Children of Alcoholics: Helping a Vulnerable Group

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Synopsis

There are 28 million children of alcoholics in the United States—1 of every 8 Americans. They are more likely than others to suffer from alcoholism and a wide range of physical, emotional, and mental health problems. It is probable that an inherited predisposition for the disease of alcoholism exists.

Most children of alcoholics do not become alcoholic, but they are at increased risk for many other health problems. Records of the use of services provided by health maintenance organizations and of health insurance claims show that children of alcoholics use more medical and hospital services than other children. Children of alcoholics are more likely to have problems in school and to abuse alcohol and other drugs. Their mental and physical health problems persist into adulthood.

Clinical findings show that life in an alcoholic family is often characterized by pain, guilt, fear, tension, and insecurity. Children do not know that alcoholism is a disease which they cannot cause, control, or cure. Because alcoholism is a family secret, children rarely seek help, even as adults.

Because the children of alcoholics are in many medical and social service systems, greater awareness and understanding by health and human service professionals can lead to identification and help for this vulnerable group. It is critical for family physicians, obstetricians, pediatricians, nurses, social workers, hospital staff, and others to incorporate questions about family alcoholism in routine screening procedures for youth and adults. Recommendations and useful materials are discussed.

THE EXTENT of our nation's alcoholism problem is widely known and documented. However, only within recent years has knowledge about the effects of parental alcohol abuse on children been developed. We now know there exists a large but hidden group of youngsters and adults who are especially vulnerable to the disease of alcoholism and to a wide range of alcohol-related physical, emotional, and mental health problems. These are the children who grow up in alcoholic families. They are truly children at risk.

There are 28 million children of alcoholics in the United States—1 of every 8 Americans (*1*). Seven million are youngsters under age 18 who face the fear, uncertainties, and problems which result from parental alcohol abuse. Twenty-one million are adults who may continue to suffer long-lasting problems caused by life with an alcoholic parent. Despite their numbers and their overrepresentation in service delivery systems, children of alcoholics are rarely identified or helped. Yet, professionals in health and social service systems are in prime positions to provide assistance. Millions of children from alcoholic families can be helped if physicians, social workers, therapists, mental health specialists, counselors, and educators understand their risks and needs.

Research on Children of Alcoholics

Research has shown that alcoholism runs in families. Although no biological marker or specific DNA has yet been identified to predict familial alcoholism, it is probable an inherited predisposition for the disease exists. Sons of alcoholic fathers are four times more likely than others to become alcoholics (*2*). Daughters of alcoholic mothers are three times more likely to become alcoholic than other daughters (*3*), and they are more likely to marry alcoholic men, perpetuating the cycle of family pain on future generations (*4*).

Yet, most children of alcoholics do not become alcoholic. Many appear to lead successful lives. But as a group they are at greater risk than others for a

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variety of mental, physical, and emotional problems (*5*). Some children, whose mothers abused alcohol during pregnancy, are born with Fetal Alcohol Syndrome (FAS), the leading known cause of mental retardation in the Western Hemisphere. A recent review of the literature confirms the likelihood of multiple cases of FAS in families. If one child in a family is born with FAS, there is an increased probability that other children, especially younger siblings, will also be born with FAS (*6*).

In infancy, children of alcoholics are more likely than other children to have feeding problems and be prone to vomiting and incessant crying. As youngsters, they are more likely to have headaches, abdominal pain, tiredness, sleep problems, tics, nausea, and enuresis for which no physical causes can be found (*7*). Children of alcoholics are more prone to migraine and asthma (*8*), and to have allergies, anemia, frequent colds or coughs, and weight problems (*9*).

Children of alcoholics tend to use medical and hospital services more often than others. A comparison of the use of services of a health maintenance organization by children of alcoholics, from preschool through teen ages, with other youngsters showed the sons of alcoholics had 60 percent more injuries, were five times more likely to report emotional problems, and were two and one-half times more likely to be classified as severely ill or disabled (*10*). In the HMO study, hospitalization rates for daughters of alcoholics were three and one-half times higher than that of others, and their likelihood of attending a counseling session was three times higher than it was for other daughters. Preschool children of alcoholics, regardless of gender, were 65 percent more likely to experience an illness than other youngsters. The youngest daughters and eldest sons of alcoholic parents were those children of alcoholics at highest risk for serious illness.

Similar findings have been reported by other researchers. In one investigation 4- to 15-year-old children of alcoholics had 8 percent more medical visits and visits for treatment, more than double the number of injuries needing treatment, and five times more psychiatric examinations than other children (*11*). Numbers of hospital admissions, dispensary care visits, and psychiatric examinations were all higher for children of alcoholics.

However, large-scale studies of health problems of children of alcoholics do not exist. While exhaustive data have been developed on the health care costs of alcoholics and their families, data are not reported by children's age, sex, or type of problem. To generate this crucial information for use by health and social service systems, the Children of Alcoholics Foundation and the Philadelphia Health Management Corporation are carrying out an investigation based on 2 million health insurance subscribers to Independence Blue Cross. Preliminary results from this study provide new evidence of the impact of alcoholism on the medical and mental health of children. Compared with others, children of alcoholics (through age 19) are more vulnerable to both general and specific health problems. They have higher admission rates for hospital care and spend more days in the hospital—an average of 7.6 days compared with 5.9 days for children from nonalcoholic families. As a result, the costs of their health care are higher (*12*). By the time children of alcoholics reach school age, cognitive and behavioral problems may be manifest. One study, which detected poorer performance skills as early as 4 years of age, also noted that children of alcoholics had lower academic levels and did not perform as well as others in abstract problem solving (*13*). A comparison of 40 elementary school-aged children of alcoholic mothers with other youngsters showed the children of alcoholics had significantly lower test results in mathematics, reading recognition, and reading comprehension. They were also more likely to be assigned to special education classes (*14*).

The negative effects of parental alcohol abuse often persist in adolescence. A prospective study of young men at high risk for alcoholism reported that as students they were more likely to be involved in fights in school, and they have more reading difficulties and other academic problems for which they were referred to school psychologists. They also attended significantly more schools than others and reported their childhoods as having been less happy and their home conditions as more

unstable (*15*). In a 20-year investigation of 259 multiproblem children, which included 144 children of alcoholics, only 45 percent of those from alcoholic families finished high school. Reasons for leaving included expulsion, early marriage, pregnancy, military enlistment, and institutionalization. Difficulties were noted as early as the elementary school years. Counselors detected psychological problems for 15 percent of the group during junior high and 5 percent of the group during elementary school years (*16*).

Research on substance abuse by adolescent children of alcoholic fathers indicates they are more likely to have tried marijuana, hashish, speed, and cocaine than youngsters with nonalcoholic or depressed fathers (*17*). A significant relationship has been found between alcohol abuse by teenage boys and alcoholism in their biological mothers and fathers (*18*). Preliminary research also points to a relationship between adolescent suicide attempts and parental alcohol abuse (*19*).

The problems of childhood and adolescence also carry over into adulthood. Adult sons of alcoholics make more visits to hospitals, receive more surgical and ambulatory care, and make more visits to physicians for drug and alcohol abuse than others. Daughters of alcoholics receive more gynecological services (*8*).

In a study of men in treatment for alcoholism, those with alcoholic first-degree relatives had more depression, panic attacks, obsessive-compulsive disorders, anger and hostility, more drug abuse, sleep disturbance, severe nightmares, and memory impairment than other alcoholics (*20*). In addition, they were more likely to have been hospitalized, arrested, fired, or separated from a loved one due to drinking. The age of onset of their alcoholism was earlier than that for other alcoholics, and the disease was more severe.

Likewise, women from alcoholic families show an earlier onset of problem drinking. A study of college-aged daughters of alcoholic fathers compared with daughters of nonalcoholics showed they had different drinking patterns as early as their late teens, including greater daily consumption as well as more drinking on separate occasions. They also had more drinking-related problems with friends and more drinking as a coping method when faced with personal problems (*21*). A study of bulimic women and their families found that alcoholism was the most frequently occurring psychopathology in their first- and second-degree relatives (*22*).

It is important to emphasize that not all children from alcoholic families become alcoholic, nor suffer mental, emotional, and physical problems. There is evidence that some children may be more resilient than others; they appear to do well despite their home environment. Much more needs to be learned about the levels of risks as well as the protective factors that may affect a child's vulnerability to familial alcoholism and its related problems. Increased research in this area could be extremely valuable in learning why some children of alcoholics are affected to a greater degree than others.

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Life in an Alcoholic Family

Studies in biogenetic and psychosocial research are essential, but they cannot capture the emotional quality of life in an alcoholic family. Clinical findings and case narratives detail the pain, guilt, and loneliness that parents' drinking causes children (*23*). Youngsters truly believe that they can cause their parents to drink. They do not know or believe that alcoholism is a disease. They are convinced that if they got straight "As" in school, remembered to make their bed, or did not use the phone, their parent would not drink. Parents often blame children for their drinking, and the resulting guilt often leads the children on a hopeless quest for perfection.

Because the alcoholic parent is the center of the family's attention, the child often feels unwanted, unloved, unimportant, and invisible. Home life is characterized by tension and insecurity. An alcoholic parent may be effusively affectionate in the morning and physically abusive at night, depending on the level of alcohol in the bloodstream. Children never know what to expect. To survive, they learn to read signals to find out if it is safe to ask a parent for money for a movie or for help with

homework. They know that their simplest request can trigger a family maelstrom.

Children of alcoholics are frequently isolated. Bringing home a friend is risky because of the embarrassment or humiliation if the parent is drunk. Children miss out on the social relationships vital to their ability to function later as adults. Alcoholic delusions are especially painful for children. They do not understand what is happening when a parent talks to imaginary companions or acts as though the child wasn't there. During these episodes, children cannot determine what is real or unreal. They often think something is wrong with them and that they are going crazy. Children do not know what is normal.

Ways to Help

While researchers continue to explore the genetic, biomedical, and psychosocial factors in the transmission and effects of family alcoholism, much can be done through education, identification, and early intervention to break the cycle and alleviate the pain and suffering for many. Because children of alcoholics exist in all medical and social systems, greater awareness and understanding by health and human service professionals can lead to identification and help for this vulnerable group.

However, until recently, three factors conspired to keep children of alcoholics hidden and invisible. First, denial is inherent in the disease of alcoholism. Usually, alcoholic parents deny that they have a drinking problem and commonly believe, "I can quit—anytime." Most often, their sober spouse and the children are afraid to discuss the drinking. The entire family lives with, but denies, that alcohol is ruling and ruining their lives. Secondly, children know instinctively that they cannot discuss their parent's drinking with outsiders. They are often terrified that someone will notice or mention what everyone knows, that the parent drinks too much. For these reasons, children of alcoholics have been silent. They have no recourse to sympathetic physicians, nurses, or teachers. They learn early, almost by osmosis, that alcoholism is a family secret.

Third, in our society, alcoholism carries a social stigma. Even as adults, children of alcoholics generally do not acknowledge their parent's alcoholism. They still harbor feelings of shame and may believe that talking about a parent's alcoholism constitutes betrayal, even when the parent has moved away or is deceased.

Entrenched patterns of denial prevent them from realizing the damage that their parent's drinking may have caused. Now, spurred by tremendous public and media attention to this issue, children of alcoholics are at last coming forward to ask for help.

Unfortunately, help is not always available. Because little is taught in medical or professional schools about the long-lasting, harmful effects of parental alcohol abuse, health and human service practitioners may not have the knowledge nor tools they need to respond. Yet it is critical for family physicians, obstetricians, pediatricians, nurses, social workers, and hospital staff, among many others, to incorporate questions about family alcoholism in routine screening for both youth and adults. Professionals need to be alert to indications of family alcoholism. Broken bones, lacerations, and child abuse may well indicate parental alcoholism. Suicide attempts by children and adolescents can be triggered by parental drinking. Special attention should be paid to children or adults who have these symptoms:

- somatic problems, especially headache, fatigue, abdominal pains, and sleep problems;
- a persistent inability to cope with life problems, seek or accept help, trust others, and foster satisfying intimate relationships;
- eating disorders, particularly bulimia; and
- drug or alcohol abuse problems.

The principal goal of the care provider is to help those who grow up in an alcoholic family to identify the problems caused by parental alcoholism and to guide them to appropriate care. Because children of alcoholics usually deny their parent's alcoholism, service providers need to question and probe gently in an atmosphere of trust and total confidentiality. In general, children of alcoholics experience both guilt and tremendous relief when the secret is exposed. Professionals need to underscore that alcoholism is a disease and that children of alcoholics are more vulnerable than others to the illness; therefore they need to know what steps they should take to reduce the child's risks.

In some communities there are alcoholism treatment personnel who specialize in talking to young and adult children of alcoholics. Some mental health clinicians also have had sufficient experience with alcoholism to be good resources. Health care providers can assist patients in making contact with alcohol programs and Al-Anon and Alateen self-help groups.

Sometimes supplying a name and phone number

may not be enough. In general, it is advisable for practitioners to arrange a return visit or followup phone call to help the patient take action. Health and human service professionals should also be prepared to suggest books and other materials as well as the local resources for people who may need long-term group or individual therapy. Therapists, psychologists, psychiatrists, and mental health specialists need to know about the dynamics of family alcoholism and to ask questions. Too often, children are treated for depression when the major source of their problems is a parent's drinking. When professionals know about children of alcoholics' issues, the course of therapy can often be much less protracted. These and other suggestions are contained in the Health Education Packet developed by the Children of Alcoholics Foundation. These materials were the first targeted especially to health care providers and their patients. The information has helped health care practitioners to identify and appropriately assist children from alcoholic families. In answering evaluation questionnaires, a high percentage of respondents said that the materials provided them with new knowledge and that they planned to work with their patients to raise and deal with issues that stem from parental alcoholism.

Presently, the Foundation is developing the first medical education program for practicing physicians, medical schools, and health care institutions. The program, "Children of Alcoholics: A Population at Risk," draws heavily on research studies as well as the Foundation's national collection of more than 500 drawings and pictures by children of alcoholics. The program also includes a self-instructional manual and three video cassettes to improve physician-patient interviewing skills through role modeling.

At this time, there are relatively little workplace data on adult, employed children of alcoholics, particularly information about their performance on the job or their use of employee assistance programs. In 1986, the Children of Alcoholics Foundation, with the firm of Yankelovich, Skelly, White/Clancy & Shulman surveyed 36 companies nationwide to learn what corporate medical directors and employee assistance personnel know about adult employed children of alcoholics (*24*). The majority of survey participants believed that children of alcoholics were more likely than other employees to have low self-esteem, use drugs or abuse alcohol, have a lot of health problems, and be depressed. Although they agreed that parental alcohol abuse has a carryover effect, a few recognized that these effects could result in problems in the workplace. Health care and human services professionals working in employee health programs need to become better informed and educated about these problems as a work force issue and to develop well-conceived and well-planned programs to help employees realize their full potential.

There is no need to create new bureaucracies and new systems to deal with children from alcoholic families. What we do need is to educate health care and other professionals who are in daily contact with children of alcoholics about this major social and public health issue and give them effective ways to help this huge and greatly neglected vulnerable population.

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The Role of Alcohol in Suicides in Erie County, NY, 1972–84

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Synopsis

A discriminant analysis of the 806 suicide victims in Erie County, NY, from 1972-84, compared those with alcohol in the blood to those without. Thirty-three percent of the victims had alcohol in their blood. Those with blood alcohol present were more likely to demonstrate such characteristics as being male, leaving no note, being found in a vehicle, having no prior attempt, using a gun, killing themselves in the evening or at night, and not being under psychiatric treatment.

The results are interpreted to mean that alcohol is a contributory cause of impulsive suicides. Suicides related to long-standing conditions, such as chronic depression or physical illness, which are less spontaneous and more predictable, are less likely to involve alcohol. The alcohol-related suicide is more likely to be impulsive.

Alcohol-involved suicides reflect general drinking patterns, with men drinking more than women, and most drinking being done in the evening.

THE SUICIDE RATE in the United States has been increasing since the late 1950s (*1,2*), although a recent, slight decrease has been noted (*3*). The suicide rate for males notably exceeds that for females. Suicide rates are highest among elderly males, although recently their rate has decreased (*1,2*). The suicide rate for whites usually is greater than that for most other races, with the exception of American Indians (*2*). Suicide is less prevalent in Midwestern States and more common in Eastern and Western locales (*2*). Self-inflicted death tends to occur at a higher rate in urban areas (*4*).

Adolescents show the greatest increase in suicide rates, a change especially noticeable for males (*1,2,5*). Self-inflicted gunshot wounds, followed by poisoning and asphyxiation, are the most common methods of suicide (*2*). Boyd (*1*) concludes that the rise in suicide by firearms drives the overall increase in the suicide rate. Brent and coworkers (*5*) have found that suicide by firearms has increased faster than all other methods in their study of youthful victims in Allegheny County, Pennsylvania, during 1960–83.

Alcohol is frequently found in the blood of suicide victims. Roizen (*6*) found that 15 out of 20 studies of suicide had shown alcohol in the blood of 20 percent or more of the victims. Haberman and Baden (*7*) found alcohol in the blood of 32 percent of suicide victims in New York City. Ford and coworkers (*4*) found alcohol in the blood of 25 percent of those who committed suicide in Cuyahoga County (Cleveland), Ohio, during 1959–74.