CASE STUDIES ON EFFECT OF ALCOHOLISM ON THE FAMILIAL, EDUCATIONAL, PSYCHOLOGICAL, AND SOCIAL AREAS IN CHILDREN'S LIVES

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ABSTRACT

Children living in families where fathers are alcoholic face trauma that have implications in the familial, educational and psychological experiences and also have serious impact on their future lives. Studies in this direction are very few in India. This is an exploratory study using a case study design that studies the experiences of two families specifically focusing in a boy and a girl from each family. The case study methodology described by Yin has been followed. Pattern matching has been used for Analysis. Discussion is based on interviews, events from the life of the family. Conclusions highlight and reinforce the findings of earlier studies that describe the trauma faced by children in alcoholic families and emphasize the need for further study and legislative action to deal with this malaise. The study provides hope for children from alcoholic families who can benefit from support from other agencies including volunteer organizations.

Keywords: effect of alcoholism, familial, educational, psychological, social areas *Author for correspondence

INTRODUCTION

Case studies on effect of alcoholism on the familial, educational, psychological, and social areas in children's lives

Deborah George Wright a former National Association for Children of Alcoholics (NACoA) board member writes about 'Mrs. Goldberg's class of smiling third graders.' One of the children in this class was 'Steven' who was being physically abused by his alcoholic father and sexually abused by his father's friend. Drugs soon became a part of the child's life. He grew up to become a chronic drug user and would end up raping and murdering a mother of two before being sentenced to a life in prison without parole. Years later, the teacher, Mrs.

Goldberg would write the sentencing judge as he weighed giving the death penalty, "In all my years of teaching, there were five children I will never forget. Steven was one of those. He never had a chance." (NACoA, 2001).

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Consumption of alcohol is a very serious problem all over the world and India is no exception. In Kerala, the state with the highest literacy rate in India, people (mostly relatives, neighbors, friends, or religious bodies) are aware of the crisis that alcohol consumption creates in the lives of families and at times do provide intervention by providing help in diverse ways. However, a major and relevant question is whether the intervention is sufficient for all members in the family and whether the issues

that arise in the family of an alcoholic father are actually studied at the very basic level and whether the involvement of the community is sufficient to mitigate the problems that children in the family face. The greatest sufferers in the whole situation are the children in such families. James Crowley President of Community Intervention Inc. and former President of NACoA states that "We need a community-wide strategy to reach and assist these children. Each system in the community (religious, schools, law enforcement, criminal justice, business, volunteer, medical, mental health and other helping professions) has a role to play. The role involves three major action steps. The first step is to teach and raise awareness about children of substance abusers. The second step is to assist in the early identification of children of substance abusers. The third step is supporting positive changes in behavior. (NACoA, 2001).

Children in such families develop in conflict as the families themselves are dysfunctional and the environment is oppressive. They pick up unhealthy coping skills which become difficult to change. Such children need a lot of encouragement and support. This paper tries to highlight the plight of such children through an in-depth study of the lives of two families focusing on a boy and a girl from each family. Brown (1988) describes what is the experience of the child in the alcoholic family, The environment- what it is like to be in the family; context of a child's experience is often characterized by chaos, uncertainty, and a changing reality, as well as inconsistent discipline, emotional and physical neglect, arguments, marital instability, disorganization, violence and/or physical

and sexual abuse. The children may endure emptiness, loneliness, and terror of repeated abandonment or the witnessing of violence or abuse to others. The atmosphere is characterized by tension, fear, and shame, feelings that become fused with the child's sense of self.

Research into the experiences of children has been summarized by Johnson & Leff (1999) who highlights the cross-disciplinary nature of research and its application to prevention, intervention and treatment. They separated research on Children of Alcoholics into four major areas: (a) fetal alcohol syndrome, (b) transmission of alcoholism, (c) psychobiologic markers of vulnerability, and (d) psychosocial characteristics. Johnson & Leff (1999) break psychosocial research into studies of family function, family violence, cognition, affect and behavior, and medical problems and physical health. Other researchers have emphasized the developmental impact of parental addiction on children's attachment and identity formation (Brown, 1988) and the impact of addiction-related trauma (Hall & Webster, 2000) on all aspects of development. Other researchers question the automatic assumption of psychopathology; that is, that all children living with an alcoholic parent will be harmed. Kashubek (1994) asked why some people from alcoholic families have more serious difficulties than others. It is a fact that some children are more badly affected than others.

The four areas covered in this study are: Family, Psychological Problems, Education, Effects in later life.

Family

Brown & Abbot (2005), state that the alcoholic family system is an adaptation to the ongoing trauma created by drinking and a chief source of maintaining the trauma at the same time. The family is dominated by the alcoholic whose changing moods, out-ofcontrol behavior, and failure to fulfill major roles must be compensated for if the family is to survive. In a study of the recovery process Moos & Billings (1982) report that families affected by alcoholism report higher levels of conflict than do families with no alcoholism. Drinking is the primary factor in family disruption. The environment of children of alcoholics has been characterized by lack of parenting, poor home management, and lack of family communication skills, thereby effectively robbing children of alcoholic parents of modeling or training in parenting skills or family effectiveness. Windle (1997) reported that families with alcoholism have higher levels of conflict within the family, and many experience other family members as distant and noncommunicative. The cumulative effect of the family dysfunction may affect the children's ability to grow in developmentally healthy way. Sher (1997) found that compared with non-alcoholic families, alcoholic families demonstrate poorer problem-solving abilities, both among the parents and within the family as a whole. These communication problems many contribute to the escalation of conflicts in alcoholic families.

Psychological Problems

Reid, Machetto, & Foster (1999) found that a relationship was found between parental addiction and child abuse and neglect in a large proportion of child abuse and neglect cases. Three of four (71.6%)

child welfare professionals cite substance abuse as the chief cause for the dramatic rise in child maltreatment since 1986. Most welfare professionals (79.6%) report that substance abuse causes or contributes to at least half of all cases of child maltreatment; 39.7% say it is a factor in over 75% of the cases. Fitzgerald, Sullivan, Ham, Zucker, Bruckel, Schneider, & Noll, in The National Association for Children of Alcoholics (2001) state that children of addicted parents exhibit depression and depressive symptoms more frequently than do children from non-addicted families. Earls, Jung, and Cloninger cited in The National Association for Children of Alcoholics (2001) found that children of addicted parents are more likely to have anxiety disorders or to show anxiety symptoms. West & Printz cited in The National Association for Children of Alcoholics (2001), discovered that children of addicted parents are at high risk for elevated rates of psychiatric and psychosocial dysfunction, as well as for alcoholism.

Various other studies cited in The National Association for Children of Alcoholics (2001) state that children of addicted parents have a higher-than-average rate of behavior problems. One study, Earls et.al. cited in The National Association for Children of Alcoholics (2001). Comparing children of alcoholics (aged 6-17 years) with children of psychiatrically healthy medical patients, found that children of alcoholics had elevated rates of ADHD (Attention Deficit Hyperactivity Disorder) and ODD (Oppositional Defiant Disorder) compared to the control group of children. Another research study on behavioral problems demonstrated by children of alcoholics has revealed some of the following

traits: lack of empathy for other persons, decreased social adequacy and interpersonal adaptability, low self-esteem, and lack of control over the environment. Jones, cited in The National Association for Children of Alcoholics (2001). Research has also shown that children of addicted parents demonstrate behavioral characteristics and a temperament style that predispose them to future maladjustment (Tarter, Blackson, Martin, Loeber, & Moss cited in The National Association for Children of Alcoholics, (2001).

Education

Catherine L. Herzog cited in The National Association for Children of Alcoholics (2001) has stated that in general, children of alcoholics do less well on academic measures than their peers. They also have higher rates of school absenteeism, truancy, and suspension, and are more likely to leave school or be retained at their current grade level. Even when children of alcoholics do well academically, they often suffer from low self-esteem and without basic self-confidence they cannot succeed in life. In another study by Moss, Vanyukov, Majumder, Kirisci, & Tarter, in The National Association for Children of Alcoholics (2001) found that children of addicted parents score lower on tests measuring school achievement and exhibit other difficulties in school. Sons of addicted parents performed worse on all domains measuring school achievement using the Peabody Individual Achievement Test-Revised (PIAT-R), including general information, reading recognition, reading comprehension, total reading, mathematics and spelling.

Effects in future life

Pasternak & Schier (2012) report in their study that Adult Children of Alcoholics experience a sense of unfairness in their development. They often experience intensified sense of shame and guilt, low self-esteem, suffer from depression, suicidal tendencies and tend to somatize their mental states and suffer from psychosomatic disorders. Sher (1997), states that scientists agree on the fact that children of alcoholics themselves are at high risk for developing alcoholism. Brown & Abbot (2005) found that children living with trauma may develop a sense of self that is equated with defense. These defenses are designed to keep the enemy out, to minimize anxiety, fear and the threat of humiliation. The "defensive self" or "false self" creates a deep sense of in-authenticity and a barrier to connectedness with others that exacerbates isolation and loneliness. The defensive mantle tends to be brittle, inflexible, and self-reinforcing, with the potential to break down under stress. These defenses become hardened in the adult children of alcoholics (ACOA). Children of Alcoholics have little or no choice but to adapt to the environment and the system of the family in which they are raised. The ACOA will bring these defensive adaptations to their adult relationships and families.

Studies on the effect of alcoholic fathers in the lives of children are not very common in Kerala, India, though de-addiction centers and programs are probably better than anywhere else in the country. This study is to emphasize the need to go beyond the present levels of intervention (which is generally

limited to stop the father from drinking) to a more proactive involvement with the problem in which children are the greatest and sufferers. This is not to minimize the effect of alcoholic fathers on the lives of the mothers rather, it highlights pain and suffering on the family as a whole with focus on the life of the children.

Method

Case Study Method

The study seeks to emphasize the phenomenon of alcoholism and its effect on the life of the child in the family within its real-world context. It involves the collection of data in the natural settings of the family and the environment in which the family lives. The study is exploratory in the sense that it seeks to create a ground for a larger study, using a larger sample of children and possibly using quantitative as well as qualitative methods. To prevent researcher bias and improve the trustworthiness of the research only factual details were collected. Cases were defined as 'children from families where the father was alcoholic.'

Study design

The design involved the study of two cases where the father was an alcoholic, consisting of a boy and a girl in each case and their experiences in the family.

Design Theory

A theoretical perspective that families with alcoholic fathers face serious developmental, societal, emotional, conflicts in the family and in later life has been studied from various research papers which have been analyzed and presented above.

Data collection

Data collection has been done through: (a) openended interviews with key participants (b) direct observation and (c) interviews with present and former neighbors.

Triangulation

Triangulation of evidence was done to check for consistency, reliability and validity of data.

Case Study Protocol

A case study protocol consisting of questions to be addressed while collecting the data was prepared for the researcher for keeping the focus of the researcher during the study.

Discrepant Evidence

In order to increase confidence of the research all evidence that was presented by any of the participants was evaluated, for instance the codependence of the wife resulted in her trying to initially cover up for the husband who had been drinking and remaining at home instead of going for work by saying that he was unwell. This was verified by directly going to the house and verifying that he was actually drunk and not unwell. Each area was verified for increasing the confidence of the research. Another aspect was the rival explanations that were provided by the family and the key person, 'the alcoholic father.' The family stated that if he did not drink even if money was short they could cope. However, he stated that he drank as he did not have peace of mind as he did not have a home, due to financial struggles as he was not getting enough to feed his family etc. These were dealt with by: (a) Starting a fund for purchase of land for constructing

a house (b) Providing a stable job where he received a regular monthly income (c) Arranging a rented accommodation where he could live without anxiety. Yet, his drinking continued despite the process of helping him tide over the crisis.

Analysis

Three techniques can be used for analysis: (a) Pattern matching for evaluating the studies from similar research with avenues that developed from the present study. (b) Explanation building for understanding the dynamics of the family interactions

and conflicts. (c) A time series analysis that arranges the events of the family life events to understand and correlate the various aspects of the case. Of these the pattern matching and some events in the family related to the drinking were considered in this study.

The case study methodology as given by Yin (2012) has been followed. The analysis has been summarized in Table 1-3: Analysis of the experiences of the children (Table 1), Excerpts from Interviews with family members (Table 2), Events and descriptions from the life of the family (Table 3).

Table 1: Summarized analysis of the experiences of the children in alcoholic families

Main area of concern	Subarea of concern	Very Poor	Poor	Average	High	Very High
Family	Parenting	✓				
	Home Affairs	\checkmark				
	Communication	\checkmark				
	Cohesion	\checkmark				
	Bonding	\checkmark				
	Social Isolation					\checkmark
	Conflicts				\checkmark	
	Stress				\checkmark	
Educational	Proficiency	\checkmark				
	Time for study	\checkmark				
	Guidance	\checkmark				
	Environment	\checkmark				
Psychological	Anxiety				\checkmark	
	Fear					\checkmark
	Helplessness				\checkmark	
	Hopelessness				\checkmark	
	Self Esteem				\checkmark	
Social	Interaction	\checkmark				
	Peer bonding	\checkmark				
	Events	\checkmark				
	Adequacy	\checkmark				
	Adaptability	\checkmark				
	Blame				\checkmark	

Table 2: Excerpts from Interviews with family members

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Person Commenting	Comments				
Study 1					
Father	People living around this house are telling me that you are treating me for mental illness				
	I drink as I have no peace of mind. I have no house or land or money and no one to support me.				
	I just want to commit suicide.				
Wife	I will end my life after giving my children poison. I have been suffering like this since the day I got				
	married I am fed up.				
	There are days that we have gone to bed hungryask the children.				
Son 1	not speak to my father, he is beyond all repair. I just do not know what to do.				
	I leave the house and go as I cannot stand the constant fights and abuses that are uttered here.				
Son 2	We have gone hungry so many times, also my father is drinking most of the time. I do not know				
	what to do.				
Neighbor	The children use the worst abuses that I have never heard before.				
Landlord	I have been receiving constant complaints About them from the neighborsthey fight				
	and abuse each other and the father comes home drunk and again there are fights.				
	I just want them to leave				
Study 2					
Mother	Once he is drunk he does not know who is his wife or daughter and he has no remorse about				
	what he does.				
	The last time he tried to force himself on the daughter and I had to fall on him hitting and				
	screaming at him I just do not know what would have happened.				
	We are better off than our neighbors yet we are times when we are hungry also there are				
	times when we sleep in the cow shed when he is extremely violent.				
Daughter	I don't even know why I am alive, just think of my situation, my own father What is the use of				
	living like this?				
	He says that I am not his daughter and I am the product of my mother's illicit relationship with our				
	neighbor.				
	We live in constant fear. He threatens to kill us and accuses my mother of having an affair				
	with our neighbor. A few weeks back he even told me that I have an affair with the same man.				
He calls me a slut.					
Table 3: Events and descriptions from the life of the family					
Event	Description of the event by witnesses				
Case 1					
Lying drunk and sen	seless The shop owner described the drunk state in which he had to call the wife to come and				
on the road	pick him up and take him home. He could have died lying like this.				
Drunk at work	The employer said that he had to babysit with him and help him to become sober.				
	He said that he had no confidence in him that he would ever work properly with this				
	alcohol problem.				
Case 2					
Abusing the neighbor	He came drunk and he was shouting abuses for hours. My wife and children were				
	cowering in fear. We were afraid that he would enter the house and do something to us.				
Screams in the house					

qualms about what he did.

Case Studies

1. 'A' is the third child of a family of six, consisting of father, mother, an older sister, two brothers- one younger and one older. 'A' had been performing poorly in his school both academically and in extracurricular activities. On the basis of the report from the class teacher counseling was recommended and the student was interviewed by the counselor. A gist of the issues that emerged from the conversation is given below for further analysis. The child comes from a very disturbed family with the father having a serious alcohol problem, the mother a cancer patient who has been in remission and the family was staying in rented accommodation as they do not own land or a home. The father had a false sense of caste pride despite his poverty and would not even apply for a government sponsored land or house as they would have to live with the lower classes. The father's alcohol problem results in situations where the father does not go to work and instead remains at home drunk as a regular feature every fortnight. Regular work was also not available as agriculture is a seasonal activity and the father's inconsistent and at times very rude behavior prevented people from employing him. He refuses to go for de-addiction and in turn when something like this is mentioned he says that others are trying to scandalize him. There are constant fights at home between the parents as the mother who is unable to deal with her husband's alcoholism starts nagging and ranting at him. This ends with the older son acting as referee and the others cowering in the house fearing some violence. There have been days when the family had gone to bed without food as there was nothing to eat. At times the father would visit a neighbor's house at night to literally beg for food. The children would fight for their share of food or fight out of sheer frustration and hunger using the choicest abuses that the neighbor's would comment about. The boy would not have proper clothes to wear and had difficulty in socialization as he did not fit in with the crowd. There were times when the father would beat him for fights that he would have with his siblings. Some of the things that he mentioned were a feeling of helplessness, anger towards his parents especially his father, fear of dying as his father had threatened to kill everybody and then commit suicide. In addition to all this the mother used to fall ill intermittently (not due to cancer, but due to poor health) and in the process they would not be able to have food as she would not be able to prepare anything when she was sick. Another problem that they faced was that the landlord of the rented house had been trying to evict them as they had been getting complaints about the family. All of this was creating insecurities in him as he did not know what to do. There were days when he could not study as the bulb had fused and they could not buy the replacement. This was in addition to the inability to study due to the improper environment at home. In addition, they did not have a table or chair to sit and study he had to sit on the floor to do his studies. His father was in constant debt and there was the added humiliation of creditors coming to their house demanding the payments that was due. He also had to face the jibes of his peers as he would be made fun of by them on account of his father lying drunk on the road side. He could not go for the school picnic as he could not afford to pay the fare. All of these prevented his socialization and hence he did not have any friends. He used to feel very lonely and helpless but he did not know what to do.

The child had been doing very poorly in his academics; he had been in a fight with another student and was not regular in school. Most times he could not fulfill the financial requirements that were essential for completing his projects.

2. 'B' has been referred for counseling by the pressure of some neighbors on the mother due to the constant fights at home and the fear that something untoward could happen in the family. The mother had been speaking of suicide and the daughter had mentioned to a friend that her mother had bought poison the other day. This matter was informed to the friend's parents who intervened with the mother. The mother had also come for the counseling session along with the daughter. They came from a lower middle class family, and they had enough rubber trees which the father tapped. There was enough money at home if it were not for the alcohol problem that the father had. 'B' was only thirteen years old and an only child. She looked apprehensive and afraid about what was to happen. A summary of the findings are given below. The interview with the mother is not included as the focus is on the child. The child stated that the father drinks every day and comes home at night to shout and scream at her mother and use very abusive language. He throws the utensils around and threatens his wife that he would kill her. Once she had seen him put the knife to the mother's throat. On seeing this she had screamed and the father had pushed her to the ground and lay on her saying that he would teach her a lesson. He had tried to remove her clothes and if the mother would not have intervened she did not know what would have happened. Her mother pushed him away and told her to run away from the house to a neighbor's house which she did. It was after this that the mother had said that she would kill herself and her daughter.

The drinking had increased over the last two years. He never used to drink like this earlier. He would drink once or twice every week, but the last two years had been horrible. He has been saying things like, "She is not my daughter, as, if I had a child it would be a son." He has also been accusing the mother of having an adulterous relationship with her neighbor and calling her a prostitute. This has been going on for some time. The neighbor whom he accuses of having an adulterous relationship with the mother had tried to intervene in the matter when the father had physically abused the mother. People from the neighborhood were afraid to involve themselves as they were afraid that he would come home and scream abuses at them and also name the males as having affairs with the mother. Of late he had also been accusing the daughter of taking after her mother and sleeping around with the particular neighbor who had tried to help. The situation had deteriorated in the last two years after the birth of a son to his brother and some antisocial elements had started selling spurious liquor in the

neighborhood. It seems that someone had taunted him as to what would happen in his old age when his daughter would be married off and he would not have anyone to look after him? Most days she and her mother had to run out of the house and hide outside in the open at night after he came back drunk. When it rained they would sleep in the cowshed. The mother daughter bonding was very strong and 'B' was afraid that he would kill the mother in his drunkenness. She could not study and her grades had been very poor. She was afraid all the time, thinking of home even when she went to school as she was afraid of what her father might do to her mother. When he had been drunk he had exposed himself possibly unknowingly as he would be stark naked lying on the floor. This had upset her a lot and she did not know what to do. She had seen her father forcing himself on the mother in her presence and watched the whole process in utter helplessness. The nights used to be terror filled and due to her lack of sleep she used to doze off in the classroom. This also led to her classmates making fun of her and teasing her. This in turn made her feel hurt and upset making her angry with her classmates and leading to some form of social isolation in the class. She was anxious most of the time and she stated, possibly mouthing her mother's words, "What is the use of living like this?"

Analysis of Results and Discussion

Pattern matching of both the case studies revealed similar results. The family situation revealed that parenting, home affairs management, communication, family cohesion, bonding were all very poor and family conflicts, social isolation and stress were all very high. This is very much in

consonance with the studies described in the introduction where Moos & Billings (1982) report that families affected by alcoholism report higher levels of conflict. The environment of children of alcoholics has been characterized by lack of parenting, poor home management, and lack of family communication skills. Windle (1997) reported that families with alcoholism have higher levels of conflict within the family, and many experience other family members as distant and non-communicative. The cumulative effect of the family dysfunction may affect the children's ability to grow in developmentally healthy way. Sher (1997) found that compared with non-alcoholic families, alcoholic families demonstrate poorer problem-solving abilities, both among the parents and within the family as a whole.

Similarly the education of the children suffered with very poor environment for study, time for study, and very poor guidance resulting in very poor overall academic proficiency and development. This is in consonance with the study of Moss, Vanyukov, Majumder, Kirisci, & Tarter, in The National Association for Children of Alcoholics (2001) where it was found that children of addicted parents scored lower on tests measuring school achievement and exhibited other difficulties in school. Sons of addicted parents performed worse on all domains measuring school achievements. The economic status of the family, in the first case study also prevented the child from studying or improving his academic performance as the child did not have a table or chair to sit and study, the family had to move house every time they were shunted out by the landlord and he could not pay the money required for the projects or buy the material for completing the same.

Psychological problems included anxiety, fear, helplessness, hopelessness, low self esteem, feeling of inadequacy. This could lead to depression and anxiety in the long run. Studies indicate the same patterns. Fitzgerald, Sullivan, Ham, Zucker, Bruckel, Schneider, & Noll, in The National Association for Children of Alcoholics (2001) stated that children of addicted parents exhibit depression and depressive symptoms. It was also found that children of addicted parents are more likely to have anxiety disorders or show anxiety symptoms. West & Printz (1987) discovered that children of addicted parents are at high risk for elevated rates of psychiatric and psychosocial dysfunction, as well as for alcoholism.

Social Interaction was very poor and this was evident in the very poor peer bonding, involvement in social events, feelings of social adequacy and very poor social adaptability. Societal blame, occurring due to the deficits in social interaction, is an area that directly affects the child's ability to relate. This is very high and this further creates animosity and hatred towards social norms and society in general. The social effect on the child requires further research and evaluation. The aspect of effects in later life requires a longitudinal study and hence has not been evaluated.

Limitations of the Study

This study is limited by its very nature as it is a case study and the results cannot be generalized to other situations and experiences, though parallels can be drawn.

Implications of the Study

This study raises a number of important issues especially relating to the developmental aspects of children who live in traumatized home environments. It is very clear that societal involvement in the lives of the children of alcoholics requires more legislated involvement in India and for this purpose laws may have to be formulated and implemented. This study highlights the need for action in this direction as also is an eye opener for voluntary organizations to go the extra mile in dealing with this social malaise that has implications for future generations. This study also encourages more studies in this area for developing the infrastructures for such implementation and study which is very poor in the Indian context.

CONCLUSION

Tables 2 (Excerpts from the interviews with family members) and Table 3 (Events and descriptions from the life of the family) are very strongly indicative of the state of the family and the trauma that the children and wives undergo. It is a horrible and tragic reality that unless such families get help they are going to be in the statistic of broken families and individuals of the kind like 'Steven' mentioned in the opening paragraph. However, all hope need not be lost. Children of addicted parents may benefit from supportive adult efforts to help them. Various studies cited in The National Association for Children of Alcoholics (2001) state that:

 Children who coped effectively with the trauma of growing up in families affected by alcoholism often relied on the support of a non-alcoholic parent, stepparent, grandparent, teachers and others. (Werner & Johnson)

- Children in families affected by addiction who can rely on other supportive adults have greater autonomy and independence, stronger social skills, better ability to cope with difficult emotional experiences, and better day-to-day coping strategies than other children of addicted parents. (Werner)
- Group programs reduce feelings of isolation, shame and guilt among children of alcoholics while capitalizing on the importance to adolescents of peer influence and mutual support. (Burghardt)
- Competencies such as the ability to establish and maintain intimate relationships, express feelings, and solve problems can be improved by building the self-esteem and self-efficacy of children of alcoholics. (Nastasi & DeZolt).

It is the responsibility of society to do whatever is necessary for the well-being of this group of highly vulnerable and fragile children who may otherwise,' never receive a chance.'

REFERENCES

- Brown, S. (1988). Treating adult children of alcoholics: A developmental perspective, New York: John Wiley & Sons.
- Brown, S., & Abbott, S. (2005). Children of Alcoholics, Clinical Update, Family Therapy Magazine. November December, 46-58.
- Hall, C.W., & Webster, R.E. (2002). Traumatic symptomatology characteristic of adult children of alcoholics. *Journal of Drug Education*, 32(3), 195-211.
- Johnson, J., & Leff, M. (1999). Children of substance abusers: Overview of research findings. In core competencies for involvement of health care providers in the care of children and adolescents in fami-lies affected by substance

- abuse. Supplement to Pediatrics, 103(5), 1085-1099.
- Kasubeck, S. (1994). Adult children of alcoholics and psychological distress, *Journal of Counseling and Development*, 72, 538-543.
- Moos, R.H. & Billings, A.G. (1982). Children of alcoholics during the recovery process: alcoholic and matched control families. *Addictive behaviors*, 7, 155-163.
- National Association for Children of Alcoholics (NACoA) (2001). *A Kit for Educators*, (Fourth Edition). 11426 Rockville Pike, Suite 301, Rockville, MD 20852.
- Pasternak, A. & Schier, K. (2012). The role reversal in the families of Adult Children of Alcoholics Archives of Psychiatry and Psychotherapy, 3, 51–57.
- Reid, J., Macchetto, P., & Foster, S. (1999). No Safe Haven: Children of Substance-Abusing Parents. Center on Addiction and Substance Abuse at Columbia University.
- Sher, Kenneth, J. (1997). Psychological Characteristics of Children of Alcoholics. Alcohol Health and Research World, 21 (3), 247–253.
- Windle, Michael (1997). "Concepts and Issues in COA Research". Alcohol Health and Research World, 21 (3), 185–191
- Yin, R. K. (2012). Applied Social Research Methods, Volume 34, SAGE Publications Inc. Available: www.uk.sagepub.com/books/Book235140/toc.