

## **Paternal Alcoholism: Consequences for Female Children**

Julia Dehn, Instructor, Behavioral Science Department, Dutchess Community College NY

### **Abstract**

The consequences of substance abuse and addiction are profound and depredating. The desolation is incalculable in estimating the psychological damage and trauma inflicted on the children of addicted parents. According to studies and statistics gathered by the National Association for Children of Alcoholics, “there are more than 20 million children of alcoholics in the United States, nearly 11 million are under the age of 18, one of every four children are living in an alcoholic environment. This figure is magnified by the countless number of others who are affected by parents who are impaired by other psychoactive drugs.” These children are prone to extensive social, psychological, educational, medical and future socio-economic struggles. The children of addicted parents are at a higher risk of developing addiction. The remedies and solutions for these children must include intensive counseling and programs focused on the healing of these traumatic events to safeguard their future well being, independence and self-efficacy. If not helped, these children often carry their sadness and insecurities into adulthood.

### **Literature Review**

The Brown University Digest of Addiction and Theory Application states in an article entitled, “Adult Children of Alcoholics: Cognitive and Psychomotor Characteristics.” “Children of Alcoholics are four times more likely to become alcoholic than children of nonalcoholics.” (Wilson & Nagoshi, 1988)

In *Recovery: A Guide for Adult Children of Alcoholics*, Herbert L. Gravitz and Julie D. Bowden, state “the phrase ‘adult children of alcoholics’ began in the 1970s when research and clinical observation began to demonstrate that children growing up in families where there is alcoholism are particularly vulnerable. They are susceptible to certain emotional, physical and spiritual problems.” (Gravitz & Bowden, 1987) The Adult Child of Alcoholism will present themselves for treatment but according to Mr. Gravitz and Ms. Bowden, not for being children of alcoholics. “They are treated for various other forms of addiction such as overeating, anorexia, alcoholism, depression, extreme stress, and even disabilities in learning.” (Gravitz & Bowden, 1987)

According to an article in *Counselor Magazine—The Magazine for Addiction Professionals*, “Parents Under Pressure—Helping High Risk Families,” by Sharon Dawe PhD and Paul Harnett, PhD, “Children raised in families with parental substance abuse have a range

of adverse outcomes. These children show high rates of emotional, behavioral, and social problems at school and at home. In early adolescence literacy problems emerge and because of interpersonal and behavioral problems school is not a positive experience, which in turn can contribute to truancy and delinquency. There are more significant problems, such as mental health issues, anxiety, depression, isolation, domestic violence, poverty and abusive or destructive relationships.” (Dawe & Harnett, 2008) Drs. Dawe and Harnett state, “For many parents who misuse substances, their current problems can be traced to adverse childhood experiences, including their own chaotic family of origin. With this adversity in early life, they are often left psychologically damaged and poorly prepared to provide a safe, stable, and nurturing family environment for their own children.” (Dawe & Harnett, 2008) The article continues to detail the increased risk of child maltreatment and child neglect. The article quotes Chaffin et al, which says, “Substance use disorder in a parent has been identified as the strongest predictor of subsequent new cases of child abuse and neglect twelve months later. The United States estimates indicate that approximately forty to eighty percent of families that come to the attention of the child welfare system also have substance abuse issues.” (Dawe & Harnett, 2008)

The struggles of children to overcome any form of dysfunction can be devastating. A child subjected to physical, sexual, emotional, psychological, and spiritual abuses can have more developmental problems. The article, “Young Adult Children of Alcoholic, Depressed and Nondistressed Parent(s),” by Theodore Jacob and Michael Windle in the Journal of Studies researched one hundred and twenty eight adult children of alcoholics, sixty-seven of whom were women and “Adult children’s academic achievements were found to lag behind those of both comparison groups as did their overall socioeconomic status and rate of employment; this finding parallels and exceeds findings from earlier studies. The Children of Alcoholics literature suggests two broad interpretations for such effects. First, parental alcoholism may involve transmission of some degree of neurocognitive impairment and, as a result, the academic achievements of Children of Alcoholics could be compromised. Second, Children of Alcoholics may be vulnerable to problems of behavioral control and aggression either by way of family genetics or family environmental effects.” (Jacob & Windle, 2000)

The National Association for Children of Alcoholics state statistics in an article entitled, “Children of Addicted Parents: Important Facts” as follows:

- More than twenty-eight million Americans are children of alcoholics, nearly eleven million are under the age of eighteen. This figure is magnified by the countless number of others who are affected by parents who are impaired by other psychoactive drugs.
- Three of four (71.6%) child welfare professionals cite substance abuse as the top cause for the dramatic rise in child maltreatment since 1986.
- Children of addicted parents are more likely to have anxiety disorders or to show anxiety symptoms.
- A sample of children hospitalized for psychiatric disorders demonstrated that more than fifty percent were children of addicted parents. (2007)

In the book, *The Adult Children of Alcoholics Syndrome, A Step by Step Guide to Discovery and Recovery*, by Wayne Kritsberg, families are explained as showing similar characteristics and the children acquiring an unhealthy family system. According to Mr. Kritsberg, “The difference between the alcoholic family system and the healthy family system is that the alcoholic family system operates in a way that limits and controls the actions and emotions of the individual members.” (Kritsberg, 1986)

The definition of childhood abuse can encompass the use of extreme discipline or punishment, spanking with bruising, verbal abuse, and severe or consistent criticism to sexual inappropriateness or blatant sexual abuse. In a newsletter, from the National Association of Children of Alcoholism, written by Stephanie Abbott it states, “acknowledgement of children’s pain is one of the most poignant aspects of recovery. Such pain can be so difficult to face that parents may try to deny that it is there. The children, sensitive to parental grief, may also deny it.” (Abbott, 2004)

In the National Household Survey of children twelve years or older asserted, “More than six million children lived with at least one parent who abused or was dependent on alcohol or an illicit drug during the past year. In the past year substance abuse or dependence by parents involved approximately ten percent of children aged five or younger, and among parents who lived with one or more children, fathers (eight percent) were more likely than mothers (four percent) to abuse or be dependent on alcohol or an illicit drug.” (Office of Applied Studies, 2002)

Child Welfare League of America 2005 National Study on Child and Adolescent Well Being (NSCAW) “found that among children who were in out-of-home care, 46.1% of their caregivers had a problem with alcohol or drugs according to the Child Welfare Worker assessment.” (Child Welfare League of America, 2008)

The statistics from Prevent Child Abuse America emphasize the alarming effects child abuse over time. “Children who have been sexually abused are 2.5 times more likely to abuse alcohol and 3.8 times more likely to become addicted to drugs; a third of abused and neglected children will later abuse their own children and 36.7 percent of women in prison and 14.4 percent of all men in prison in the United States were abused as children.” (childabuse.com, 2008)

In a research study by the United States Department of Justice in 2000, a staggering “1.5 million children have a parent in a State Prison; sixty percent reported drug use and twenty-five percent reported a history of alcohol dependence. Of those who had grown up with a parent or guardian who drank heavily or used drugs regularly, twenty-nine percent of the men and seventy-six percent of the women reported experiencing childhood abuse.” (Harlow, 1999)

The children of alcoholics, male or female, have difficulty in relationships and with the increase in teen pregnancy, child abuse and drug abuse it is imperative that we as a society investigate the possibilities for prevention. In the book, *Perfect Daughters, Adult Daughters of Alcoholics* by Dr. Robert J. Ackerman, Ph.D., it states, “Many adult daughters were forced to grow up too quickly or never experienced the emotions of childhood.” (Ackerman, 1989)

Dr. Ackerman references Erik Erikson’s Eight Stages of Development to illustrate the problems that can or will occur when children’s emotional and developmental needs are not met. Dr. Ackerman discusses the first stage of Trust vs. Mistrust and is especially concerned for this is the foundation of the rest of the child’s development. “The family life of the daughter of alcohol is not to trust anyone for fear of disclosing too much which can be used in the future to hurt her. A daughter of alcoholism trusts too easily or not at all. As the stages of Erikson continue, these daughters are overly controlled and learn shame and doubt of their own abilities. The daughter’s questions were avoided or deemed unimportant so they feel guilty. They are not as important as the alcohol; their achievements are rejected or ignored. They believe it is not who they are that is important but what they do; they feel unlovable and have low self-esteem. Their identity is confused and unclear and they find it hard to feel as though they belong. The daughters of

alcohol have intimacy problems, they have been rejected and retreat to isolate themselves or give to much, thinking eventually they will receive something in return. In the final stage, the daughter of alcohol finds herself dissatisfied and unhappy with who she has become and tries to blame others around her.” (Ackerman, 1989)

Dr. Ackerman states, “To be a good child of Alcoholism, you were called upon to deny the alcoholism and other family problems, subjugate your developmental needs, hide your emotions, please others, pretend you were happy and be a ‘perfect daughter’.” (Ackerman, 1989)

In the book, *Perfect Daughters*, Dr. Ackerman quotes Erik Erikson when he states, “the greatest crime of all is breaking the spirit of a child.” (Ackerman, 1989) Dr. Ackerman believes some daughters of alcoholism have little if any spirit for it has been “bruised, abused, and neglected.” (Ackerman, 1989) A childhood spirit is what tells us to take each day as a new opportunity or beginning to feel and experience the joys and to realize our greatest potential. A spirit of childhood reminds us that every day is a gift and cannot be relived; it reminds us to dream. The daughters of alcoholism have forgotten or given up their dreams, some to care for the alcoholic and some for fear of failure. The adult daughter has been taught to deny her own needs. The adult daughter missed having a childhood. Dr. Ackerman states, “if your parents were very withdrawn, you missed being nurtured. If your family was violent, you missed living without fear. If your father ridiculed you, you missed acceptance. If all of the energy in your family was centered on the alcoholic, you missed feeling loved.” (Ackerman, 1989)

It is important to note in a study by Prevent Child Abuse America, entitled “The Relationship between Parental Alcohol, Drug Abuse and Maltreatment,” it states, “The risk to the child increases in a single parent household where there is no supporting adult to diffuse parental stress and protect the child from the effects of the parent’s problem.” (childabuse.com, 2008) The study continues to explore the depth of the problem, “At least fourteen million adult Americans abuse alcohol, illicit drug users exceeds twelve million. Illicit drugs include marijuana, cocaine, inhalants, heroin, hallucinogens and non-medical use of psychotherapeutics. There are more than 6.6 million children under the age of eighteen living in alcoholic households and an additional number of children living in households where parents have problems with illicit drugs; a significant number of children in this country are being raised by addicted parents. State child welfare records indicate that substance abuse is one of the top two problems exhibited by families in eighty-one percent of the reported cases.” (childabuse.com, 2008) The study goes

on to offer grim statistics. “Among confirmed cases of child maltreatment, an estimated forty percent or 480,000 children are mistreated each year by a caretaker with alcohol or other drug problems.” (childabuse.com, 2008) These disturbing facts are compounded by the cases of emotional abuse and neglect, which is the major reason children are removed from a home in which parents have alcohol or other drug problems. These children can suffer a variety of injuries and poisonings, behavioral problems due to the unstable environment and are often diagnosed with conduct disorders, more than in the general population. The homes constant turmoil causes these children to suffer physical, mental and emotional health problems. The characteristic histories of the parents of these children indicate that they were raised without parental nurturing and appropriate modeling. Generally, these destructive environments are households full of stress and family conflict with a lack of guidance, and positive role modeling and isolation. The children from this unsettling atmosphere are more likely, more than forty percent, to develop problems with alcohol and other drugs themselves. (childabuse.com, 2008)

The adult daughters of alcoholism have different experiences dependent on the parent: mother or father. According to Dr. Ackerman, in *Perfect Daughters*, “The majority describes their experience as filled with anger, disgust, disappointment and devoid of bonding and nurturing as they were growing up. These experiences left the daughters ill prepared for life in the adult world. They felt abandoned and unsure how to give or receive unconditional love and nurturance. Through interviews and clinical observations, there appears to be strong differences between daughters of alcoholic mothers and alcoholic fathers on such things as their levels of emotions, what problems they identified for themselves, their attitudes about the alcoholic parent and their recovery issues. Adult daughters of alcoholic mothers shared that they were affected very strongly in seven areas of their lives because of their mother’s drinking. Some of these areas related directly to their relationships with their mothers while some areas related more to their own self-esteem or their abilities to relate to other people. You may be inclined to think many of the problems are common in a lot of mother-daughter relationships, but it is the degree to which they exist and how they developed due to the alcoholism, that makes them unique and more difficult for adult daughters. This is an example of how normal interaction patterns are altered by alcoholism.” (Ackerman, 1989)

The largest groupings of women in therapy are those who have difficulties due to the alcoholic father-daughter relationship. The issue of having a sense of their own self-worth, self-

acceptance and approval, and self-esteem was at the core of their well-being. They constantly search out approval, attention, and acceptance. They want to love their fathers but hate their behavior and then feel guilt and shame for their feelings. They have an especially difficult time showing anger to the alcoholic father. They learn to accept inappropriate behavior from other men, but find the healthy men in their lives boring. The consuming need for approval becomes a trap adult daughters fall into and begins to control them. The alcoholic father-daughter relationship is based on emotional control; therefore, if the adult daughter wants to stay close to her father she must not express independent feelings. The emotional and/or physical control creates an emotional craving or hunger, which keeps the alcoholic father-daughter relationship, not only perpetuated, but also continuously going in circles. Whereby forcing the adult daughter to conform to his control in order to fulfill her needs for his approval that she never feels she receives anyway. The adult daughters have two fathers: the real alcoholic father and the father they should have had. The adult daughter longs for a father who communicates with them and is emotionally available. The adult daughter began to expect less and therefore any attention, even abusive, holds a strong significance. There are many adult daughters still looking for the alcoholic father's approval and acceptance, or validation of love, others just give up realizing he is just incapable. The adult daughter has not learned other ways to value herself, except through trying to be a "perfect daughter" in her father's eyes. The adult daughter longs to be the "perfect wife," or the "perfect mother," or the "perfect person," never actually believing she can be.

In the book, *Adult Children, The Secrets of Dysfunctional Families*, by John and Linda Friel, it is stated the way to recovery as a family system is to "gently erode our denial system...If you grew up in an alcoholic family then it was a normal protective maneuver for you to unconsciously learn to deny your own true feelings because the family messages you received about those feelings were so crazy. The denial of feelings became an absolute survival response for you as a powerless child in an overwhelmingly mixed-up family." (Friel & Friel, 1988) The use of denial is a critical survival skill that many of them must use in order to live, or exist, in the alcoholic family system. The defense mechanism of denial gives them a psychological shelter, the problems arise as they get older and now the shelter they have built gets in the way. According to *Adult Children, The Secrets of Dysfunctional Families*, "the problems pop up when you become an adult and try to have a family of your own...Yet you find yourself doing some of the same crazy stuff—screaming at the kids for just being kids, being overly critical and

perfectionistic just like Mom or Dad—and wondering why the hell you are doing it when you swore things would never be like that with your children.” (Friel & Friel, 1988) The next issues the alcoholic family system must face in therapy are the secrets. The use of secretiveness hides feelings, thoughts and behavior. Drs. Friel state, “Finding a safe place to disclose those secrets is the key to overcoming addiction and family dysfunction.” (Friel & Friel, 1988) The most common secrets, according to the Drs. Friel are: “addictions, incest or sexual abuse, physical abuse, suicide, perceived failure, mental illness.” (Friel & Friel, 1988) The life of the adult daughter of alcoholism may include all these secrets at different times in her life.

In the book, *Lovebound – Recovering from an alcoholic family*, by Phyllis Hobe, the author discusses various counseling possibilities. She states, “in facilitated programs trained professional counselors work with Adult Children of Alcoholics in groups and also in one-on-one sessions. The meetings are education in nature; they are intended to make Adult Children of Alcoholics aware of their problems, to help them to understand their origin, and to point out the possibilities to recovery. In private therapy, the Adult Children of Alcoholics work with a psychiatrist, psychologist, social worker or other professional counselor. The aim here is to help the Adult Children of Alcoholics remove the obstacles to personal growth and make contact with emotions. The self-help groups serve as auxiliaries to professional forms of therapy. They counsel each other, drawing upon what they have learned from their experiences with similar problems.” (Hobe, 1990)

The United States Department of Health and Human Services along with the Substance Abuse and Mental Health Services Administration (SAMHSA) published a brochure entitled, “Helping Yourself Heal – A Recovery Woman’s Guide to Coping with Childhood Abuse Issues.” This brochure discusses many of the feelings women and men experience in early recovery and treatment. These feelings may include, fear, helplessness, guilt, shame, anxiety, depression, anger, self-pity, detachment, numbness, and possibly suicidal ideation. Although these feelings are common in early treatment, they may be more severe for a woman who was abused as a child and the feelings may become so overwhelming that a woman will do anything to avoid or cope with these feelings even if it means relapsing. When a woman begins treatment, the memories of childhood abuse may not become apparent until and unless she is willing to face them. The memories may be blocked or repressed and now that she is free of the psychoactive effect of drugs or alcohol the memories may begin to flood her consciousness. (2003)

Emily Marlin writes in *Relationships in Recovery – Healing Strategies for Couples and Families*, “Now that you have decided to live your own life instead of trying to manage other people’s, you need to look at who you are and what you want from life. After years of living in the shadow of addiction, you may have gotten in the practice of minimizing your value. But no matter what you once thought, you are entitled to yourself, your recovery, and your dreams. In recovery, you no longer need to try to be the person whom the alcoholic and the other people in your life wanted you to be.” (Marlin, 1990)

Wayne Kritsberg writes in *The Adult Children of Alcoholics Syndrome – A Step by Step Guide to Discovery and Recovery*, “Being raised in an alcoholic family is often a devastating experience. Those who have survived this experience are people who do not lack in either creativity or courage. They truly are survivors. The challenge for these people, the survivors, is to use the skills and techniques that they developed in new and more creative ways of living. Their challenge is to be open, to learn new skills, and to experiment with different points of view.” (Kritsberg, 1986) The adult daughter of alcoholism has many struggles to overcome to lead a healthy, productive, and happy life; but it can be done.

### **Research Design**

A one-page questionnaire was developed and distributed to one hundred fifty women, one hundred of whom responded. The inquiry elicited the various possible ages for the respondent to have experienced mood-altering substances. The range offered was from under ten years of age to over twenty-five years, and the additional option if someone had never used a mood altering substance. The remaining questions pertained to the recipients’ assessment of their cognitive, psychological and environmental development.

### **Findings**

The recipients were one hundred women. In the first question of the inquiry the majority, forty-five percent of the women stated their first usage of mood-altering substances was between the ages of sixteen and twenty. The next group, twenty-five percent of women, began using between ten and fifteen years of age. The category of twenty-one to twenty-five years of age and never used mood-altering substances were equal at fifteen percent. The ages of less than ten years old and over twenty-five years old were also equal at zero percent.

The second question, seventy percent did feel their father had or has a drinking problem. The third question was equally placed; fifty percent agreed they did lie even when just as easy to tell the truth. The fourth question, 62.5 percent felt they had no difficulty finishing things they started. The fifth question, seventy percent conveyed they or other family members had been yelled at or hit by a drunken father. The sixth question, 62.5 percent stated they were afraid or uncomfortable about bringing friends home because of their father's drinking.

The seventh question, seventy percent hoped their father would stop drinking. The eighth question, seventy-five percent felt they doubted their perception, instincts or body signals. The ninth question, 77.5 percent were taught not to talk, trust or feel. The tenth question, sixty-five percent admitted to feelings of emptiness or isolation even when they seemed successful or to have a good life.

### **Discussion of Findings**

This study substantiates the existing data, which states, the Adult Child of Alcoholism (ACOA) has a higher level of family conflict than do families without alcoholism. The environment of the ACOA was characterized by a lack of parenting, poor home management and lack of family communication. This is evident in question six whereby 62.5 percent were afraid or uncomfortable about bringing friends home because of their father's drinking.

The alcoholic family can become enmeshed in its need to keep the "family secret." It is here where questions eight and nine are verified, seventy-five percent and 77.5 percent respectively. The ACOA is taught implicitly or explicitly not to talk to anyone about his or her family; not trust anyone and not to feel anything. They, therefore, doubt their own perceptions, instincts or body signals, which may be telling them something is not right.

As previously stated in the Literature Review the National Association for Children of Alcoholics state 71.6 percent or three of four child welfare professionals cite substance abuse as the top cause for the rise in child maltreatment. (2003) In question five of this survey, seventy percent admit they or a family member were yelled at or hit by a drunken father. The ACOA generally will show signs of low self-esteem and self-efficacy, this appears clearly in question ten where sixty-five percent of these women have feelings of emptiness or isolation even when they outwardly appear successful or seem to have a good life.

## **Conclusion**

This research has shown the direct relation of the adverse childhood experience of paternal alcoholism on the female children. As the alcoholism increases, the adult female's opportunities for a healthy, well-rounded and stable future decreases. If the adult female does not have a supportive non-alcoholic figure in her life, she will have problem with autonomy, social skills, coping with difficult emotional events and general, daily coping strategies.

## **Recommendations**

The research indicates prevention and intervention as possible remedies to the problems of the adult female of alcoholism. The intervention recommendation would be group programs to help reduce feelings of shame, guilt, and isolation, while increasing their need for mutual support.

In the need for prevention at the younger ages of children of alcoholism (female or male), the need for teachers, school counselors, non-alcoholic parents, coaches and other adults to provide a safe supportive environment for those children to learn to express feelings. A possible after-school or special class program for children who have been identified as children of alcoholism to build self-esteem and self-efficacy can also be a consideration.

At the Griffith Psychological Health Research Center in Griffith University, Australia, Dr. Sharon Dawe and Dr. Paul Harnett of the University of Queensland have developed a program, which is a family-focused, intense and multi-component intervention. This program, Parents Under Pressure (P.U.P.), has 10 modules over 12 sessions each of which has a duration of one and a half hours. The program addresses coping skills, parenting strategies, and the parent's substance abuse. (Griffith University, 2008) The program states, "many of the families are headed by single parents and experience social isolation, financial difficulties and high levels of maternal depression and anxiety. Parenting practices are often characterized by inconsistency, emotional neglect and an authoritarian style. Daily child-focused playtimes build a positive parent-child relationship and there is a focus on helping parents improve their mood. As parents shift from viewing themselves and their children negatively, to believing that change is possible and achievable, they can find coping strategies that do not involve drug use. The program also helps parents acquire and consistently employ non-punitive methods to control child behavior and extend social networks." (Griffith University, 2008)

The Research Center is showing encouraging results. “Families in the initial trial report significant improvements in parental functioning parent-child relationship and parental substance use and risk behavior; of particular interest was the decrease in maternal methadone dose and the families reported high levels of satisfaction with the program.” (Griffith University, 2008)

As the disease of addiction becomes more widely accepted and validated by our society, the judgment of blame can be exchanged with acceptance. This will enable the addict to seek recovery and the family to seek healing.

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