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Effects of Parental Substance Abuse on Children and Families www.coaf.org

Recommend

Children of alcoholics and other substance abusers are a population without a clear definition. Because the concept of COA/COSA is focused on the child rather than the parent, the definition of a COA/COSA is any child whose parent (or parental caregiver) uses alcohol or other drugs in such a way that it causes problems in the child's life. The child may no longer be living with the substance abusing parent because of separation, divorce, abandonment, incarceration or death. And the parent does not have to be still actively drinking or using for the child to continue to feel the impact of the abuse.

In families where alcohol or other drugs are being abused, behavior is frequently unpredictable and communication is unclear. Family life is characterized by chaos and unpredictability. Behavior can range from loving to withdrawn to crazy. Structure and rules may be either nonexistent or inconsistent. Children, who may not understand that their parent's behavior and mood is determined by the amount of alcohol or other drugs in their bloodstream, can feel confused and insecure. They love their parents and worry about them, and yet feel angry and hurt that their parents do not love them enough to stop using.

Despite the suffering these children endure, many blame themselves for their parent's substance abuse. They believe it when their parents scream that they wouldn't drink so much or use other drugs if the children didn't fight, or rooms were kept clean or grades were better. Some children try to control the drinking or drug use by getting all A's, or keeping the house spic and span, or getting along perfectly with their siblings. Others withdraw, hoping not to create any disturbance that might cause a parent to drink or use. Few realize that children cannot cause a parent to drink or use drugs, nor can they cure a parent's substance problem.

Many times, children of substance abusers are frightened. They may be the victims of physical violence or incest. They may also witness violence – frequently alcohol and other drug abuse goes hand in hand with domestic violence. And as a result, these youngsters may suffer from post-traumatic stress syndrome, with the same kinds of sleep disturbances, flashbacks, anxiety, and depression that are associated with victims of war crimes. These children are not only frightened for their own well-being – they also harbor the all-too-real concern that their parent may get sick or die as a result of the drinking or drug use. They know that their parent may drive intoxicated, or get into fights on the street.

Despite the fact that friends can be a buffer for the problems at home, some COAs/COSAs have a limited social life. They may avoid bringing home friends, or going out in public with their parents. They may even shy away from making friends, because they lack basic social skills or out of a profound fear that someone will find out the truth. They may also find it difficult to make friends because other parents have warned their children to stay away from these youngsters from troubled families. On the other hand, some young people use friends as buffers, relying on their leadership skills to take on key positions in school and extracurricular activities. These young people are often among the most difficult to identify as COAs/COSAs because their achievements make them seem so "well-adjusted."

Not every family is affected identically. Research has shown that families that maintain certain "rituals," such as holiday traditions or a Friday night pizza and movie can help mediate the chaos of addiction. Sober parents who are able to provide stability, support and nurturing also help minimize confusion and strengthen children. Sometimes family life is less damaging because children rely on "adaptive distancing," a technique in which the child separates from the "centrifugal pull" of family problems in order to maintain pursuits and seek fulfillment in life, school and friendships.

Consequences

Read through the links below to learn more specifics about the consequences of parental substance abuse.

BEHAVIORAL CONSEQUENCES

Parental substance abuse interrupts a child's normal development, which places these youngsters at higher risk for emotional, physical and mental health problems. Because parents who abuse alcohol or other drugs are more likely to be involved with domestic violence, divorce, unemployment, mental illness and legal problems, their ability to parent effectively is severely compromised. There is a higher prevalence of depression, anxiety, eating disorders and suicide attempts among COAs than among their peers. In addition, COAs are 3-4 times more likely than others to become addicted to alcohol or other drugs themselves.

In homes where a parent is abusing substances, physical and sexual abuse of children is more likely. Sexual abuse is more frequent in chaotic and dysfunctional families where communication has broken down and roles have been blurred. Children who live in high conflict homes are more likely to have lower self-esteem and less internal locus of control. This puts COAs/COSAs at higher risk for being re-victimized in the future. For instance, female COAs are more likely to be involved with men who abuse substances, which leaves them open to even more abuse.

Even if the children themselves are not themselves victimized by family violence, simply witnessing violence can have emotionally destructive consequences. COAs are six times more likely to witness spousal abuse than are other children.

As a result of these stressors, COAs/COSAs often have difficulty in school. They may be unable to focus on their school work due to the conflicts and tensions at home. They are also more likely than their peers to have learning disabilities, be truant, repeat more grades, transfer schools and be expelled.

Other effects

A parent's substance abuse can have other effects on children besides parent-child interactions. For example, if a parent loses a

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TERRORIST ATTACK

How We Can Prepare for the Hidden Trauma

Today, we are responding to threats of an imminent terrorist attack in New York City. We are developing plans and protocol for addressing the wide spectrum of events that can potentially disable us - including chemical, biological, radiological and nuclear attack. We are investing countless hours training and practicing with elaborate equipment and protective gear. Our primary goal is the stabilization of injury and the preservation of life.

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A Perspective on Preventing School Violence

The tragedy at Red Lake High School in Minnesota is a painful reminder of what can happen in a school. Following, is my perspective on how we may prevent school violence.

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job because of drinking or drug use, the child suffers the economic consequences, especially if this is the household's only income. Without employment, a family might lose their home, car or other valuable possessions.

A child's health might also be compromised by a parent's drinking or drug problem. The child might develop stress-related health problems like gastrointestinal disorders, headaches, migraines, or asthma, causing them to miss school. And a child whose parent's substance abuse causes neglect might become injured because of failure to adequately child-proof the house or because of inadequate supervision, or even lack immunization and other routine well-child care.

However, the fact remains that the majority of COAs/COSAs do not end up in horrible circumstances. Only one in four COAs will become alcoholic themselves, three in four will not. Most children and teens are able to draw upon their inner strengths to cope with their circumstances and succeed in life. COAs and COSAs can be helped in many ways - both formal and informal - to call on their resiliency.

MEDICAL AND PSYCHIATRIC CONSEQUENCES

Medical problems

health care utilization: Studies of COAs in childhood have documented increased rates of several physical illnesses generally believed to be stress-related, including enteritis, colitis, and asthma. A 1990 COAF study of hospital admissions compared 595 minor children of Independence Blue Cross subscribers who had received treatment for alcoholism with children of subscribers never treated for alcoholism. The study revealed a 24% higher overall inpatient admission rate, a 29% greater average length of stay, and 36% greater average hospital charges for the COAs. Admissions for injuries and poisonings, substance abuse, mental disorders, and diseases of the gastrointestinal and respiratory systems were also greater for the COAs. In addition, children of alcoholic mothers had more admissions and greater lengths of stays for birth defects.

child abuse and neglect: Child abuse and neglect have been linked to parental alcohol abuse, as has incest. Although studies are not conclusive, between 12% and 70% of child abusers have been identified as alcoholics using various data. Such abuse may be the cause of physical as well as emotional trauma and may bring the COA to medical attention.

birth defects: Significant alcohol intake by the mother during pregnancy has been linked to a variety of birth defects, the most serious of which is the Fetal Alcohol Syndrome (FAS). FAS consists of a combination of facial dysmorphism, severe and persistent growth deficiency, central nervous system dysfunction with mental retardation, and other defects. Lesser degrees of alcohol-related birth defects are referred to as Fetal Alcohol Effects (FAE). Both FAS and FAE are persistent, lifelong organic dysfunctions requiring specific rehabilitation.

alcoholism and other drug dependence: The familial nature of alcoholism has been documented in many studies over the years, with both genetic and environmental factors implicated in the transmission process. COAs are at approximately 3 to 4 times greater risk for developing alcoholism compared to children of non-alcoholic parents. In addition, COAs are at increased risk for other drug dependence, which in conjunction with alcoholism, accounts for much of the increased incidence of hospitalization for poisoning and accidental trauma in COAs discussed above.

Psychiatric disorders

disorders of childhood: As mentioned before, mental retardation and other organic mental dysfunctions have been linked to maternal drinking during pregnancy. Attention deficit/hyperactivity disorder has also been linked to parental alcoholism, as have other anxiety and childhood depressive disorders, and conduct disorders in childhood.

eating disorders: Recent studies have shown that a disproportionate number of patients suffering from bulimia nervosa are COAs.

anxiety and depressive disorders: As in childhood, anxiety and depressive disorders have been reported to be more common in adolescent and adult COAs than in the general population, particularly among females.

pathological gambling: Adult alcoholics and addicts who had alcoholic fathers show an increased risk of pathological gambling.

sociopathy: The relationship between antisocial personality disorder (ASP) and parental alcoholism is well-established, as is the strong association between ASP and adult alcoholism and other drug dependence.

EDUCATIONAL CONSEQUENCES

Children from substance abusing families are more likely to have learning disabilities; repeat more grades; attend more schools; and are more likely to be truant, delinquent and drop out of school because of pregnancy, expulsion or institutionalization.

Children whose parents drink too much or use other drugs may:

- be preoccupied or tired because of home events and unable to concentrate in school or other activities
- work below their potential because their energy is focused on the substance abuser;
- be reluctant to bring friends home due to embarrassment about the addicted parent's behavior;
- witness physical or emotional abuse between family members, or experience it themselves; and
- be unable to focus on homework because of fighting, tension or worry at home;
- take on developmentally inappropriate responsibility for household, siblings or parents.

EMOTIONAL CONSEQUENCES

Mistrust

Parents with an alcohol or drug problem often exhibit unpredictable behavior. For the child, the rules may be constantly changing, according to the amount of alcohol or drugs in the parent's blood. This lack of consistency can lead to a mistrust of parents (and often other adults).

Wide mood swings within the family also contribute to additional lack of trust. When the parent gives up drinking alcohol, or using drugs there is often a feeling of hope that the problem has been "solved." However, if the parent relapses the disappointment is intense. These experiences often lead children to a distrust of authority figures or adults in general, with an expectation that they will eventually be let down.

Guilt

Instead of understanding the parent's substance abuse as a disease, the child sees the drinking or drug use as a reaction to bad behavior. Family members may blame each other for "setting off" a drinking episode or angry outburst. Examples of this kind of thought are "If I were a better student, my mother wouldn't drink" or "If I didn't make my Dad angry, he would stop using drugs."

Shame

The COA or COSA is often deeply ashamed of the "family secret." She may avoid friendships with other children and feel she cannot invite them to her house, because her parent might be at home drunk or high and embarrass her. Sometimes there is a hierarchy among children of substance abusers which places children of alcoholics above children of drug users, who are above children of IV drug users, who are above children of IV drug users with HIV/AIDS.

Confusion

Substance abuse in the family creates confusion in the child when the family fails to validate either his external or internal

reality. For example, a child may observe his mother drinking, becoming intoxicated, and passing out on the kitchen floor, but be told by his father that she is "sick" or "tired." A parent may suffer from alcoholic blackouts (Lapses of memory for events that take place while the individual is intoxicated), and make promises or reveal inappropriate personal information while drinking. Later that same parent is genuinely unaware of what transpired and denies the conversation ever took place.

Ambivalence

Strong positive and negative feelings towards the parent may coexist in the child. For example, a girl may long for approval and love her substance abusing, and simultaneously feel angry and resentful.

Fear

Some children of substance abusers fear that their anger towards the parent could cause him to die, or more realistically, that the parent could die as the result of drinking and driving, other drug-related trauma, or illness.

Insecurity

Low self-esteem, tension, anxiety, depressed feelings, and acting out behavior are often reflections of insecurity due to a difficult home environment.

Conflicts about sexuality

Disruption of normal sexual development can occur if substance abuse interferes with the parent's ability to nurture and educate the child. For example, the child may be exposed inappropriately to sexual behavior, including in some cases, sexual abuse.

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