RESEARCH

Children of alcoholics: the UK's largest survey

Catherine Gilvarry interprets survey findings from the National Association for Children of Alcoholics and reviews the literature to give an evidence base for diagnosing and helping children of alcohol-dependent parents

It is estimated that 12% of men and 3% of women in the UK are dependent on alcohol *(Coulthard et al, 2002)*. This equates to about 3million men and 800,000 women. Alcoholism is a disorder which affects the whole family – and parents, partners and children are often left to deal with the alcoholic alone.

Alcohol Concern estimates that 920,000 children are living in a home where one or both parents misuse alcohol *(Hidden Harm, 2000)*. But the National Society for the Prevention of Cruelty to Children puts the figures even higher, suggesting between 300,000 and 2.5million children of alcoholics living with at least one alcoholic parent in the UK.

Abundant literature has shown that children of alcoholics – CoAs – can be profoundly affected by the experience of trying to negotiate their own lives while managing to live with, or avoid, the alcoholic parent(s). But there are considerable problems with the research. For example, much of the early research was carried out with CoAs recruited because their parents were hospitalised for treatment of their alcohol dependency. So they were drawn from clinical samples and are not representative of children of other types of alcoholics, such as those whose dependency is less severe or who escaped identification by healthcare or social services.

Other research has drawn participants from colleges and universities. These CoAs also represent a subgroup of CoAs, a relatively successful subgroup, so are not representative of the broader population of CoAs either.

Studies on CoAs have, sadly, been characterised by small sample sizes, selective sampling and absence of control groups. The consequences of these weaknesses in methodology are that their findings have been generalised to all CoAs and we still know relatively little about the broader population of CoAs.

Many children brought up by alcoholic parents seem to be at increased risk for a host of negative outcomes, including substance abuse, antisocial behaviours, low self-esteem, depression, anxiety and eating disorders. It is important to note that none of these factors are specific to CoAs nor are they uniformly observed in CoAs: risk factors such as parents having mental disorders, anxious or ambivalent attachment, childhood abuse and family dysfunction can generate similar outcomes. Yet there has been a veritable cottage industry of research around CoAs for the last few decades.

Giglio & Kaufman *(1990)* reviewed the literature on CoAs and found few methodologically-sound studies. They questioned the specificity of the psychosocial problems attributed to a history of parental alcoholism, stating that "much of the appeal of the ACoA movement is in the applicability of its issues to children from any dysfunctional family. The definitive question of the uniqueness and specificity of the problems of being the adult child of an alcoholic is still unanswered".

Garver & Hollon *(1991)* suggested that disturbed family environments, thought to be caused by parental alcoholism, appear to be equally prevalent among families exposed to other major stressors. They referred to this as "consequential non-specificity". So do CoAs experience a unique set of circumstances which sets them apart as a discrete group?

With this question in mind, Nacoa – the National Association for Children of Alcoholics – commissioned research to investigate the psychosocial characteristics of CoAs, children of parents with mental disorders, and children of parents with neither of these problems.

A NATIONAL SURVEY was carried out and 23,378 adults were asked if they had grown up in a home where one or both parents was (1) alcoholic or (2) suffered from a mental-health problem. A total of 4,884 people responded positively and from this number a total of 746 people completed and returned questionnaires. Of this figure, 412 formed the control group, 96 were children of parents with mental disorders (CoMD), 176 were children of alcoholics who did not have mental disorders (CoAs) and 62 were children of alcoholics with comorbid mental disorders (CoAMD).

MENTAL-HEALTH PROBLEMS. Among people receiving active treatment for problem drinking, up to 70% meet the criteria for a lifetime diagnosis of depression *(Schuckit et al, 1997)*, and 34-54% of people with an anxiety disorder have lifetime diagnoses of an alcohol-use disorder *(Kessler et al, 1995)*. Studies have also shown higher levels of anxiety, depression and eating disorders in CoAs *(Cuijpers et al 1999, Moos & Billing 1982)*. Some researchers have suggested that it is the comorbid disorder, rather than the alcoholism *per se*, which creates difficulties for CoAs. Work has shown that children of parents with depressive and anxiety disorders – but no alcoholism – show poorer levels of overall functioning and higher levels of mental disorder than comparison children *(Biederman et al, 2001)*.

To get a truer perspective on this, we compared our participants in the control group, in the group consisting of children of alcoholics, and in the group consisting of children of parents with mental-health disorders on a variety of mental-health measures and found the results shown in the panel on the next page.

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TRAINING

"Alcoholism is the family secret: disclosure can be extremely difficult for CoAs, both because they are often in a self-protective denial of the situation and because they have learned that telling is tantamount to betrayal of the parent"

Mental disorders experienced as a child

	Controls	CoAs	CoMD	Sig diff
Alcoholism	1.2%	5%	2%	.075
Drug addiction	3%	3.8%	4%	.89
Considered suicide	16.5%	28.6%	27%	.01
Eating disorder	7.3%	15.1%	10%	.04
Mental-health problems	5.5%	9.2%	14%	.06

From this we can see that the only significant differences between groups are for (1) "considered suicide" where both the CoAs and CoMDs did this more often than controls, but without significant difference between the CoAs and CoMDs and (2) CoAs are more likely than both the other groups to have experienced an eating disorder as a child.

Mental disorders experienced as an adult

	Controls	CoAs	CoMD	Sig diff
Alcoholism	4.3%	13%	8%	.010
Drug addiction	3%	11.8%	8%	.007
Considered suicide	20.7%	42%	35%	.001
Eating disorder	11.6%	20.2%	19%	.069
Mental-health problems	15.9%	31.1%	34%	.001

From this table we can see that CoAs are much more likely to have experienced alcoholism and drug addiction as adults. CoAs and CoMDs do not differ significantly on "considered suicide" and "mental-health problems" but both score significantly higher than controls. We also found that there were no significant differences between CoAs and CoAMDs, suggesting that it is the alcoholism, rather than the comorbid disorder which impacts on mental health in CoAs.

Goodwin *(1985)* reported that the prevalence of alcoholism among male relatives of alcoholics (25%) is five to eight times higher than the estimated prevalence of alcoholism in the general male population (3%-5%). We analysed the data for males only and showed that 24.6% of adult males reported a history of alcoholism compared with 7.7% of the control group and 7.1% of the CoMDs, confirming Goodwin's findings.

FAMILY DISCORD. Studies examining family discord and violence in alcoholic households have been very variable and Sher *(1991)* found the reported rate of child abuse varied between 0% and 92%.

Family discord

	Control	CoAs	CoMD	Sig diff
Parents argued often	25.9%	67.3%	38.9%	.001
Father often violent to mother	4.9%	27.7%	8.8%	.001
Mother often violent to father	2.9%	7.2%	3.3%	.001
Parents often violent to children	8.3%	17.8%	13.5%	.001

The Nacoa study showed that CoAs experienced significantly more discord and violence in their home lives than either the controls or the CoMDs. This argues against the 'consequential non-specificity' notion that "the disturbed family environments, thought to be caused by parental alcoholism, appear to be equally prevalent among families exposed to other major stressors" as forwarded by Garver & Hollon *(1991)*. CoAs do suffer more.

ANTISOCIAL BEHAVIOURS. Higher levels of oppositional and conduct disorders, as well as a tendency to engage in more delinquent behaviours than controls *(Havey & Dodd, 1995)*, have often been found in CoAs. While we did not measure antisocial behaviours specifically, we did ask whether participants had ever been in trouble with the police. We found that there was no significant difference between groups, either as children or adults.

SOCIAL SUPPORT. Alcoholism is the family secret and disclosure of what is going on within the family can be extremely difficult for CoAs, both because they are often in a self-protective denial of the situation and because they have learned that telling someone outside the family is tantamount to betrayal of the parent, which could result in great difficulty for the child should the disclosure be uncovered.

Help received outside the family

Help received	ACoA	ACoMD	Sig diff
Teacher/church etc	10.1%	17%	.05
Health worker	6%	8%	.02
Counselling	6.7%	13%	.05
Medical	22.3%	56%	.001
No help	37.4%	14%	.001

The table shows that CoAs are significantly less likely to receive help from services than CoMDs, but there was little difference between CoAs (22.3%) and CoMDs (21%) getting help from friends or family.
So CoAs often grow up in isolation and without support. Alcoholism becomes the guiding principle for the family which becomes socially isolated, with a subsequent negative impact on family functioning, friendship formation and relationship development for the children.

CONCLUSION. Examining mental disorders in CoAs and CoMDs, we showed that there are few differences between these groups – but both groups experience more mental-health problems than the controls. This could support the point that it is the comorbid disorder, rather than the alcoholism, which creates difficulties for CoAs. But we also showed that there is no significant

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difference in mental-health outcomes for CoAs whose parents have comorbid mental disorders and those who are alcoholic only.

COAs are more likely to experience problems with alcohol and drug abuse, as has been shown before. Our work also suggests that male CoAs are significantly more likely to develop problems with alcohol abuse in their adulthood than CoMDs or controls. While Goodwin *(1985)* would clearly point to genetic factors mediating the alcohol abuse, Chassin & Barrera *(1993)* suggest that substance use among adolescent CoAs is mediated through stress and negative-affect pathways, decreased parental monitoring and increased temperamental emotionality.

CoAs experience significantly more family violence and discord than both CoMDs and controls, suggesting that the disturbed family environments, thought to be caused by parental alcoholism, are not equally prevalent among families exposed to other major stressors. CoAs in our study did not have significantly more contact with the police than the other two groups.

We can help children to develop their potential

Picture posed by model

CoAs are significantly less likely to receive help and support to deal with their problems than CoMDs. To understand the experience of CoAs, we must realise that alcoholism alone will not explain the childhood trauma: there are multiple and interacting factors at the familial, societal and community levels which interact – the family tries to hide the alcoholism, becomes isolated, lacks social support, and children often attribute the cause of this to themselves, and so on. We need to see more interventions targeted at CoAs in order to protect this vulnerable population of children.

The Family Alcohol Service in Camden, for instance, offers intervention at an individual, familial and couple level to help families affected by alcoholism. This is a relatively new service but the results of its pilot study, published in 2003, are promising.

It is extraordinary that, after decades of research reporting on the perturbing circumstances of CoAs, so very little has been done to intervene.

There is no single profile of CoAs. There are those who suffer greatly and fail to thrive or cope with their lives. There might be those who, despite all the odds, do enjoy good health from birth and develop into socialised, competent, and self-confident individuals: the so-called "resilient children". But their resilience should not be a justification for ignoring their needs as children. Both genetic and environmental influences combine to result in alcoholism. By condoning the environments in which many of these children find themselves, we seal their fate and we can facilitate their descent into addiction, ultimately to our own cost.

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