



The National Association for Children of Alcoholics

Patrons: Mr Tony Adams MBE, Mr Olly Barkley, Mr Calum Best, Ms Lauren Booth,
Ms Geraldine James OBE, Ms Elle Macpherson, Mrs S Stafford CQSW, Mr David Yelland

INFORMATION FOR MEDIA

Introduction

The National Association for Children of Alcoholics (Nacoa) was founded in 1990 to address the problems of children growing up in families where one of both parents suffer from alcoholism or a similar addictive problem.

Nacoa has four broad aims:

- To offer information, advice and support to children of alcohol-dependent parents
- To reach professionals who work with these children
- To raise the profile of children of alcohol-dependent parents in the public consciousness
- To promote research into
 1. the particular problems faced by those who grow up with parental alcoholism
 2. the prevention of alcoholism developing in this vulnerable group of children

Research

Our 1992 research revealed that there are:

2.05 M	adults living in the UK reported parental alcoholism during their childhood
1.45 M	father alcohol-dependent
.40 M	mother
.20 M	both

674,000 children and young people up to 18 years living in a home in the UK with one or both parents who had a problem with alcohol.

Our latest research indicates that there are:

2.8 M adult children of alcohol-dependent parent in the UK today

920,000 children and young people up to 18 years living in a home in the UK today with one or both parents who have a problem with alcohol.

The effects of growing up in a family where one or both parents are dependent on alcohol are extremely wide-ranging. Statistics from our latest research reveal that the problem can affect all areas of a child's life, from school life through to behavioural problems and compulsive disorders.

The number of children of alcohol-dependent parents, for example, who report being 'not particularly' happy or 'not at all' happy at school is approximately double that of children who do not have an alcohol-dependent parent:

Age:	0-7:	29% (13% control group)
	8-12:	40% (16% control group)
	13-18:	53% (27% control group)

Post: PO Box 64, Fishponds Bristol, BS16 2UH **Tel:** 0117 924 8005 **Email:** admin@nacoa.org.uk
Helpline: 0800 358 3456 **Helpline email:** helpline@nacoa.org.uk **Website:** www.nacoa.org.uk

Providing information, advice and support to children of alcohol-dependent parents and people concerned with their welfare

Registered Charity No: 1009143

Although many children of alcohol-dependent parent grow up to be very successful and productive members of society, a number also develop serious problems both as children and later in life as adults:

Alcoholism

5% as children (2% control)
13% as adults (4% control)

Drug addiction

4% as children (2% control)
12% as adults (4% control)

Eating disorders

15% as children (3% control)
20% as adults (6% control)

Considered suicide

29% as children (9% control)
42% as adults (14% control)

Been in trouble with police

20% as children (9% control)
11% as adults (6% control)

These problems prove particularly worrying in light of the increasing consumption of alcohol, particularly amongst young people. According to a recent government report into the economic costs of alcohol abuse (September 2003), the average Briton drank 151% more, in terms of alcoholic content, in 2001 than in 1951. Furthermore, drinkers under the age of 16 drink twice as much today as they did 10 years ago.

Our work focuses on the alcohol-dependent family system, because it is here that problems begin. Many young people learn to adapt to the situation in which they grow up to such an extent that they carry their learned behaviour with them into their adult lives, and pass it on to their own children, whether they become alcohol-dependent themselves or not.

Alcohol and the family

Alcoholism affects the entire family. As the alcohol-dependent parent organises his/her life around alcohol, the family organises its life around the alcohol-dependent parent.

This results in family adaptation creating an environment for the development of co-dependency, where each member is dependent on another. Unspoken family rules – don't talk, don't trust, don't feel - often develop in order to protect the illusion of a 'normal' family.

As the family progressively adapts to alcoholism, a parallel path develops in family members - thoughts, feelings and actions become prescribed and proscribed by the alcohol and its effects.

Despite the difficulties of growing up in a family where one member is dependent on alcohol, many children grow up to be productive members of society. For some, however, their image of 'looking good' and high achievement often masks inner pain and conflict.

Both research participants and helpline callers report the following problems:

- **Lack of money**

Large amounts of money are often spent satisfying the addiction of the parent(s). This may take priority over everything else, leaving the rest of the family, sometimes one of the children, to make sure that their basic needs, such as food and clothing, can be met.

'The only source of income she's got is by dad giving her money, and it's unfair on him because he works so hard, and all she uses the money for is alcohol. I've told him not to give her any money because he's feeding her addiction, but I know he's only doing it because otherwise she'll give him a hard time.' (Cathy, 15)

Alcoholism affects families from all strata of society, regardless of wealth, class or regional differences. However, financial problems are present amongst the majority of families affected by alcoholism, with 64% of adults from such families reporting that there was a shortage of money during their childhood. In comparison, this was true of only 15% of the control group.

- **Unpredictable behaviour – lack of structure, wild mood swings – inconsistency.**

Life can be very confusing for children living in an environment where alcohol affects the behaviour of one of their parents. It is difficult to predict what state Mum and Dad will be in when they get home from school – they might be in a good mood, and wanting to do something fun; but they might be violent or irrational. What confuses things even further is that the whole family begins to tell lies to cover up for that person's drinking, and to keep it secret from outside society. As a result, many children of alcohol-dependent parents feel unable to take friends home, as they are embarrassed about their parents' behaviour.

'Everything revolves around Mum's drinking. We pretend it's not happening. I can't stop thinking about what's happening at home when I'm not there. Sometimes I think I'm going mad.' (Paul, 15)

Our research shows that secrecy, manipulation and an inability to identify one's feelings, are twice as likely to be prevalent in an alcohol-dependent family system than in a family which is not affected by alcoholism. Irrational behaviour is five times more likely to be the case within an alcohol-dependent family, and 89% of children of alcohol-dependent parent claimed that their childhood household was not a place to be proud of.

'I have found myself becoming a person I don't like. I'm moody, depressed and always on edge. As soon as I arrive home from school I change into a different person, I'm nasty and I don't speak to mum at all.' (Cathy, 15)

- **Aggression and violence – arguments between parents**

Many children of alcohol-dependent parent may not experience obvious forms of abuse, but suffer from neglect or a chronic lack of little things which are so crucial to the wellbeing of us all. Some are exposed to rage, violence and abuse on a daily basis, which become part of the unpredictable and inconsistent environment in which they live. Our research shows that aggression within the family environment is six times more common where one or both parents suffer from alcoholism.

Social Services report that alcohol is a factor in:

40% domestic violence incidents

40% child protection cases

74% child mistreatment cases

In 50% of these cases, no action is taken to address alcoholism

'My strongest childhood memory is one of fear. My father was a huge man and always angry... He would sit up drinking late at night. My brother, sister and I were terrified of being beaten...' (Tim, 53)

An Alcohol Concern report (2003) found that 30-60% of child protection cases involve alcohol, and the government's Alcohol Harm Reduction Strategy (2004) reports that there are 1.2m incidents of alcohol-related violence every year.

'...depending on the excess of alcohol, the bigger the fight. She hit me once but she generally just calls me terrible names; that hurts more. I stopped having a childhood years ago. I'm 15 going on 25...' (Regan, 15)

- **Silent withdrawal – anxiety and depression**

Children of alcohol-dependent parents may grow up feeling anxious, depressed, emotionally detached and socially isolated without knowing why. They feel that there is no one to turn to, as this would amount to the betrayal of their family. Some may have taken on responsibilities within the family, which means that they wouldn't have the time to spend with their friends, even if they wanted to.

'I was never allowed to be a child: I had to spend every night keeping my parents from fighting. I never learned to play. Now I can't make friends; I never learned to let people close to me. Even my relatives seem to live in a different world.' (Andrew, 35)

Research shows that incidences of depression are likely to be almost four times more frequent in a family affected by alcohol. In later life, children of alcohol-dependent parent are also twice as likely to suffer from depression than children of non-alcohol-dependent parents.

'My mother's drinking remains a taboo subject within our fragmented and secretive family. I am haunted by the idea that telling these dark truths is an unwarranted betrayal of my mother. I am convinced that these experiences have played a major role in allowing my life to be consumed by misery, fear and despair.' (June, 25)

- **Guessing at 'normality'**

Children who have grown up around alcohol and its effects often know no different. If this is the only 'normality' that they have experienced, how should they know that this is not the way that all families function?

'If I asked what was wrong, why Dad was lying in the middle of the kitchen floor with his eyes shut, I was told 'nothing, everything's fine'. I wondered if I could see something they couldn't or perhaps this was normal. I guessed at what normal was.' (Sam, 24)

'I wish when I was a child I could have rung someone for advice but I must admit I thought all dads were like mine so saw nothing wrong in his behaviour – although inside I always thought there was something wrong with me.' (Chris, 32)

Co-dependency, or adaptation to a dysfunctional family system, is a learned behaviour which, in the absence of any other model to follow, is often passed from one generation to the next. Later in life, many children of alcohol-dependent parent thus find themselves drawn towards others who have grown up in similar environments, and sometimes towards alcohol-dependent parent themselves.

Research has also identified a family 'trail' with respect to divorce, finding that this is more likely phenomenon amongst all generations of families affected by alcoholism than those who are not.

- **Guilt and shame – feel to blame**

It is common for children of alcohol-dependent parent to feel that they are the problem, that they are to blame for it, and that they are the cause of the problem.

'I thought I was the reason he drank. I thought that if I tried harder, was nice enough or clever enough, he wouldn't need to drink. But however hard I tried, I was never good, nice or clever enough because he always drank.' (Alice, 31)

Our research has found that children of alcohol-dependent parents are likely to feel almost 6 times more responsible for conflict in the home than children of non-alcohol-dependent parents, and are seven times more likely to try to resolve arguments within the family.

'Tonight another huge argument erupted in our house – I begged my mum to stop drinking, and the only answer she gave me was 'IT'S ALL YOUR FAULT!'. She cannot take responsibility over anything herself, it's always someone else's fault.' (Cathy, 15)

Some children live in terror, sometimes they are simply ignored; deprived of the ordinary things in life we accept as the norm – being loved, cared for, clothed, given food and warmth, feeling wanted and cherished for who we are.

Research also indicates that 70% of these children follow the patterns of their parents who often successfully hide their drink problems from the world. They will not ask for help – they remain isolated and alone.

Since 1990, the Nacoa helpline has responded to over 190,000 requests for help. In 2010 we received over 20,000 helpline calls. Draft details below:

Age range

0-7	1%
8-11	1%
12-18	76%
19-24	6%
25-25	6%
36-49	8%
50+	2%

Gender

Female	80%
Male	20%

Presenting problems

Abuse	11%
Alcohol	13%
Bereavement	9%
Drugs	7%
Eating problems	8%
Mental wellbeing	12%
Physical health	10%
Relationship problems	11%
Self harm	9%
Suicide	10%

Region

Anglia	6%
London	10%
Midlands	7%
North East	5%
North West	6%
South Central	12%
Scotland	21%
South East	5%
South West	21%
Wales	20%
Northern Ireland	1%

'Alcoholism, and the effects on dependent children, is one of the best-kept secrets in our society today.' Mo Mowlam, Nacoa patron 1995 to 2007

The Nacoa helpline – model of care

In a family struggling with alcoholism, parenting can be chaotic and inconsistent and is often characterised by secrecy and lies in an effort to keep the family's problems secret from the outside world. This leaves children confused and unlikely to reach out for help; often in fear of not being believed or of betraying the family.

Some alcohol services offer help for family members, but there are few that serve children whose parents neither acknowledge, nor seek help for their addiction problems. These children often find themselves with no one obvious to turn to for help.

The Nacoa helpline was set up in 1990 to empower children with a variety of life skills to help them cope with difficult challenges. For example, some children face difficult situations with family violence, neglect and other problems. These children can learn a variety of coping and self-care strategies to stay safe.

Over the past twenty years we've responded to over 185,000 calls and 5,000 emails. We also provide an area devoted to personal experiences on the website for those who feel unable to pick up the phone or write an email or letter. The way we work has been developed by listening and taking account of what children and young people tell us they want and need. They are the true architects of our helpline model of care.

Calling a helpline or accessing other services is a daunting experience, especially for children living in families who deny or ignore their problems.

"Is this confidential?" is often the first question. Calls are confidential, no one else need know unless the caller decides to talk to someone else or wants Nacoa to approach another agency on his/her behalf.

However, there are times when duty of care and professional codes of practice support breaching confidentiality. This information is given clearly to callers, who are advised that if they disclose identifying information and we are concerned for their safety, we will make a statutory report. Being honest and open is essential if we want to honour and encourage their trust.

Callers are often breaking their family's "code of silence" for the first time and may feel they are putting themselves at risk, that they are being disloyal to their parents. Callers need to know that they can remain anonymous. They are calling for themselves, not to betray their families.

Breaking the silence. We focus on the individual caller, encouraging them to look at their own practical wants and needs, rather than those of the family.

Callers tell their stories to more than one volunteer helpline counsellor. They are often closed down to their own emotions, distancing themselves from what's happening in their everyday lives. We listen without judgement, as they explore their experiences.

By recounting experiences, callers begin to feel less overwhelmed and begin a process of looking at issues one at a time, tackling life a day at a time, sometimes an hour at a time, or simply between calls.

Important messages include:

- You are not alone
- You are not responsible for your parent(s)' drinking
- You did not cause it and you can't control it
- You are not responsible for your parent(s)' behaviour

Coping with difficulties. Callers are often overwhelmed by their situations. They use drink, drugs or other behaviours such as eating disorders and self-harm, as a means of surviving difficulties at home; and subsequent problems at school and other social situations. As with their parents before them, these seemingly destructive behaviours become the solution to the problem.

Callers tell us they drink because *“It numbs the pain”*, *“I want to forget what’s happened”*, *“I drink with mum, it’s the only good times we have”*, *“The only time I’m happy is when I’m out of it”*.

We do not criticise parents or callers, but provide factual information, encouraging callers to find positive ways to express themselves and cope with difficulties.

Staying in the present, concentrating on practical solutions and taking account of the callers’ choices leads to what might seem small triumphs in both planning, thinking things through and informed choice making.

This may be the first time a caller has experienced positive outcomes for themselves – a powerful lesson and one which may lead to future positive choices.

Who can help. We encourage callers to talk about their relationships with teachers, friends and other family members. These relationships may be difficult because they fear being taken away from home or of “telling” on their parents. Anxiety leads to further isolation as they maintain what is often a painful silence.

For some callers there is no one to confide in, for others they simply need help to rehearse what to say, how to ask for help and what to ask for.

We are often the only adults callers feel able to ask for help about growing up in today’s world. We help them to make informed choices without feeling that they have to be an adult. We provide age-appropriate information so they can explore their options. The call is always about the caller, relevant to their individual situation, directed by the caller and at his or her own pace.

Ongoing support Calls revolve around what the caller wants to discuss, providing help when needed and sometimes at times of crisis. Callers ring or email for as long as they want.

Regular callers are supported in ways, which might ordinarily come from parents or carers. No two calls are the same; callers talk about a wide range of problems and sometimes contact because they are concerned about younger siblings. The roles of child and parent have become blurred adding to the caller’s sense of responsibility for what is happening.

Establishing what callers can change, what they can do for themselves and what is not within their power, is often a relief when they’ve been battling against impossible odds.

Our work is about planning for a more positive future. Positive experiences lead to higher self-esteem, a sense of autonomy and independence and the ability to perceive experiences constructively.

Working with other agencies and services. Being heard and having found words to ask for help often opens the way for callers to speak to people in their local areas. We share how to research other services, so callers can seek and access information and support for themselves. We also research on their behalf, including confidentiality issues for younger callers.

Callers can continue to call Nacoa after they find help elsewhere. Sometimes there is a period when callers continue to use Nacoa until feeling safe and secure with their new support network. There is no time limit and continued support does not depend on their contacting other suggested agencies or groups.

Engaging with, and becoming involved, e.g. by contributing a personal experience for the website, or becoming a member or volunteer, helps callers to perceive their experiences constructively and with a positive vision of life ahead, bringing our work full-circle helping others to help themselves.

“Growing up with an alcoholic parent was not an easy time for me. When it was 3am and my mother was screaming at us all for the fourth night in a row, I felt responsible and that I needed to do something to stop it – so with nowhere else to turn I would phone 999. This didn’t help and in fact made things worse. Years later, I found out about Nacoa and two things happened: I was sad that they didn’t exist when I was younger. Having a resource that listens and reassures you would have been much better than calling the emergency services.

I also decided that I needed to get involved – I know how invaluable it would have been to have Nacoa at the end of the phone. Now, I’ve completed the training and work with callers. It’s great to know that any time I spend at Nacoa means more people get through and are heard. They may have a little more hope in their lives and start to believe that it isn’t, never was and never will be their fault. That’s why I volunteer. I know how important being listened to is.” Katy

For a full evaluation of helpline calls please contact ceo@nacoa.org.uk, 0117 924 8005 or visit www.nacoa.org.uk/research.