

CHILDREN OF ADDICTION: IMPORTANT FACTS

1. Chemical dependency affects the entire family.

- Living with a non-recovering alcoholic/addict in the family can contribute to stress for all members of the family. Each member may be affected differently. Not all chemically dependent families experience or react to this stress in the same way.
- Children raised in chemically dependent families have different life experiences than children raised in non-chemically dependent families. Children raised in other types of dysfunctional families may have similar developmental losses and stressors, as do children raised in chemically dependent families.
- Children living with a non-recovering alcoholic/addict score lower on measures of family cohesion, intellectual-cultural orientation, active-recreational orientation, and independence. They also usually experience higher levels of conflict within the family.
- Many children of alcoholics/addicts (COAs) experience other family members as distant and non-communicative.
- COAs may be hampered by their inability to grow in developmentally healthy ways.
- The level of dysfunction or resiliency of the non-alcoholic spouse is a key factor in the effects of problems impacting the children.

2. Many people report being exposed to alcoholism in their families.

- Seventy six million Americans, about 43% of the U.S. adult population, have been exposed to alcoholism in the family.
- Almost one in five adult Americans (18%) lived with an alcoholic while growing up.
- Roughly one in eight American adult drinkers is alcoholic or will experience problems due to the use of alcohol. The cost to society is estimated at approximately \$166 billion each year.
- There are an estimated 26.8 million COAs in the United States. Preliminary research suggests that over 11 million are under the age of 18.

3. There is strong, scientific evidence that alcoholism/addiction tends to run in families. Children of alcoholics are more at risk for alcoholism and other drug abuse than children of non-alcoholics.

- Alcoholics are more likely than non-alcoholics to have an alcoholic father, mother, sibling, or other relative. In addition, COAs are more likely than non-COAs to marry into families in which alcoholism is prevalent.
- In research studies, almost one-third of any sample of alcoholics has at least one parent who also was or is an alcoholic.
- Thirteen to 25 percent of all COAs are likely to become alcoholics.

4. Based on clinical observations and preliminary research, a relationship between parental alcoholism and child abuse is indicated in a large proportion of child abuse cases.

- With an adult population prevalence of alcoholism of 10-12 percent, the majority of studies suggest increased prevalence of alcoholism among parents who abuse children.
- Existing research suggests alcoholism is more strongly related to child abuse than are other disorders, such as parental depression.
- Although several studies report very high rates of alcoholism among the parents of incest victims, much additional research in this area is needed.

5. Children of alcoholics exhibit symptoms of depression and anxiety more often than children of non-alcoholics.

- Young children often show symptoms of depression and anxiety such as crying, bed-wetting, not having friends, being afraid to go to school, or having nightmares. Older youth may stay in their rooms for long periods of time and not relate to other children claiming they have “no one to talk to.” Teenagers may show depressive symptoms by being perfectionists in their endeavors, hoarding, staying by themselves, and being excessively self-conscious. Teenage COAs may begin to develop phobias.

6. Children of alcoholics experience higher health care costs than children from non-alcoholic families.

- Inpatient admission rate for substance abuse is triple that of other children.
- Inpatient admission rate for mental disorders is almost double that of other children.
- Injuries are more than one and one-half times greater than that of other children.
- The rate of total health care costs for children of alcoholics is 32% greater than children from non-alcoholic families.
- Children of alcoholics are admitted to hospitals at a 24% greater rate.
- Children of alcoholics stay in the hospital 29% longer, on average.
- Children of alcoholics have 36% higher rate of in-patient hospital costs.

7. Children of alcoholics score lower on tests measuring verbal ability.

- COAs tend to score lower on tests that measure cognitive and verbal skills. Their ability to express themselves may be impaired, which can impede their school performance. Peer relationships, ability to develop and sustain intimate relationships, and hamper performance on job interviews.
- Low verbal scores, however, should not imply that COAs are intellectually impaired.

8. Children of alcoholics often have difficulties in school.

- COAs often believe that they will be failures even if they do well academically. They often do not see themselves as successful.
- COAs are more likely to be truant, drop out of school, repeat grades, or be referred to a school counselor or psychologist. This may have little to do with academic ability; rather, COAs may have difficulty bonding with teachers, other students, and school; they may experience anxiety related to performance; or they may be afraid of failure. The actual reasons have yet to be determined.

9. Children of alcoholics have greater difficulty with abstraction and conceptual reasoning.

- Abstraction and conceptual reasoning play an important role in problem solving, whether the problems are academic or are situations related to the problems of life. Therefore, children of alcoholics might require very concrete instructions. Someone might say, “I want to be your friend,” and a COA might not know what that means. A person would have to say, “I want to be your friend, and that means that you should call me whenever you want to, come to my house after school, and have dinner with me on Saturday nights.”

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10. Children of alcoholics may benefit from adult efforts which help them to:

- Develop autonomy and independence.
- Develop a strong social orientation and social skills.
- Engage in acts of “required helpfulness.”
- Develop a close bond with a caregiver.
- Cope successfully with emotionally hazardous experiences.
- Perceive their experiences constructively, even if those experiences cause pain or suffering, and gain, early in life, other people’s positive attention.
- Develop and maintain a positive vision of life.
- Develop coping strategies for day-to-day and unusual situations they may face.

Source: *“Children of Alcoholics: Important Facts,” a report by the NACOA, 1995.*

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