used to sustain a household and for essentials such as clothing, is diverted to satisfying the parent's needs and as a consequence could jeopardise the child's ability to develop friendships.[[10]](#footnote-10)

**The impact of the trigger trio on child development**

The impact of a disorganised lifestyle will vary depending on the age, development and personality of the child. A lack of supervision will always leave the child susceptible to abuse and neglect.[[11]](#footnote-11) Children are more likely to rebound from adverse experiences if they have a more supportive family environment and social network. In developmental science, differential susceptibility is used to explain why some children are more likely to be affected by their experiences than others and highlights that the sensitivity of the child will impact on their vulnerability.[[12]](#footnote-12) Below are the different ways the child can be harmed at key developmental stages:

* **Pre-birth** – foetal damage can occur through the mother ingesting harmful substances frequently during pregnancy. Foetal damage can also occur as a result of physical violence against the expectant mother, this could include brain injury, foetal fracture and organ damage.
* **0-1 years** – foetal damage during pregnancy can cause neurological and physical damage once the baby is born. Babies may experience neonatal abstinence or foetal withdrawal symptoms and could be difficult to manage. In a dysfunctional family situation, the lack of parental capacity could lead to the baby's needs being neglected physically and emotionally and can result in poor bonding and attachment. These issues can be exacerbated when living in an impoverished environment.
* **1-2 years** – risks of accidents and injuries could be increased as a result of inadequate supervision. Cognitive and language development may be delayed as a result of negative or hostile reactions from parents, or because of a lack of encouragement and praise. Longer-term emotional and behavioural problems may arise during these years and can be exacerbated by unplanned separations from or emotional unavailability of the parents. Witnessing violence and frightening behaviour may result in children feeling helpless and in some cases coming to view cruelty and aggression as acceptable.
* **3-4 years** – physical needs may be neglected and the child may not be kept adequately fed or kept clean. The risk of physical violence against the child is increased. Cognitive development may be further delayed as a result of fear and anxiety of exploring their environment. Language development may also suffer due to a lack of stimulation and encouragement and the child may not attend pre-school facilities regularly if they are in a disorganised family environment. Trauma leads to emotional and behavioural issues which could include, insecure attachment, inappropriate learned behaviours, and symptoms of post-traumatic stress disorder. During these years the child could assume responsibilities beyond their years because of parental incapacity.
* **5-10 years** – the child may start to show symptoms of extreme anxiety and fear. Academic attainment can be negatively affected and behavioural issues in school can be problematic. There could be issues with poor self-esteem and the child may blame themselves for their parents' behaviours. Unplanned separations can disrupt their education and friendship patterns. They may have feelings of embarrassment associated with their parents and as a result may avoid friendships and social interaction. They may also have responsibility for caring for themselves, their parents and younger siblings which could prove to be too much.
* **11-15 years** – there is an increased risk of developing their own mental health and alcohol and drug problems. Education may not be supported by their parents and can be adversely affected as a result. The child is more likely to miss school to take care of their parents or siblings and they may find it difficult to concentrate in lessons because of their worries at home. There is an increased risk of social isolation, being bullied and bullying others. The child would likely have a poor or ambivalent relationship with their parents and lack a positive role model. They may be dealing with puberty without support and have feelings of isolation or having no one to turn to.
* **16+ years** – the child may attach to inappropriate role models and this could increase the likelihood of drinking, smoking and drug use. There is an increased risk of pregnancy and teenage motherhood and problems with developing healthy sexual relationships. Males are at a greater risk of taking an abusive role within sexual relationships. They may fail to reach their potential because of a lack of parental support and because of caring for parents or younger siblings. This could also lead to poor attainment and exclusion from schools. Mental health issues could worsen and the risk of self-harm and suicide is increased. They could have worsening conduct disorders and a vulnerability to criminal activity. Feelings of low self-esteem and isolation can worsen during this period. They may engage in behaviours that are inappropriate and as a result could alienate other young people and adults, this could also jeopardise their educational and working careers. If the child is a young carer, they may sacrifice their own needs in favour of their parents or younger siblings.[[13]](#footnote-13)

**Issues related to domestic abuse**

There is a well-established link between domestic abuse and the physical abuse of the child and evidence is being gathered on the link with child sexual abuse. In families which involve domestic abuse, the man is more likely to be the perpetrator and the woman the victim. In the majority of cases the woman provides the primary care-giving role and their violent partners are less likely to be involved in the parenting of the child. The mother's capacity to look after their child is affected by the severity of the violence she is victim to. In extreme case domestic abuse can result in the victim's death and can also lead to severe injuries requiring hospitalisation. Domestic abuse can also have a profound effect on the victim's mental health and can result in depression, increased isolation, an increased risk of alcohol or substance misuse and feelings of self-loathing.

A victim of domestic abuse is often emotionally and financially dependent on their perpetrator and as such they feel as though they are unable to survive on their own. These issues are exacerbated when a child is in the situation, as the victim feels responsible for caring for their child and may be scared that the child would be hurt or killed, or taken in to care if they tried to leave. The most dangerous time for a victim of domestic abuse is when they make the decision to leave and it puts them and their child in an increased vulnerable position.[[14]](#footnote-14)

Witnessing parental distress and suffering can have an adverse psychological impact on children and attempts to intervene can result in their injury. Domestic abuse was the most common risk factor in serious case reviews (SCRs) and a study found that it presented in 71% of SCRs. In the SCRs reviewed, the man again was found to be the perpetrator of abuse in the majority of cases. However, it was also found that in 48% of SCRs featuring domestic abuse, the person thought to have killed or harmed the child was not the perpetrator. In cases where the abusive father killed the child, it was also found that the mental health of some of the mothers was extremely fragile.[[15]](#footnote-15)

**Issues related to alcohol and substance misuse**

Drinking alcohol or using substances does not necessarily impact on a parent's ability to care for their child, however when the symptoms of substance use are at their maximum, this could interfere temporarily with their parenting capacity.[[16]](#footnote-16) Alcohol dependence that is linked to depression is associated with poorer and less consistent parenting. Research suggests that a parent's capacity to emphasise and care for her child can often be overwhelmed by their own needs when there is alcohol dependence alongside depression. Excessive drinking and drug misuse can also result in the parent being emotionally unavailable to the child. Research also shows that mothers who have a problem with drugs are less responsive to their babies and are less willing to engage in meaningful play or respond in a way that encourages a bond between parent and child. It can be difficult to measure the impact of drug misuse on foetal development and longer-term impacts on the child as mothers often use multiple substances and may have limited access to antenatal care.[[17]](#footnote-17)

**Issues related to mental illness**

Depression can cause parents to be irritable and angry with their children and depressed mothers are less likely to be emotionally available and affectionate. Symptoms of depression such as apathy and listlessness can mean that parents have difficulty organising day-to-day living. Parents with schizophrenia may also have unusual or inappropriate response to their children.[[18]](#footnote-18)

## Impact on services

The role of the trigger trio plays in the parenting capacity of adults with one or more of these issues is a major driver for the increase on children's services caseloads and the number of children who are taken in to care.[[19]](#footnote-19) Domestic abuse has been found to be the most prevalent of the issues when looking at re-referrals to children's social care, which can makes it difficult to make a sustainable change for the child. Poor mental health in parents is often reported as the result of a cumulative effect of living in an impoverished area. Policy and legislation often focus on these issues individually, but when a person has more than one issue, this approach can appear disjointed and does little to alleviate the issues faced by these families.[[20]](#footnote-20)

More than double the amount of early help referrals in 2017/18 were related to trigger trio issues when compared to two years ago. Repeat referrals to safeguarding teams were often related to trigger trio factors and shows that families with chronic difficulties often require recurring support and suggests that not enough is being done to meet the parental needs of these families. These issues are compounded in families where the parents do not engage with services or through disguised compliance.[[21]](#footnote-21) From a safeguarding perspective, not knowing the incidence of substance misuse and domestic abuse within the general population can make it difficult to plan for adult services, or to understand the number of children who are at risk of harm or not have their development needs met as a result of inadequate parenting capacity.[[22]](#footnote-22) Reductions in funding for adult mental health, substance misuse and domestic abuse services also means that adult disadvantages go unaddressed and the costs of these issues are shunted to children's services.[[23]](#footnote-23)

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