

## CHILDREN OF ALCOHOLICS

### More Important Facts

A Library and Resource Center on Alcohol, Tobacco, Other Drugs, Mental Health and Wellness

#### ◆ Children of alcoholics exhibit symptoms of depression and anxiety more than children of non-alcoholics.

In general, children of alcoholics (COAs) appear to have lower self-esteem than non-COAs in childhood, adolescence and young adulthood.

Children of alcoholics exhibit elevated rates of psychopathology. Anxiety, depression, and externalizing behavior disorders are more common among COAs than among children of non-alcoholics.

Young COAs 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." Teens may show depressive symptoms by being perfectionistic in their endeavors, hoarding, staying by themselves, and being excessively self-conscious. Teenage COAs may begin to develop phobias.



#### ◆ Children of alcoholics experience greater physical and mental health problems and higher health care costs than children from non-alcoholic families.

Inpatient admission rates for substance abuse are triple that of other children.

Inpatient admission rates for mental disorders are almost double that of other children.

Injuries are more than one and one-half times greater than those 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 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 should not imply that COAs are intellectually impaired.

#### ◆ 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 view themselves as successful.



Children of alcoholics are more likely to be raised by parents with poorer cognitive abilities and in an environment lacking stimulation. A lack of stimulation in the rearing environment may account in part for the pattern of failure found in COAs compared with non-COAs.

Pre-school aged COAs exhibited poorer language and reasoning skills than did non-COAs, and poorer performance among the COAs was predicted by the lower quality of stimulation present in the home.

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.

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There is an increasing body of scientific evidence indicating that risk for later problems, and even alcoholic outcomes is detectable early in the life course and, in some instances, before school entry.

◆ **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 related to the problems of life. Therefore, children of alcoholics might require very concrete explanations and instructions.

◆ **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 day-to-day coping strategies.

◆ **Children can be protected from many problems associated with growing up in an alcoholic family.**

Children can be protected from many of the consequences of parental alcoholism if healthy family rituals or traditions, such as vacations, mealtimes or holidays, are highly valued and maintained. The well-being of the child improves if the active alcoholic is

confronted with his or her problem, if there are consistent, significant others in the life of the child, and if there is moderate to high religious observance.



◆ **Maternal alcohol consumption during any time of pregnancy can cause alcohol-related birth defects or alcohol-related neurological deficits.**

The rate of drinking during pregnancy appears to be increasing. Prenatal alcohol effects have been detected in children born to non-alcoholic women who consume alcohol at moderate levels. Even though a mother is not an alcoholic, her child may not be spared the effects of prenatal alcohol exposure.

Cognitive performance is less affected by alcohol exposure in infants and children whose mothers stopped drinking in early pregnancy, despite the mothers' resumption of alcohol use after giving birth.

One analysis of 6 year-olds, with demonstrated effects of second-trimester alcohol exposure, showed lower academic achievement and problems with reading, spelling, and mathematical skills.

Approximately 6% of the offspring of alcoholic women have Fetal Alcoholic Syndrome (FAS); the FAS risk for offspring born after a FAS sibling is as high as 70%.

Those diagnosed as having Fetal Alcohol Syndrome had IQ scores ranging from 20-105 with a mean of 68. Poor concentration and attention were also demonstrated.

People with FAS demonstrate growth deficits, morphologic abnormalities, mental retardation, and behavioral difficulties. Secondary effects of FAS among adolescents and adults include mental health problems disrupted schooling (dropping out, being suspended or expelled), trouble with the law, dependent living as an adult, and problems with employment.

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