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The Relationship Between Parental Substance Abuse and the Effects on Young Children

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THE RELATIONSHIP BETWEEN PARENTAL SUBSTANCE ABUSE AND THE EFFECTS ON YOUNG CHILDREN

A project based upon an independent investigation, submitted in partial fulfillment of the requirement for the degree of Bachelor of Arts in Social Work.

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ABSTRACT

This was a relational study investigating the implications of a parents drug use on a young child's life. A review of the literature revealed that a child is severely impacted by their parent's drug and alcohol abuse. Prenatal or postnatal use of drugs or alcohol can mean health, mental, social and emotional issues for a child. The relational study compared children whose parents have a history of drug or alcohol abuse to the children whose parents did not. The sample was observed in the Head Start setting and consisted of 77 children. The children whose family life did not include substance abuse were compared to the children whose home life had included substance abuse at some time. The findings were that drug and alcohol use by a parent does affect a child in many ways. The study also implied that poverty and other social issues can affect the way a child grows up as well. The statistics showed that the combination of social issues a child at Head Start may experience has more of an impact than just the substance abuse of a parent. As an overall example; 45 children in the program with parents who were not substance abusers had health problems and 38 had developmental issues. 14 children whose parents abused drugs or alcohol had health problems and only 13 had developmental issues.

Preface

In this relational study, the reader will be introduced to the topic of substance abuse and how parents' choices can affect a child's life. There are many effects, such as physical, behavioral, social, and emotional, that a parent puts a child through because of those certain choices. Within each category of effects there are even more consequences that a substance abusing parent can pass on to their child that include a plethora of various diseases and disorders. What the hope is for these children is that by educating the parents on these effects, there could be healthier choices made.

Outline

I. Introduction

A. Problem Formulation- Definition of substance abuse. Brief explanation of parental substance abuse and the effects on their young children

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II. Main Points (Effects of Parental Substance Abuse)

A. Physical Effects

-Fetal alcohol syndrome

-Effect of opioids on newborns

-Effect of cocaine on newborn

-Effect of PCP and LSD on newborn

-Neonatal Withdrawal Syndrome

-SIDS

-Failure to thrive

-Intrauterine growth retardation

-Contraction of infectious disease

-Premature birth

-Effects of crack cocaine and methamphetamines

-Sexual abuse, physical abuse, neglect

B. Behavioral Effects

-Behavioral disorders such as aggression, rage, physical violence, temper tantrums, verbal outbursts

-Impulsive behavior

-Independence

-Children in the role of a caretaker

-Attention seeking behavior

-Passive behavior

-Cycle of addictive behavior, children becoming addicts

C. Social Effects

- No primary caregiver relationship for the child

-Atypical social behaviors such as overfriendliness, withdrawal and impulsive behaviors

D. Emotional/ Mental Effects

-Mistrust

-Guilt

-Confusion

-Fear

-Ambivalence

-Conflicts with sexuality

-Shame

-Death of a parent

-Parent incarceration

III. Opposing Points (Effects of domestic violence, sexual abuse, physical abuse, emotional abuse, neglect, etc. Each effect can be caused by another type of social problem other than parental substance abuse.)

A. Physical Effects

-Fetal alcohol syndrome symptoms

-SIDS

-Failure to thrive

-Intrauterine growth retardation

-Contraction of infectious disease

-Domestic violence

-Premature birth

-Sexual abuse, physical abuse, neglect

-Poverty

B. Behavioral Effects

-Behavioral disorders such as aggression, rage, physical violence, temper tantrums, verbal outbursts

-Domestic violence

-Impulsive behavior

-Independence

-Children in the role of a caretaker

-Attention seeking behavior

-Passive behavior

C. Social Effects

- No primary caregiver relationship for the child

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-Mistrust

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-Conflicts with sexuality

-Shame

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-Data Gathering

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Introduction

The substance abuse of a parent has a lasting and apparent effect on all young children. There are a number of substances that can become a problem in people's lives, including but not limited to; marijuana, alcohol, stimulants, depressants, narcotics, hallucinogens and inhalants (Substance Abuse Training Tri-Town Head Start, 2007).

It is possible for alcohol and drugs to be utilized medically or accepted in social situations. The use of drugs and alcohol is not necessarily considered addiction or abuse. Experimentation is trying alcohol or drugs out of curiosity or peer pressure. If you use drugs in this manner, experimentation may not become problematic for an individual. Social and recreational use of a drug happens mostly with alcohol and marijuana. Use is widely accepted, except for marijuana, which is illegal. Many people can manage drinking solely at social occasions which does not constitute substance abuse or addiction. Drinking or using drugs as a stress relief can be common to deal with pressure and stress. This type of use may not be harmful if it is infrequent and does not create more problems for the user than they started with. However, if occurring often enough, drug and alcohol use for stress relief can become a problem for some (Substance Abuse Training Tri-Town Head Start, 2007).

The exact criteria for drug and alcohol use to be considered substance abuse, are:

1) recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home
2) recurrent substance use in situations in which it is physically hazardous
3) recurrent substance-related legal problems
4) continued substance use despite having persistent or recurrent social or interpersonal problems caused by or exacerbated by the effects of the substance (American Psychiatric Association, 2005)

Substance abuse is a difficult situation for anyone to deal with, but the problem is compacted when children are involved. Parents who are substance abusers may knowingly or unknowingly be causing a number of problems for their child. Substance abuse in a parent can lead to child abuse and neglect. A child can develop anxiety; this can include overachievement, constant need to please others, fear of harm coming to the family, and concern about getting home on time. Children can experience depression including symptoms like fatigue, listlessness, and no interest in pleasurable activities. Conduct disorders can be apparent in children with a substance abusing parent, behaviors consist of temper tantrums, emotional outbursts, no control of behavior, aggression, stealing and lying. Hyperactivity with a short attention span, inability to sit still and impulsivity can occur in these children. For a child with a parent who uses drugs or alcohol, there is a strong likelihood they will experience psychosomatic illness and complaining often about not feeling well. The child may also show behaviors evident of regression, including thumb-sucking, enuresis and infantile behavior. Phobias can occur, which sometimes are about attending school. Some additional effects on a child can include low self esteem and social isolation. These can encompass difficulty making decisions, self put downs, reluctance to try new activities, keeping to one's self, no friends and avoiding peer contact. There are also a number of medical issues that can occur with a child who was exposed to drugs or alcohol by their mother in the prenatal stage of life such as Fetal Alcohol Syndrome or contraction of an infectious disease (Substance Abuse Training Tri-Town Head Start, 2007).

Studying the effects of parental substance abuse on young children is justified in educating parents on how their actions affect their children. If an individual is aware of

the things that drugs and alcohol can do to their unborn child, they may realize it is not worth it to continue with this behavior. Making individuals aware of the long term effects a child has to suffer because their mother has chosen to abuse drugs during her pregnancy or otherwise, may be able to open parents' eyes to the problems that this creates. For example, an individual may think twice about using drugs if they knew they could cause their child to have: fetal alcohol syndrome, prematurity, intracranial hemorrhages, bronchopulmonary dysplasia, central nervous system disorders, failure to thrive and increased risk of SIDS. Not to mention the increased risk of a child contracting an infectious disease from their mother during birth, including: Gonorrhea, Syphilis, Herpes, Chlamydia, Hepatitis B, HIV and Tuberculosis (Kropenske & Howard, 1994); not to mention the behavioral, emotional, mental and social long term effects a child is going to endure in addition to these. Assuming that some parents are not completely aware of the damage they are doing, teaching them will surely make some difference in the lives of their children.

Another justification in looking at the effects of parents' substance abuse on children is that this has become a rampant problem in the United States over the years. A problem that affects so many people, including young children, deserves to be evaluated. In the year 2002, there were 15,353 Methamphetamine lab-related incidents in the United States. Out of this number of cases; 2,077 children were present for the incident, 2,023 children were living in the Methamphetamine labs, and 3,167 children were affected directly by the incident. Sadly, 1,026 of these children were taken into protective custody, 1,373 were exposed to the toxic chemicals in the labs, 26 were injured and two were killed during the incident (Parr, 2005). The epidemic drug problem in the United States

has been existent for awhile. In 1990, there were 375,000 babies born with crack cocaine addicted mothers. What is even more startling about this statistic is that five years before this in 1985, the number of babies born to crack addicted mothers was only one third of that (Kantrowitz, Wingert, De La Pena, Gordon & Padgett, 1990).

Another problem of parents that use, in particular mothers, is Fetal Alcohol Syndrome. Fetal Alcohol Syndrome is a disease which affects many children born to alcoholics. In 1988 in the United States, there were 24,000 babies born with Fetal Alcohol Syndrome (Gress, 1988). Heroin is a drug that increases an unborn babies' risk of contacting an infectious disease such as HIV from their mother, if she is a user. Alarmingly enough, in the year 2005, there were an estimated 3,091,000 United States residents who admitted to using heroin at least once in their lifetime (*Heroin Fast Facts*, 2003). Although substance abuse among parents is a large problem in the United States, the effects on children are 100 percent preventable. Even though efforts have been made to educate potential parents, substance abuse remains a problem. Parental substance has a major impact on the child welfare system because there are a large percentage of families affected by this problem. About nine percent of children who live in the United States have at least one parent that they live with who abuses alcohol and/or drugs ("Child Welfare Information Gateway," 2007). In 2006, there were 23.6 million people in the United States who needed treatment for a drug or alcohol addiction ("Results From the 2006 National Survey on Drug Use and Health: National Findings," 2007).

Negative Consequences of Parental Substance Abuse for Young Children

Physical Effects

Fetal Alcohol Syndrome is the result of a mother drinking alcohol while she is pregnant. Fetal Alcohol Syndrome is actually a pattern of birth defects including: prenatal growth retardation, postnatal growth retardation, low birth weight, abnormally small head, intellectual impairment, developmental delays, behavior dysfunction, neurological abnormalities, and facial abnormalities (Kropenske & Howard, 1994). Fetal alcohol syndrome relies on a number of factors. These include the mother's age and health, the condition before the fetus before alcohol exposure, and amount of alcohol that the fetus was exposed to. Damage to the fetus is more common with a large intake of alcohol, although this can vary. One or more drinks per day is connected with infant growth retardation. A drink is defined as one point five ounces of distilled alcohol, five ounces of wine, or 12 ounces of beer. However, the American Academy of Pediatrics says that there is no safe amount of alcohol that a mother can drink safely without harming her fetus (Nelson & Israel, 2003).

As these children grow older they usually experience difficulties in learning, attention, memory and problem solving. Other impairments can include hyperactivity, impulsiveness and lack of coordination. A child with Fetal Alcohol Syndrome may have a distinctive appearance including small eyes, short eye openings, epicanthic folds, flat and upturned nose, thin upper lip, crossed eyes, droopy eyelids and deformity of the external ear (Kropenske & Howard, 1994). A child with Fetal Alcohol Syndrome may also be born with mental retardation, seizure and sensitivity to touch/stimulation (Miller, 1996). In 2006, among pregnant women, aged 15 to 44, 11.8 percent reported alcohol use

during pregnancy. Within this group of pregnant women, two point nine reported binge drinking and point seven percent reported heavy drinking ("Results From the 2006 National Survey on Drug Use and Health: National Findings," 2007).

The abuse of other substances can cause similar physical effects to a child as Fetal Alcohol Syndrome. Mothers that use benzodiazepines while pregnant, such as valium or similar drugs, can cause their child to have facial deformities, brain abnormalities, and growth irregularities. The facial abnormalities of a child who has been exposed to benzodiazepines are similar to a child with Fetal Alcohol Syndrome. These infants usually have a sad and unemotional facial expression. Phenobarbital exposure before birth often causes facial deformity and congenital malformations as well (Milhorn, 1994).

Opioid use during pregnancy has severe consequences for a newborn. Opioids are a number of drugs which produce a morphine- like effect on the body. Certain opioids can be prescribed for pain control or abused. Opioids include morphine, heroin, methadone, percodan, percocet and dilaudid. An infant who has been exposed to opioids will often experience high bilirubin levels which are caused by the breakdown of the liver. They also have low blood sugar, low calcium and low magnesium. The child could also have serious convulsions sometimes resulting in death. More than likely, the child will experience respiratory trouble, including aspiration pneumonia. Brain damage may also occur such as infarcts or hemorrhages. An infarct in the brain is an area of dead tissue due to inadequate blood supply. A hemorrhage in the brain is an area with excessive bleeding. If an infant has prolonged exposure to opioids in the womb the brain damage could be as serious and permanent as mental retardation (Milhorn, 1994).

Cocaine abuse during pregnancy yields a number of negative consequences for a newborn baby. These include growth retardation and small head circumference. Cocaine use causes a much higher incidence of spontaneous abortion, prematurity, stillbirth, and premature separation of the placenta from the site of uterine implantation. Cocaine addicted infants usually demonstrate less interactive behavior, and slowed organizational abilities after their birth. The slowed organizational abilities can include the infants startle response. There is also a propensity for the infant to have low birth weight, heart defects and convulsions (Milhorn, 1994).

PCP and LSD have similar effects on an infant if used during pregnancy. Both PCP and LSD can cause violent behavior in the user, which could mean possible harm to the infant if a mother is involved in a aggressive outburst. For the infant, low birth weight, poor muscle control, brain damage, birth defects, lethargy, and tremors can occur. Two other types of drugs that do harm to infants in their prenatal stage are marijuana and inhalants. Marijuana may cause miscarriage, low birth weight, premature birth, developmental delays, and behavior and learning problems later in life. The category of drugs known as inhalants consists of sniffing hydrocarbons containing toluene. Inhalants can be found in gasoline, paint thinners and removers, degreasers and glue. The use inhalants during pregnancy can cause prenatal and postnatal growth retardation, small brain, brain dysfunction, facial deformity, and limb, skeletal and kidney abnormalities (Milhorn, 1994).

Neonatal Withdrawal Syndrome occurs when an infant has been exposed to drugs or alcohol while in the womb. After the child is born they have withdrawal symptoms which are similar to what an adult addict would have to endure during withdrawals. Symptoms

and withdrawals are usually seen within the first 72 hours of birth. Neonatal Withdrawal Syndrome occurs in infants whose mothers used depressant drugs during pregnancy. These are drugs that slow down the central nervous system. Examples of depressant drugs are alcohol, heroin, methadone, morphine, opiates, valium, and many others. Drugs that stimulate the central nervous system, such as, cocaine and methamphetamine, do not cause Neonatal Withdrawal Syndrome (Coles, 2002).

The signs of Neonatal Withdrawal Syndrome in a newborn are more agitation and increased physical activity than a typical newborn would display. This can include crying, sleeplessness, and sneezing, hiccupping and gastrointestinal upset. These babies are extremely alert and hard to soothe. The baby often appears to be hungry because of the frantic sucking motions they make. This usually leads to being overfed and then to stomach upset for the child. The child overeats in an attempt to comfort themselves. The motor tone in these infants is often increased because their muscles are tense due to the rigidity they are feeling. Their movements may be shuddering and unsteady. Some of these babies will move frantically resulting in the reddening of their knees and toes. This condition is known as excoriation. These infants may arch their backs and pull away when held. Some children undergoing withdrawal symptoms may require extensive medical attention while others may recover on their own. It just depends on the severity of the mother's drug use. In either case, the child should be closely monitored (Coles, 2002).

An infant who has been exposed to drugs before birth has an increased risk of dying of SIDS also known as "crib death." Failure to Thrive is a syndrome that also affects children who have been exposed to drugs. Failure to Thrive can be identified by weight

loss and failure to reach developmental milestones. Failure to Thrive can be caused by medical reasons including inadequate nutrition. This can be caused by neglect, failure to feed often enough, improper mixing of formula, parent's failure to tell when child is hungry, and lack of care and nurturing. Failure to Thrive can also be caused by vomiting, diarrhea, poor swallowing, cystic fibrosis, and congenital heart disease. These conditions can all be caused by drug exposure before birth (Kropenske & Howard, 1994). In 2006, four percent of pregnant women reported using illegal drugs during the past month ("Results From the 2006 National Survey on Drug Use and Health: National Findings," 2007).

Intrauterine Growth Retardation is a condition that describes a fetus that is below three percent of the normal birth weight. The cause of this is insufficient nutrients from mother to the fetus. This can be caused by a mother's hypertension, possibly caused by the use of cocaine, methamphetamine and PCP. Another cause for this is the mother not taking in sufficient calories for herself and the baby, a common factor in drug users, who often do not have appetites. Central Nervous System Disorders can also occur in infants who have been exposed to drugs and alcohol in the womb, although they can also be caused by factors once the child has been born. Babies exposed to methamphetamine and cocaine often have lesions and hemorrhaging of the brain. Central Nervous System Disorders can also be caused by trauma to the head and by shaking a baby (Kropenske & Howard, 1994). Each year in the United States there is an estimated 550,000 to 750,000 children born who have been exposed to drugs or alcohol ("Child Welfare Information Gateway," 2007).

Mothers who use drugs while pregnant also have a much higher risk of exposing their unborn child to an infectious disease. This can happen while carrying the child or at the time of birth. Mothers who abuse drugs have a much higher chance of having multiple sex partners or having a history of prostitution. They may also use drugs intravenously which increases the risk of acquiring an infectious disease. Many infectious diseases cross the placenta and infect the child, either as a newborn during delivery or before they are even born. Women who are drug users often resort to prostitution in order to support their habit, or have multiple sex partners, knowingly or unknowingly. Infants of drug users who have had multiple sexual partners often contract; gonorrhea, syphilis, herpes, Chlamydia, hepatitis B, HIV or AIDS. Tuberculosis is often contracted by infants of drug users, however, is not a sexually transmitted disease (Kropenske & Howard, 1994).

Babies whose mothers' used crack cocaine during their pregnancies have an abundance of health problems. They are usually born prematurely, and sometimes they can weigh as little as two pounds. They also experience hydrocephaly, which is water on the brain, kidney failure, apnea, and are much more likely to suffer a stroke. For children whose caretakers continue to use drugs, their health is continuously damaged by breathing in the crack smoke (Kantrowitz et al., 1990). The same situation occurs in homes which contain methamphetamine labs. This is an increasingly common practice, and unfortunately many of these labs are also homes to young children. For each pound of methamphetamine that is produced in these household labs, there is six pounds of waste. No normal amount of cleaning is going to remove the waste from methamphetamine. Children are playing in rooms where these chemicals are cooked and stored; they are ingesting food from the same refrigerators that are cooling these

ingredients. Often enough, the waste from manufacturing methamphetamines is dumped in the yards where these children are playing (Parr, 2005).

Parental substance abuse can lead to several types of child maltreatment including sexual abuse, physical abuse, and neglect. At the very least, they are not adequate parents if they are using drugs or alcohol (Crosson-Tower, 1999). A child who have parents who abuse drugs or alcohol, either prenatally or after the child is born, are at a much higher risk for abuse than the children whose parents do not abuse drugs or alcohol. Children who have been prenatally exposed to cocaine have a rate that is two to three times higher for abuse than children who have not been prenatally exposed to cocaine (Dubowitz, 1999). Children whose parents abuse drugs and alcohol are about three times as likely as other children to be physically or sexually assaulted. These children are four times as likely to be neglected as children whose parents are not substance abusers. There is also evidence that an alcoholic father is more likely top sexually abuse a child than a man who does not drink. At a Toronto Penitentiary, 76 percent of the male sex offenders were alcoholics. Over half of this population had commited their sex related crimes while under the influence of alcohol (Grapes, 2001). Children who have addicted parents overwhelm the caseloads of child protective agencies and as a result there is increasing difficulty in placing them and also getting access to services (Dubowitz, 1999).

Behavioral Effects

Parental substance abuse can be destructive to a family and the relationships that exist within the unit. Each child deals with this situation in a different manner but it is common for a child to develop behavior problems. As a child grows older, these behavior problems can lead to substance abuse, academic deficiencies, educational disabilities,

behavior disorders, delinquency and violence. Even at a very young age, children can exhibit aggression, rage, physical destruction and self inflicted injury. Behavior problems in these children can be less serious and include; talking back, not following directions and refusal to comply. Many children have these behavioral issues and not everyone would contribute them to parental substance abuse (Feaster, 1996).

Children who come from families involved with substance abuse are often viewed as having impulsive behavior. This is because they are used to having to do things for themselves and they do not have structure or routine at their home. If they need something they have to do it for themselves, whether it is the appropriate time or not. For example, if they are hungry they will search for food, if they are tired the will go to sleep, and if they feel like they are being threatened, they protect themselves. However the personalities of these children can vary greatly. Some externalize their feelings and become aggressive, while others do not express it and become passive. Aggressive behavior can stem from a child's resentment toward the addict parent or from witnessing domestic violence in the home (Feaster, 1996).

A child may seem to take on the role of a parent for younger siblings, such as preparing meals or preparing for bedtime. They may have to take on this role because the parent cannot be relied on for these tasks. The child may also feel a need to control their environment because everything else in their world is so chaotic. This is a possible trigger for temper tantrums, verbal outbursts when things do not go as they planned. Another cause for these children to have temper tantrums, verbal outbursts, or complain of illness may be the attention they know it will get them. If a child is attention starved, even if they are receiving a reprimand or punishment from a teacher for acting out, it is

still attention. They also feel comfort in the idea that they know what kind of response they will get from these negative behaviors. For a child who yearns for routine and predictability, they will act out to get a reaction (Feaster, 1996).

Children learn a majority of their behavior and communication skills in their home. They act on the example that is set for them. If a child is ignored at home or is yelled at, their communication skills will be affected. If they ask for something at home and they are just ignored, they may become very quiet around everyone and not bother asking for help anymore. If there is a lot of yelling in the home and the child has to yell also to be heard, they make take this behavior and loud communicating into situations where it is not appropriate, such as school. Problem behavior in school can also include; quiet and non-communicative, appearing to be lazy, crying often and ruining other children's work (Feaster, 1996).

Children may hint to what their home life is like without verbally telling anyone. It is common for young children to draw pictures with recurring themes of violence or drug and alcohol use. This can also be acted out in dramatic play or story telling. They may act out excessively, to confirm the negative feedback they may get at home from an addicted parent. They may also show a lack of attachment with adults and their own parents. Hyperactivity occurs, which may be a ploy for attention, even if it is reprimanding. Non-expressive behavior is a child's way of protecting themselves from getting hurt. If they have learned they that they get hurt, physically or emotionally, at home, they may withdraw in all situations. A child who is non-expressive may not talk, trust or feel. Regressive behavior is also common, including; crying, baby talk, thumb-sucking, and bed-wetting. A child may not exhibit any problematic behavior; they may go to the other

extreme as compulsive overachievers, very responsible for their age and showing independence (Miller, 1996).

Alcoholism and drug abuse in a family creates patterns in families. The addict parent is seen as unreliable while the other parent is looked at as the enabler, who allows the addict to keep up with this life style. The children can also take on roles within the family, sometimes referred to as; the family hero, scapegoat, lost child, and family mascot. The child who is the family hero always does what is right. They are successful at what they do but still feel inadequate due to their substance abusing parent. The scapegoat acts in an angry and defiant way. They feel hurt by their parent's behavior but at the same time, take the focus off what the parent is doing because they seem to be the trouble maker. The lost child is withdrawn and feels lonely and unimportant. They are quiet, tend to be followers and have difficulty making decisions. The child who is the family mascot tends to be immature, fragile and needs constant consolation. They are the child that needs to be protected from what their parent is doing with their substance abuse. This child feels fearful that something bad will happen to the substance abusing parent or to the family. This child may be a distraction from the problems in the family by providing comic relief. This child appears to be anxious, hyperactive and may have learning disabilities (Substance Abuse Training Tri-Town Head Start, 2007).

The effects of a drug or alcohol addicted parent can be evident for a child when they reach adulthood. Children who have parents that abused drugs or alcohol are at a much higher risk of becoming addicts themselves. Alcohol and drug addiction is due to both genetic and environmental factors. That is why children of addicted parents are the highest risk group of children to become alcohol and drug abusers. Even children who

have been adopted out of drug and alcohol addicted homes are at a high risk. After they have been placed with a new family, they still have a higher risk than other children to develop a problem with drugs or alcohol. Research has shown that alcoholism in particular has a very strong genetic factor. Boys with fathers who are alcoholics are four times as likely as other boys to become alcoholics as well. The use of drugs and alcohol by parents and their adolescents has a strong connection. There is an overwhelming possibility that an adolescent who uses drugs or alcohol has a parent who does also. The influence of parents attitudes towards using drugs and alcohol will effect the choices a child makes later in life. A parent who is permissive about substance abuse is likely to send a message to their children that this kind of behavior is alright. Most children feel that if their parents do it, it must be acceptable ("Children of Addicted Parents," 2005)

Social Effects

Secure attachment relationships with a primary caregiver are crucial to a child's social development (Kropenske & Howard, 1994). Children who live in environments that with a parent who is preoccupied with drugs or alcohol may not fill that role of a secure primary caregiver for that child. Another important aspect of the primary care givers relationship with the child is trust. If the child views the parent as unreliable and has let them down, there is no trust in that relationship. Drug users and alcoholics tend to put their children second to their habit, so they really are not a trustworthy and reliable parent. The lack of a primary caregiver relationship for a child leads to atypical social behaviors. These can include overfriendliness, withdrawal and impulsive behaviors (Kropenske & Howard, 1994).

The life of a parent who is a substance abuser usually includes factors that interfere with parenting, efficient childrearing, and partaking in their child's education. For the most part, these negative factors take a toll on all women who are raising children and abusing drugs or alcohol. This is regardless of social or economic status. In addition, the social environment of men or women who are using drugs or alcohol tends to include disarray and insecurity, which has a completely negative effect on children, regardless of their age. For proper social development and learning, children stability and guidance, which a substance abusing parent cannot provide (Dubowitz, 1999).

Addicted parents, men or women, tend to have little to no social supports. Women who abuse drugs or alcohol have few positive relationships with other women and tend to be reliant on an undependable or abusive male. This increases a child's risk of being sexually or physically abused. Children with substance abusing parents who are living in poverty often face greater difficulties overall. The reason that poverty adds to these children's complexities is that poverty stricken parents usually lack social and economic supports. With families who are not living in poverty, these social and economic supports would help to lessen social isolation and also to assist with the effects of prenatal drug or alcohol exposure (Dubowitz, 1999).

Emotional/Mental Effects

There are a number of emotional consequences for a child with a parent who abuses drugs and alcohol. Mistrust often occurs with a child because their parent behaves in an unpredictable manner. The child may not be able to tell what their parent is going to do or say next. An addicts' erratic behavior and mood swings do not give a child a feeling of security and consistency. If a parent has told their child they will never drink or do drugs

again, and they relapse, why would the child want to really believe any of the promises they make? They are let down when they trust their parents (*Coping With Substance Abuse in Your Family?*).

Guilt is common for a young child to feel as they witness their parent using drugs or alcohol. Children have a tendency to blame themselves for their parent's drinking or drug use. They may feel that their parent does this as a reaction to their bad behavior. A feeling of a shame may coincide with what a child feels about their home life. They feel pressured to keep the secret that their parent is a drunk or an addict. They may even purposely avoid making friends because they do not want anyone to know. They may also want to avoid having friends over because there is always the chance that their parents' out of control behavior will embarrass them (*Coping With Substance Abuse in Your Family?*).

Children often feel confused by their parent's behavior. They might witness their parent drinking or doing drugs, but being told at the same time that the parent is just tired. A parent may have entire conversations with their child or do certain things that they have no recollection of. That parent may deny these things ever happening which is also confusing to the child. Ambivalence towards a parent can also take place. For example, a child may resent and feel anger towards their parent because of the addiction but at the same time still love them and look for their approval and praise. These conflicting feelings can be very confusing for a young child (*Coping With Substance Abuse in Your Family?*).

Fear can be a big part of the life of a child with parents who use drugs and alcohol. They may be fearful of the parent while they are under the influence or actually fear for

the parent's life. The child may be worried that the parent will overdose, die in an alcohol or drug related car crash, or die from an illness. Children with this type of unstable and chaotic home environment tend to have insecurity, low self-esteem, tension, anxiety, depression and acting out. Another possible emotional consequence for children of addicts is conflict about sexuality. Sexual development may not occur if a child does not have guidance and education from their parents. With parents who use drugs and alcohol frequently, a child also has an increased risk of being exposed to sexual activity or even sexual abuse (*Coping With Substance Abuse in Your Family?*).

Mothers who abuse drugs or alcohol often experience psychiatric or psychological problems. These can include personality disorders, mood disorders, and depressive illness. Paired with substance abuse, these psychological problems can be devastating to a mother's parenting capabilities. A parent's mental health problems reduce a child's chance for a typical developmental course. An addicted parent who is experiencing depression will be even less-involved with their child. The depressed parent will also have impaired communication skills, increased tension, show less affection, and will show more guilt and resentment toward their child. To perpetuate the damage to the child even further, children of depressed parents are more likely to become depressed themselves. For parents who abuse drugs or alcohol, addiction and depression is a cycle; drug use leads to depression and depression leads to more drug use (Dubowitz, 1999).

It is not uncommon for a parent who abuses drugs or alcohol to die, either from an overdose or related disease. The death of a parent has an incredible impact on a child's life. The death of a parent will indefinitely shock a child. They may have a hard time understanding what has happened. The child may shows signs of emotional and physical

disturbance such as inability to sleep, stomach upset, loss of appetite, depression and anxiety. Children who lose a parent usually experience overwhelming grief or sadness, social withdrawal, attention seeking, declines in school performance, rebellion, anger guilt, and a preoccupation with that parent. Even a very young child will be able to sense the loss and pick up on the fact that their other parent or caretaker is grieving. There will most likely be a change in eating, toileting and sleeping habits. Children usually have a hard time understanding death and may think that dead people continue to do things such as eat, drink, or go to the bathroom. They may also think that if they wish their parent would come back, that they will. A child with a deceased parent may also think that death is contagious and that they will die soon too. They may develop an intense interest in death, such as what causes death and the ways that some people die. The child might feel as though they are being punished for bad behavior, and that is why the parent died. They will most likely have concerns about who will take care of them now that the parent is gone (McDowell & Futris, 2001).

The incarceration of a parent may be common for a child who mother or father abuse drugs or alcohol. If a child was born in prison, due to their mother's incarceration they did not have the chance to develop a mother and child bond. The child will not form an attachment to the mother and will most likely go on to have emotional and behavioral problems. If a child has a parent that has just been incarcerated, even if they are older, they will usually have a disrupted relationship with that parent. Insecure attachment relationships may cause a child to have poor peer relationships and lower cognitive abilities. Some children internalize the feelings they have about their parent's incarceration, which leads to anxiety, withdrawal, hyper vigilance, depression, shame and

guilt. The child feels like they have to keep a secret about where their parent is because they are so ashamed. The child may show the other extreme and exhibit rage and aggression towards their caregivers and siblings. Studies show that girls are more likely to internalize their feelings while boys are more likely to exhibit aggression. School age children with incarcerated parents usually experience problems in school such as academic performance and behavior problems. Children may even witness their parent being taken away by the police which can be traumatizing, causing nightmares and flashbacks. Some children may come home to an empty house, not even knowing that their parent has been arrested (Parke & Stewart, 2002).

Negative Consequences for Children Not the Result of Parental Substance Abuse

Physical Effects

Fetal alcohol syndrome is always caused by a mother's drinking alcohol while she is pregnant. However, symptoms similar to Fetal Alcohol Syndrome can appear in a child and have nothing to do with a mother's alcohol use while pregnant. Mental retardation including cognitive impairment is a symptom. Mental retardation can be caused by a number of factors. It is an impairment of the brain before birth, during birth or during childhood. Two major causes of mental retardation besides fetal alcohol syndrome are Down's syndrome and fragile X chromosome. Mental retardation can be the result of genetic factors. This can be inherited from parents, errors when the genes combine or other gene disorders. These disorders can be caused during pregnancy by infections, overexposure to x-rays, and other reasons. Inner errors of metabolism and chromosomal abnormalities such as phenyketonuria are also linked to Down syndrome, fragile X

chromosome and other forms of mental retardation ("What Causes Mental Retardation," 1997).

The problems during pregnancy that can cause mental retardation are: malnutrition, rubella, glanular disorders, diabetes, cytomegalovirus, and other illnesses. Physical malformations of the brain and HIV infection cause mental retardation during pregnancy also. Problems during birth that can occur are: low birth weight, prematurity, and physical trauma. Childhood diseases such as: whooping cough, chicken pox, measles, meningitis, and encephalitis can contribute, as well as accidents such as near drowning and trauma to the head. Lead and mercury have been known to cause severe damage to child's brain and nervous system causing mental retardation as well. Poverty is another factor that can cause cognitive impairment. People who live in poor conditions can develop mental retardation by malnutrition, disease-producing conditions, lack of medical care, and environmental health hazards ("What Causes Mental Retardation," 1997). Another symptom of fetal alcohol syndrome can be facial deformity. Other causes of facial abnormalities can be: diet, poor nutrition, mental retardation, and genetics ("What You Need to Know About Facial Deformity, Crooked Teeth, and the Modern Diet," 2007).

Sudden Infant Death Syndrome has a number of possible causes, one being the prenatal use of a controlled substance by the mother. Although there is evidence pointing towards certain causes of this syndrome, the actual cause is hard to pinpoint. Conditions that may be undiagnosed and result in a diagnosis of SIDS can include: medium chain acyl CoA dehydrogenase deficiency, infant botulism, long QT syndrome and shaken baby syndrome. The prenatal causes of SIDS besides a mothers drinking or drug abuse

are: inadequate prenatal care, inadequate prenatal nutrition, cigarette smoking, successive births less than one year apart, and being overweight. The post-natal risks for a child to die of SIDS are low birth weight, exposure to cigarette smoke, sleeping on the stomach, failure to breastfeed, overheating, excessive clothing, excess bedding, soft sleep surface, stuffed animals or toys blocking airway, gender (over 6o percent of all SIDS deaths occur in boys), being two to four months old, sleeping with another child or parent and premature birth ("Sudden Infant Death Syndrome," 2007).

Failure to Thrive occurs in a child when they are unable to take in, retain, or utilize the calories that they need to grow and gain weight. Even though this occurs during the early stages of life, it can affect a child for the rest of their development. There are a number of different causes of Failure to Thrive. A parent may purposely restrict their child's diet because they don't want them to be overweight. The parent may also not be able to afford sufficient food for their child ("Failure to Thrive," 2007). Poor nutritional intake is common for a child whose family cannot afford to feed them adequately. Growth stunting can occur in extreme cases of hunger and starvation during childhood. Malnutrition is also common with children whose diets do not meet the basic nutritional requirements (Gunn & Duncan, 1997). A parent might not have much interest in their child, which usually leads to neglect. Failure to Thrive can also have a number of medical disorders including conditions of the gastrointestinal system, malabsorptive disorders, endocrinologic disorders, respiratory disorders, cardiac disorders, intolerance of milk protein, infections and metabolic disorders ("Failure to Thrive," 2007).

Intrauterine growth retardation can occur for a number of reasons besides a mother's drug of alcohol use. Some of the causes are: maternal hypertension, smoking cigarettes

during pregnancy, multiple births, birth defects, chromosomal abnormalities, chronic kidney disease, low amniotic fluid, malnutrition, anemia, infection, use of certain prescription medications, diabetes, heart disease and respiratory disease ("Intrauterine Growth Restriction: What is it and How Can it Affect my Baby?" 2007). Premature birth is a related condition which can occur without the maternal use of alcohol or controlled substance. Possible causes for premature birth are: having a previous preterm labor or premature birth, pregnancy with twins or other multiple births, problems with uterus cervix or placenta, smoking cigarettes, infections of the lower genital tract, infections in amniotic fluid, diabetes, being over or under weight, high blood pressure, stress, multiple abortions and multiple miscarriages ("Premature Birth," 2007).

Babies can contract infectious diseases from their mothers while in the womb or during birth. A mother has a higher risk of having an infectious disease such as HIV or Chlamydia if she is taking part in prostitution or has multiple sex partners (Kropenske & Howard, 1994). While the chances of these situations happening are high with mothers who use drugs or drink heavily, they are not necessarily the only cause. A mother living in poverty may resort to prostitution to support her family, and a mother could have had a high number of sex partners for personal reasons. A child could also contract an infectious disease after birth by sexual abuse of a parent or other adult who is infected.

Poverty itself can cause a number of detrimental effects to a child's health and physical well-being. Lead poisoning is common among children who live in poverty. As income of a family increases and neighborhoods improve, the chances of living in a home with high levels of lead decrease. Therefore, children living in old and rundown homes are at much higher risk of getting lead poisoning from their environment than children

living in upscale neighborhoods. The most common source of lead poisoning for children is the deteriorating lead paint in homes. Infants and toddlers may eat the paint chips or inhale the lead dust. The harmful effects of lead can occur even with very low levels of exposure. There are different health problems that can occur at different levels of lead exposure. The health risks also vary depending on the developmental stage of the child. Lead exposure is connected with stunted growth, hearing loss, vitamin D metabolism damage, impaired blood production, and toxic effects on the kidneys. There is also a link between a small elevated lead level and decreased IQ scores (Gunn & Duncan, 1997).

The sexual abuse of a child can occur without the use of drugs or alcohol. A socially isolated child is at a higher risk of being abused. A child who is left alone and unsupervised is also at risk. Studies show that a child with a mother who is absent, not close to their child emotionally, never finished high school, is isolated, sexually punitive and religiously fanatic, is more likely to have a child who will be sexually abused. Low income families, families with a stepfather, or a mother's boyfriend were also at a higher risk for a child to be sexually abused, either within the family or by an outside perpetrator (Crosson-Tower, 1999).

The physical abuse of a child can occur in a number of situations. Children who are at higher risk than others have a parent who: is mentally ill, frustrated, low-income, a rigid disciplinarian, and misplaces abuse onto their children from stress in their own lives. Children, who are illegitimate, born prematurely, mentally retarded, congenitally malformed, and have health problems also have a greater chance of being physically abused. Children who live with mentally ill parents, mothers who are unable to maintain lasting heterosexual relationships, low-income situations, developmentally disabled

parents, teen parents and uneducated parents are also at high risk for child neglect (Crosson-Tower, 1999).

Children who experience domestic violence in the home are prone to have a number of physical effects. They often have somatic complaints, such as headaches and stomachaches. They often spend a great deal of time in the nurse's office while at school and complaining of their various ailments. These children may appear to be nervous or anxious and also may have a short attention span. They can be tired and lethargic with frequent illnesses. These children may also have poor personal hygiene and regression in their development. Regressive behaviors can include thumb sucking, bedwetting and baby talk. Children who have witnessed violence may resort to self harm or aggressive play such as hitting or kicking peers ("The Effects of DV on Children," n.d.).

Behavioral Effects

Behavioral disorders in young children can have a number of causes not involving parental substance abuse. This can include issues with the brain and nervous system, and genetics. A child's family life can also play a big role in behavior problems (Nelson & Israel, 2003). For example, a child who exhibits constant problem behavior such as excessive tantrums may be showing what their overall temperament is. They also may be experiencing some sort of emotional or cerebral disorder (Schopler & Reichler, 1976). The family problems that can affect the behavior of a child are divorce, physical abuse, sexual abuse, neglect, mental abuse etc. Aggressive behavior in children can be learned. This may be what they see at home with siblings and parents. In their household, the only way they may be able to get attention or get what they want is through acting out. This teaches a child that they are getting a reward for this negative type of behavior. Impulsive

and negative behavior may be causes by an actual disorder such as ADHD (Nelson & Israel, 2003).

Witnessing domestic violence can cause a number of behavior problems in children. As a result of witnessing a traumatic event such as domestic violence, a child may act out for the attention that they do not get at home or withdraw to avoid drawing attention to themselves. In children who seek attention, this can become excessive. These children may learn to be aggressive or to be passive in order to avoid any conflict. Sometimes children who have an abused parent may take over the role of caregiver and act as a substitute for the parent. A child may have nightmares or wet the bed. Other behavioral consequences for children who witness domestic violence are; reduced intellectual competency, refusing to go to school, manipulation, dependency and mood swings ("The Effects of DV on Children,"n.d.).

Social Effects

Children can be affected by their parent's behavior even if the parents are not substance abusers or alcoholics. Children who grow up in healthy environments often form secure attachment relationships with their caregivers. Characteristics of attachment to a caregiver are: when the child feels threatened or afraid they know they return to their caregiver fir comfort, the caregiver provides a secure base for the child to explore the world, the child wants to stay near the caregiver for safety, and the child becomes distressed when separated from the caregiver. Attachment issues can occur if the child does not have a secure relationship with their caregiver or if they were punished for relying on their caregiver in the past. Ambivalent attachment occurs when a child does not depend on their caretaker, this is often the result of poor maternal availability.

Avoidant attachment occurs when a child shows no preference between a complete stranger and their own mother/caretaker. This is often the result of abusive or neglectful caregivers. Sometimes children diagnosed with oppositional defiant disorder, post traumatic stress disorder, conduct disorder, abuse, and neglect or trauma experience similar attachment issues ("Attachment Theory, 2005).

Similar social issues can occur with a child who has witnessed domestic violence. After a child has witnessed a violent situation at home s/he may isolate themselves from their friends and family members. A child's existing relationships, whether it be friend or family, could become tumultuous. Difficulty trusting other adults or anyone else is also common for a child who has witnessed violence by their own parent. It is common for a child to want to stay at school or other situations in order to avoid the violence at home. These children may appear to be passive with their peers, family and teachers. The other extreme is for the child to take on a temperament of a bully. Witnesses of domestic violence also show poor anger management and problem solving skills. Later on in life, these children could go on to become engaged in an abusive relationship as well; either as the aggressor or the victim ("The Effects of DV on Children," n.d.).

Emotional/Mental Effects

Emotional and mental harm to a child can occur even to a child who does have a parent who is a substance abuser. A common cause of emotional and mental effects in children's lives is neglect. In infancy, if a child does not experience an empathetic response from their parent or caregiver, the experience is agonizing. At first a child may protest or cry if they are ignored which will cause an even greater parental rejection. The neglectful parent will be angered by their child's reaction and punish the child with even

less attention. When a child lives in isolation they undergo psychological abandonment. In response to having a neglectful caretaker, a child might respond by inhibiting their expression of feelings. They have learned that when they cry or show emotion that no one comes to their aid. Later in life the child may block out completely, the response to their emotions. Instead, they pretend that they do not need anyone (Dubowitz, 1999).

One of the reasons that a parent may be neglectful of their child is depression. They do not purposefully reject their child's feelings; they do not even notice them so they are unresponsive. This causes the child to take on the caregiver role. Instead of the child thinking about their need they will be focused on what their parent needs. In this situation the emotional needs of a child are completely ignored. Children of neglectful parents usually become instinctively self-reliant; and seem much more mature or independent than a typical child of their age. When these children are old enough to enter school and other social situations, they remain independent of any help or companionship from peers. They have not been shown any examples of social relationships with their parents so they tend to be isolated from peers. These children may be viewed as awkward or anti-social (Dubowitz, 1999).

A young child's life is centered on their parents or guardian. When a parent is not healthy, physically or mentally, this can have a devastating effect on the child. Families living in poverty are more likely to include parents who are not as healthy as those with higher incomes. This can be due to lack of health insurance and the inability to afford doctors visits. The stress of living in poverty can also take its toll on a person's body and mind. Parents who are irritable and depressed tend to have more conflicts with their children than those parents who are emotionally stable. Constant stress and conflict in the

home can lead to a child having less social, emotional and cognitive development. Lack of mental health coincides with less child-parent interactions also. It is also likely that this situation takes away the chance for learning to occur in the home (Gunn & Duncan, 1997).

Witnessing domestic violence can have a number of emotional effects on children. They may experience grief for their family and for the personal losses that domestic violence may have caused for them. A child may feel ashamed or assume that they are somehow responsible for the domestic violence that has occurred. The child may be very confused and have conflicting feelings about the parent who is committing the violence. The situation is often confusing because while the child loves their parent, they might hate the way they act or dislike them when they are abusive. These children are fearful most of the time and are always unsure of what will happen next. Other emotions a child will experience are anger, sadness, powerlessness and helplessness. Most children who witness domestic violence are embarrassed of their situation at home ("The Effects of DV on Children," n.d.).

Hypothesis

Children who have parents that abuse drugs and alcohol are the victims of a number of negative effects. They experience physical effects such as fetal alcohol syndrome, SIDS, failure to thrive, intrauterine growth retardation, contraction of infectious disease, premature birth and various types of abuse. These children can also experience behavioral effects such as behavior disorders, impulsive behaviors, independence, children as the role of caretaker, attention seeking and passive behavior. The social effects for children are no primary caregiver and atypical social behaviors. There are also

emotional and mental effects on these children which consist of mistrust, guilt, confusion, fear, ambivalence, conflicts with sexuality and shame. The same effects can occur in children who do not have parents who substance abuse.

After examining traumatic experiences during childhood, such as having a parent who does drugs or being sexually abused, it is clear that these things can have an apparent and noticeable effect on the child both physically and otherwise. It seems as though these traumatic events that can occur during childhood, such as abuse, death of a parent and physical illness, are usually directly correlated with a parent or caregivers substance abuse. Poverty is also a factor in the number of negative experiences a child has to deal with.

Methodology

This study has been designed to determine if there is a difference in a child's development and behavior if their parent/s are substance abusers versus if they are not substance abusers. Most likely, the study will show a variation in the behavior and development in the children whose parents have been or are substance abusers. This is a relational study that will look at the differences in children. The variable is substance abuse among the parents of these children.

Sample

The sample consisted of 77 children who partake in the Head Start Program in Johnston and North Providence. This included children who attend the daycare and also those who are in the home based program. The ages of children ranged from one year old to five years old and consisted of 40 males and 37 females. The sample was taken from a census of all the children who participate in the Head Start Program in North Providence

and Johnston. 77 children were randomly selected from the 153 total students in the program.

Data Gathering

Data was gathered by examining each child's records. A document called the "Clients to Success" is completed with every parent in the program. "Clients to Success" has a section on present or past substance abuse within the family. This will be indicative of whether or not there is drug or alcohol use prevalent in that family. Any developmental delays or problems will be noted in the child's file in the special needs section. Also, any behavior problems will be noted in "anecdotals" which are classroom progress notes written by each teacher or case manager on their children.

Data was gathered from the "Clients To Success" document with the following instrument:

Child's Name_____ **Class_____**

Date of Birth_____ **Case Manager _____**

1. Does this child have a parent who has a history or a current problem with substance abuse?

Yes ☐ **No** ☐

2. If so, what is the nature of the problem?

3. Does the family have any family members/family friends who have problems with substance abuse?

4. Does the child have any special needs?

5. Does the child have any developmental issues?

6. Does the child have any health problems?

7. Does the child display any behavior problems?

Data Analysis

The data from the 77 samples did not support the research on parental substance abuse. There was not a significant correlation between the children whose parents were substance abusers and developmental delays, health, or behavior problems.

Findings

Table 1

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Health	59	76.6%	18	23.4%	77	100.0%

Table 1 represents the total number in the sample of children who experienced some sort of health problem. The table includes the number of children who had health problems; if they had parents who were substance abusers or if their parents were not substance abusers.

Table 2

		Responses		Percent of Cases
		N	Percent	
Health	hearing	12	8.2%	20.3%
	Vision	8	5.5%	13.6%
	Speech	27	18.5%	45.8%
	development	22	15.1%	37.3%
	asthma	16	11.0%	27.1%
	lead	4	2.7%	6.8%
	lowblood	1	.7%	1.7%
	eczema	8	5.5%	13.6%
	premature	8	5.5%	13.6%
	allergies	5	3.4%	8.5%
	boils	1	.7%	1.7%
	uti	1	.7%	1.7%
	detoxed	2	1.4%	3.4%
	bronchitis	2	1.4%	3.4%
	teeth	1	.7%	1.7%
	pneumonia	1	.7%	1.7%
	liver	1	.7%	1.7%
	impetigo	1	.7%	1.7%
	dermatitis	1	.7%	1.7%
	ears	3	2.1%	5.1%
	ftt	1	.7%	1.7%
	seizures	1	.7%	1.7%
	bladder	1	.7%	1.7%
	other	18	12.3%	30.5%
Total		146	100.0%	247.5%

Table 2 displays the different types of health problems that were accounted for in the data. As displayed in Table 1, the data includes all 77 children in the sample; regardless of whether or not their parent has or had a substance abuse problem. The category of health also includes a hearing, speech or vision problem and if a child is developmentally delayed. The health problems surveyed were; asthma, high levels of lead in the blood, low blood pressure, eczema, premature birth, allergies, boils, urinary tract infections, detoxed from drugs or alcohol at birth, bronchitis, decayed teeth, pneumonia, liver problems, impetigo, dermatitis, ear infections, failure to thrive, seizures, bladder

problems and other. There were a total of 146 cases of health problems out of the 77 children sampled. A child could have been counted more than once because of the possibility of having more than one ailment.

Table 3

			Parent with history of drug abuse		
			No	Yes	Total
Health	hearing	Count	10	2	12
	Vision	Count	7	1	8
	Speech	Count	21	6	27
	development	Count	17	5	22
	asthma	Count	13	3	16
	lead	Count	3	1	4
	lowblood	Count	1	0	1
	eczema	Count	6	2	8
	premature	Count	6	2	8
	allergies	Count	5	0	5
	boils	Count	1	0	1
	uti	Count	1	0	1
	detoxed	Count	0	2	2
	bronchitis	Count	1	1	2
	teeth	Count	0	1	1
	pneumonia	Count	1	0	1
	liver	Count	1	0	1
	impetigo	Count	1	0	1

	dermatitis	Count	1	0	1
	ears	Count	3	0	3
	ftt	Count	1	0	1
	seizures	Count	1	0	1
	bladder	Count	1	0	1
	other	Count	11	7	18
Total		Count	45	14	59

Table 3 represents developmental delays, vision, hearing and speech delays, and also health problems among the children at Head Start. The table compares the problems of children with and without substance abusing parents. In each category, more children with parents who didn't abuse drugs or alcohol experienced health problems. There were a few exceptions in which the children whose parents had a history of substance abuse experienced a greater number of problems. These included the children who had troubles with chronic bronchitis, badly decayed teeth, and having to be detoxed from drugs and/or alcohol at birth. Being detoxed at birth from drugs or alcohol occurred only in the children who had drug addicted or alcoholic parents.

Table 4

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
premature * Parent with history of drug abuse	77	100.0%	0	.0%	77	100.0%

Table 5

			Parent with history of drug abuse		
			No	Yes	Total
premature	No	Count	53	16	69
		% within premature	76.8%	23.2%	100.0%
		% within Parent with history of drug abuse	89.8%	88.9%	89.6%
		% of Total	68.8%	20.8%	89.6%
	Yes	Count	6	2	8
		% within premature	75.0%	25.0%	100.0%
		% within Parent with history of drug abuse	10.2%	11.1%	10.4%
		% of Total	7.8%	2.6%	10.4%
Total		Count	59	18	77
		% within premature	76.6%	23.4%	100.0%
		% within Parent with history of drug abuse	100.0%	100.0%	100.0%
		% of Total	76.6%	23.4%	100.0%

Table 4 and 5 represents premature births among the children of Head Start. 77 percent of the premature births occurred with parents who do not have a history or current problem with substance abuse.

Table 6

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Behavior * Parent with history of drug abuse	16	20.8%	61	79.2%	77	100.0%

Table 7

			Parent with history of drug abuse		
			No	Yes	Total
Behavior	Mild	Count	3	1	4
		% within Behavior	75.0%	25.0%	100.0%
		% within Parent with history of drug abuse	27.3%	20.0%	25.0%
		% of Total	18.8%	6.3%	25.0%
	Moderate	Count	5	2	7
		% within Behavior	71.4%	28.6%	100.0%
		% within Parent with history of drug abuse	45.5%	40.0%	43.8%
		% of Total	31.3%	12.5%	43.8%
	Severe	Count	3	2	5
		% within Behavior	60.0%	40.0%	100.0%
		% within Parent with history of drug abuse	27.3%	40.0%	31.3%
		% of Total	18.8%	12.5%	31.3%
Total		Count	11	5	16
		% within Behavior	68.8%	31.3%	100.0%
		% within Parent with history of drug abuse	100.0%	100.0%	100.0%
		% of Total	68.8%	31.3%	100.0%

Table 8

	N	Mean	Std. Deviation	Minimum	Maximum
Behavior	16	2.0625	.77190	1.00	3.00
Parent with history of drug abuse	77	.2338	.42600	.00	1.00

Table 9

	Parent with history of drug abuse	N	Mean Rank	Sum of Ranks
Behavior	No	11	8.14	89.50
	Yes	5	9.30	46.50
	Total	16		

Table 10

	Behavior
Mann-Whitney U	23.500
Wilcoxon W	89.500
Z	-.485
Asymp. Sig. (2-tailed)	.628
Exact Sig. [2*(1-tailed Sig.)]	.661(a)

Table 11

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Behavior * Parent with history of drug abuse	16	20.8%	61	79.2%	77	100.0%

Table 12

			Parent with history of drug abuse		
			No	Yes	Total
Behavior	Mild	Count	3	1	4
		% within Behavior	75.0%	25.0%	100.0%
		% within Parent with history of drug abuse	27.3%	20.0%	25.0%
		% of Total	18.8%	6.3%	25.0%
	Moderate	Count	5	2	7
		% within Behavior	71.4%	28.6%	100.0%
		% within Parent with history of drug abuse	45.5%	40.0%	43.8%
		% of Total	31.3%	12.5%	43.8%
	Severe	Count	3	2	5
		% within Behavior	60.0%	40.0%	100.0%
		% within Parent with history of drug abuse	27.3%	40.0%	31.3%
		% of Total	18.8%	12.5%	31.3%
Total		Count	11	5	16
		% within Behavior	68.8%	31.3%	100.0%
		% within Parent with history of drug abuse	100.0%	100.0%	100.0%

	% of Total	68.8%	31.3%	100.0%

Table 13

			nature	Behavior
Kendall's tau_b	nature	Correlation Coefficient	1.000	.217
		Sig. (1-tailed)	.	.204
		N	71	13
	Behavior	Correlation Coefficient	.217	1.000
		Sig. (1-tailed)	.204	.
		N	13	16

Tables six through 13 display the different levels of behavior problems present in the children sampled. The behaviors were categorized as mild, moderate and severe. There was no connection between children whose parents were addicted and the most severe behavior problems.

Table 14

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
ftt * Parent with history of drug abuse	77	100.0%	0	.0%	77	100.0%

Table 15

			Parent with history of drug abuse		
			No	Yes	Total
ftt	no	Count	58	18	76
		% within ftt	76.3%	23.7%	100.0%
		% within Parent with history of drug abuse	98.3%	100.0%	98.7%
		% of Total	75.3%	23.4%	98.7%
	yes	Count	1	0	1
		% within ftt	100.0%	.0%	100.0%
		% within Parent with history of drug abuse	1.7%	.0%	1.3%
		% of Total	1.3%	.0%	1.3%

Total	Count	59	18	77
	% within ftt	76.6%	23.4%	100.0%
	% within Parent with history of drug abuse	100.0%	100.0%	100.0%
	% of Total	76.6%	23.4%	100.0%

Tables 14 and 15 represent the numbers of children who experienced a failure to thrive in their lifetime. Failure to thrive is common in infants when mothers abuse drugs or alcohol; before or after birth. Yet, in the children sampled, the number of failure to thrive cases among substance abusing parents was virtually nonexistent compared to parents who did not have substance abuse issues.

Table 16

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
premature * Parent with history of drug abuse	77	100.0%	0	.0%	77	100.0%

Table 17

			Parent with history of drug abuse		
			No	Yes	Total
premature	No	Count	53	16	69
		% within premature	76.8%	23.2%	100.0%
		% within Parent with history of drug abuse	89.8%	88.9%	89.6%
		% of Total	68.8%	20.8%	89.6%
	Yes	Count	6	2	8
		% within premature	75.0%	25.0%	100.0%
		% within Parent with history of drug abuse	10.2%	11.1%	10.4%
		% of Total	7.8%	2.6%	10.4%
Total		Count	59	18	77

	% within premature	76.6%	23.4%	100.0%
	% within Parent with history of drug abuse	100.0%	100.0%	100.0%
	% of Total	76.6%	23.4%	100.0%

As Table 16 and 17 show, the number of premature births to parents at Head Start were much higher to parents who did not abuse drugs or alcohol. There were a total of eight premature births, with a ratio of two to six. This means that the parents who did not use drugs or alcohol were three times as likely to have a premature baby.

Table 18

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
lead * Parent with history of drug abuse	77	100.0%	0	.0%	77	100.0%

Table 19

			Parent with history of drug abuse		
			No	Yes	Total
lead	No	Count	56	17	73
		% within lead	76.7%	23.3%	100.0%
		% within Parent with history of drug abuse	94.9%	94.4%	94.8%
		% of Total	72.7%	22.1%	94.8%
	Yes	Count	3	1	4
		% within lead	75.0%	25.0%	100.0%
		% within Parent with history of drug abuse	5.1%	5.6%	5.2%
		% of Total	3.9%	1.3%	5.2%
Total		Count	59	18	77
		% within lead	76.6%	23.4%	100.0%
		% within Parent with history of drug abuse	100.0%	100.0%	100.0%

	% of Total	76.6%	23.4%	100.0%

In Tables 18 and 19, there were four children sampled who had high levels of lead in their blood. One child with lead poisoning had parents who used drugs or alcohol, three did not.

Table 20

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
allergies * Parent with history of drug abuse	77	100.0%	0	.0%	77	100.0%

Table 21

			Parent with history of drug abuse		Total
			No	Yes	
allergies	No	Count	54	18	72
		% within allergies	75.0%	25.0%	100.0%
		% within Parent with history of drug abuse	91.5%	100.0%	93.5%
		% of Total	70.1%	23.4%	93.5%
	Yes	Count	5	0	5
		% within allergies	100.0%	.0%	100.0%
		% within Parent with history of drug abuse	8.5%	.0%	6.5%
		% of Total	6.5%	.0%	6.5%
Total		Count	59	18	77
		% within allergies	76.6%	23.4%	100.0%
		% within Parent with history of drug abuse	100.0%	100.0%	100.0%
		% of Total	76.6%	23.4%	100.0%

Table 22

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent

liver * nature	71	92.2%	6	7.8%	77	100.0%

Table 23

			nature				
			.00	In recovery	Currently Using	Child removed for severity	Total
liver	no	Count	52	7	7	4	70
		% within liver	74.3%	10.0%	10.0%	5.7%	100.0%
		% within nature	98.1%	100.0%	100.0%	100.0%	98.6%
		% of Total	73.2%	9.9%	9.9%	5.6%	98.6%
	yes	Count	1	0	0	0	1
		% within liver	100.0%	.0%	.0%	.0%	100.0%
		% within nature	1.9%	.0%	.0%	.0%	1.4%
		% of Total	1.4%	.0%	.0%	.0%	1.4%
Total		Count	53	7	7	4	71
		% within liver	74.6%	9.9%	9.9%	5.6%	100.0%
		% within nature	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	74.6%	9.9%	9.9%	5.6%	100.0%

Tables 20 through 23 represent the children sampled who had allergy problems or health issues with their liver. Research shows that liver problems can be a direct result of a parent's substance abuse.

Table 24

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
development * nature	71	92.2%	6	7.8%	77	100.0%

Table 25

			nature				
			.00	In recovery	Currently Using	Child removed for severity	Total
developme nt	No	Count	38	6	4	3	51
		% within development	74.5%	11.8%	7.8%	5.9%	100.0%
		% within nature	71.7%	85.7%	57.1%	75.0%	71.8%
		% of Total	53.5%	8.5%	5.6%	4.2%	71.8%
	Yes	Count	15	1	3	1	20
		% within development	75.0%	5.0%	15.0%	5.0%	100.0%
		% within nature	28.3%	14.3%	42.9%	25.0%	28.2%
		% of Total	21.1%	1.4%	4.2%	1.4%	28.2%
Total		Count	53	7	7	4	71
		% within development	74.6%	9.9%	9.9%	5.6%	100.0%
		% within nature	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	74.6%	9.9%	9.9%	5.6%	100.0%

Table 26

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Speech * nature	71	92.2%	6	7.8%	77	100.0%

Table 27

			nature				
			.00	In recovery	Currently Using	Child removed for severity	Total
Speech	No	Count	34	6	3	3	46
		% within Speech	73.9%	13.0%	6.5%	6.5%	100.0%
		% within nature	64.2%	85.7%	42.9%	75.0%	64.8%
		% of Total	47.9%	8.5%	4.2%	4.2%	64.8%
	Yes	Count	19	1	4	1	25
		% within Speech	76.0%	4.0%	16.0%	4.0%	100.0%

	% within nature	35.8%	14.3%	57.1%	25.0%	35.2%
	% of Total	26.8%	1.4%	5.6%	1.4%	35.2%
Total	Count	53	7	7	4	71
	% within Speech	74.6%	9.9%	9.9%	5.6%	100.0%
	% within nature	100.0%	100.0%	100.0%	100.0%	100.0%
	% of Total	74.6%	9.9%	9.9%	5.6%	100.0%

Table 28

			nature				
			.00	In recovery	Currently Using	Child removed for severity	Total
Vision	No	Count	47	6	7	4	64
		% within Vision	73.4%	9.4%	10.9%	6.3%	100.0%
		% within nature	88.7%	85.7%	100.0%	100.0%	90.1%
		% of Total	66.2%	8.5%	9.9%	5.6%	90.1%
	Yes	Count	6	1	0	0	7
		% within Vision	85.7%	14.3%	.0%	.0%	100.0%
		% within nature	11.3%	14.3%	.0%	.0%	9.9%
		% of Total	8.5%	1.4%	.0%	.0%	9.9%
Total		Count	53	7	7	4	71
		% within Vision	74.6%	9.9%	9.9%	5.6%	100.0%
		% within nature	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	74.6%	9.9%	9.9%	5.6%	100.0%

Tables 24 though 28 represent developmental issues in a child, such as hearing, vision and speech. The tables data suggests that the more severe a parent's drug problem is, the better their child's developmental health will be.

Table 29

			nature				
			.00	In recovery	Currently Using	Child removed for severity	Total
teeth	no	Count	53	6	7	4	70
		% within teeth	75.7%	8.6%	10.0%	5.7%	100.0%
		% within nature	100.0%	85.7%	100.0%	100.0%	98.6%
		% of Total	74.6%	8.5%	9.9%	5.6%	98.6%
	yes	Count	0	1	0	0	1
		% within teeth	.0%	100.0%	.0%	.0%	100.0%
		% within nature	.0%	14.3%	.0%	.0%	1.4%
		% of Total	.0%	1.4%	.0%	.0%	1.4%
Total		Count	53	7	7	4	71
		% within teeth	74.6%	9.9%	9.9%	5.6%	100.0%
		% within nature	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	74.6%	9.9%	9.9%	5.6%	100.0%

Table 29 shows that badly decayed teeth were more common among children whose parents had substance abuse issues. There was not overwhelming evidence that the severity of the drug problem affected the child in this way either.

Implications

The data sampled did not show that children are deeply affected by their parents' drug or alcohol abuse; in fact it almost said the opposite. The children whose parents did not use drugs or alcohol had more health, development and behavior problems. This sample was not an accurate depiction of the long term damage that parents' addictions can inflict on a child. There were a number of limitations in this study. One is systematic error, meaning that there were not enough children represented in this study to really

show the effects of drugs and alcohol. There also may have been a much larger number of children with parents who have had drug or alcohol problems. These children may not have been depicted accurately due to parents' dishonesty on the "Clients To Success" document. Due to social desirability, a parent may not have wanted to disclose that information. The parent also may have had the fear that their children would be taken away if they disclosed that information to a case manager. However, the data does show that there are a number of health, development, and behavior problems among low income families in the Head Start Program, regardless of drugs or alcohol.

Conclusion

The research concludes that there are a number of social and medical problems in low-income families. Regardless of drug or alcohol use, poverty is the cause of several issues that can be detrimental to a child's wellbeing. Severe health problems can be caused by certain aspects of poverty, such as living in a home with high levels of lead. Poverty can also be the direct result of a drug or alcohol addiction. The data represented the issues of low income families more than those families who were plagued with drug and alcohol addiction. A more in-depth study would surely show the drastic effects of drugs and alcohol on a child.

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