VIOLENCE AND ALCOHOLISM IN THE FAMILY: HOW ARE THE CHILDREN AFFECTED?

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Abstract — We made an evaluation of how children and adolescents are affected if they live in a family environment where violence associated with alcoholism is a feature. Interviews with 20 families and the use of psychological tests on their children were performed in this study. The study has demonstrated the existence of psychopathological disturbances in those families’ children, whose immaturity and insecurity were expressed by aggressive behaviour or by depressive manifestations. It also became evident that there was a transgenerational alcoholism-violence frequency.

INTRODUCTION

Most researchers who have studied the psychological environment of families of alcoholics consider it as traumatic for the emotional balance of children, and as frequently being the main factor for psychopathological disturbances. Some of the families of alcoholics have been living a part of their lives in a confused and chaotic climate as a result of role distortions of each family member. Children grow up within families where existence, balance, and emotional support do not even exist.

Some authors believe that children of families with several alcoholism episodes, but without any other psychiatric illnesses, do not exhibit more psychopathological changes than those from non-alcoholic families without any other psychopathological disturbances. However, when there are other environmental factors, besides alcoholism, such as violence in the family, these data may become important determinants of the appearance of psychopathology and in the existing differences between children of alcoholic and non-alcoholic parents (MacDonald and Blume, 1986; Kashani et al., 1992). Every child also begins assimilating the cultural patterns and social rules of the group in which he/she is included, and the child may jeopardize his/her own life by the increasing probability of perpetuating a ‘familiar alcoholism’ situation.

Families with a history of alcoholism often have psychosocial problems, such as poverty, divorce, unemployment, chaotic family environment, and social family exclusion (Black et al., 1986; MacDonald and Blume, 1986; Cardoso, 1992). There is no doubt that a family where violence is associated with alcoholism becomes dysfunctional, facilitating the appearance of other disturbances in one or more of its members and family jeopardizing all of them; the harmonious development of child and adolescent is thus affected.

The child, who is often used as a witness, may or may not intervene in the confrontations, experiencing hostile feelings such as shame or anger towards the parents. These hostile feelings may later be expressed at the social level. There is a general agreement that children with such family problems suffer not only from disturbances in their interpersonal relationships and in their psychoaffective development, but also in schooling and everyday behaviour (Martins, 1992; Rosa, 1993; Reich et al., 1993). Due to prejudice and a tendency to deny or ignore the problems associated with alcohol addiction, many children...
suffer in silence and become unnoticed. This is caused by difficulty in denunciation of their problem, shame of their families, or even a feeling of treacherous behaviour to the family or the father. Children may also feel that the family environment will become worse if they talk about their problems (Reich et al., 1993; Teixeira et al., 1993; Zeitlin, 1994).

When there is a history of cyclical alcoholism, families become progressively immobilized and isolated from the outside world. In fact, there is always an attempt by every member of the family to adapt to such a dysfunctional system. All those members close to the alcoholic tend to contribute directly or indirectly to the alcoholic's dysfunctional family relationships.

In the present work, we have made an attempt to evaluate the problems that are encountered by children and adolescents living in a ‘violence associated with alcoholism’ family context, considering violence in its broad (physical and verbal) sense. Our clinical experience at the Child and Adolescent Psychiatry Department leads us to believe in the obvious association of alcoholism and violence in the family. An alcoholic parent is usually the father, who is characterized by his absence: (1) from the clinical consultation with his child; (2) from work, because he is often unemployed; (3) from his family, because he resigns and isolates himself and also because other members of the family (mother and children) establish a closer link to shield themselves from the father's disturbed and aggressive behaviour. Given this scenario, it is important to raise some questions related to the future of children of families where alcoholism is associated with aggressive behaviour, e.g. (1) how are the children affected in the identification process? (2) will there be greater consequences for male than for female children, when the father is the alcoholic? (3) what are the mental pictures and attitudes of the children about their parents? (4) is there a transgenerational model of alcoholism and violence in these families?

At the beginning of this investigation, some working hypotheses were formulated, namely that: (1) the mental representation that children have of the alcoholic father is negative, with a tendency to maintain the affective dependence towards the mother; (2) the model of marital relationship presented by parents propitiates the establishment of future sado-masochistic affective relationships, research of this transgenerational model may or may not reinforce this hypothesis; (3) the children and adolescents from these families reveal psychopathological manifestations in which insecurity, dependence and depression dominate.

In order to test these hypotheses, a small research programme has been developed in a clinical sample of 20 families of in-patients and out-patients attending our Child and Adolescent Psychiatry Department.

SUBJECTS AND METHODS

Families and subjects

The families observed in this evaluation were families with known ‘violence associated with alcoholism’ problems. Their cooperation in this study was voluntary. The families studied were only those in which the child or adolescent to be evaluated was living with one or both parents, was over 5 years old and was not intellectually deficient. A control sample of families was not used.

Parental interviews

These included the following five major aspects. (1) Composition and characterization of the family group: this was in regard to the father, the mother, the brothers, and other family members living in the same home. Parents were asked about age, occupation, educational level, physical and mental health, and alcohol or drug abuse. (2) Multigenerational background of alcoholism and violence. (3) Family environment: this consisted of the relationship between the couple, father/children and mother/children relationships, and relationships between brothers. (4) Social relationships of the family: this consisted of relationships with neighbours, friends, and other family members. (5) Parents’ concerns about children: such as school, behavioural or emotional problems etc.

Child/adolescent interviews

Children were asked about: (1) Family environment: (a) affinity towards the mother and the father, and their opinion about the parents; (b) opinion about the relationship between the parents; (c) affinity towards brothers, and their
opinion about brothers. (2) School concerns: (a) difficulties in performing at school; (b) difficulties in socializing (with peers and teachers). (3) Other concerns about him/herself (food, sleep, conduct disorders, phobias etc.).

**Psychological observations**

The Corman Family Drawing test and the Patte Noire test were used.

**RESULTS**

**Families and offspring groups studied**

The study involved 20 families, with 21 children/adolescents, two of whom were from the same family. The 21 offspring were six males and 15 females, and were divided into two groups: group 1 included 11 children (five males and six females) aged ≤11 years, group 2 included 10 adolescents (one male and nine females) aged ≥12 years.

**Parental interviews**

Parents from the 20 families studied were interviewed. As shown in Table 1, both parents of seven families were interviewed, whereas only the mothers of the other 13 families were interviewed. Of these 20 families, 16 were considered as nuclear families and four as extended families. The families were of low socio-economic and cultural class. Six of the fathers were unemployed and six others had irregular employment.

Table 1 also shows the incidence of violence in, and the multigenerational background of, the 20 families studied. Violence associated with alcoholism was present in 17 family fathers, two family mothers and in the father of one family mother. A father’s multigenerational background of violence associated with alcoholism was present in 18 of the 20 families studied. In these 18 families, this background was present in only the father’s family in seven families, in only the mother’s family in four other families, and in both parents’ families in the remaining seven families. It was also noted that, when the mother was pointed out as ‘violent and alcoholic’, there was reference to multigenerational alcoholism only in the mother’s family.

**Table 1. Parental interviews with the 20 families**

<table>
<thead>
<tr>
<th>Parameter</th>
<th>No. of families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families interviewed</td>
<td></td>
</tr>
<tr>
<td>Both couples</td>
<td>7</td>
</tr>
<tr>
<td>Only mothers</td>
<td>13</td>
</tr>
<tr>
<td>Violence associated with alcoholism in</td>
<td></td>
</tr>
<tr>
<td>Fathers</td>
<td>17</td>
</tr>
<tr>
<td>Mothers</td>
<td>2</td>
</tr>
<tr>
<td>Mother’s father</td>
<td>1</td>
</tr>
<tr>
<td>Multigenerational background of violence and alcoholism in</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>2</td>
</tr>
<tr>
<td>Both parents’ families</td>
<td>7</td>
</tr>
<tr>
<td>Fathers’ families</td>
<td>7</td>
</tr>
<tr>
<td>Mothers’ families</td>
<td>4</td>
</tr>
</tbody>
</table>

**Table 2. Family and social environment of the 20 families**

<table>
<thead>
<tr>
<th>Aspect</th>
<th>No. of families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bad couple relationships</td>
<td>20</td>
</tr>
<tr>
<td>Bad father/children relationships</td>
<td>15</td>
</tr>
<tr>
<td>Bad mother/children relationships</td>
<td>7</td>
</tr>
<tr>
<td>Bad brother relationships</td>
<td>3</td>
</tr>
<tr>
<td>Social isolation</td>
<td>18</td>
</tr>
</tbody>
</table>

**Family and social environment**

On the basis of parental interviews, the following aspects of the families and their social environments were established (Table 2): (1) relationships among the couples were bad in all 20 families studied which were characterized by the presence of violence associated with alcoholism; (2) father/children relationships were difficult in 15 families; (3) mother/children relationships were by contrast good in 13 families; (4) relationships among brothers were not good in three families; (5) social isolation was prevalent in 18 of the 20 families studied.

**Child/adolescent interviews**

The most important results of these interviews are shown in Table 3. It is clear that relationships between parents were perceived as bad by all 21 children. Fifteen of these children had a greater affinity towards the mother, whereas only one had a greater affinity towards the father: in this case, the mother was a violent alcoholic. Opinions of children about their parents varied according to
Table 3. Interviews with the 21 children

<table>
<thead>
<tr>
<th>Parameter</th>
<th>No. of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship between parents (bad)</td>
<td>21</td>
</tr>
<tr>
<td>Affinity towards parents</td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>15</td>
</tr>
<tr>
<td>Father</td>
<td>1</td>
</tr>
<tr>
<td>Opinions about parents</td>
<td></td>
</tr>
<tr>
<td>Bad father</td>
<td>17</td>
</tr>
<tr>
<td>Bad mother</td>
<td>2</td>
</tr>
<tr>
<td>Good father</td>
<td>1</td>
</tr>
<tr>
<td>Good mother</td>
<td>18</td>
</tr>
<tr>
<td>School concerns</td>
<td></td>
</tr>
<tr>
<td>Performance difficulties</td>
<td>11</td>
</tr>
<tr>
<td>Social difficulties</td>
<td>11</td>
</tr>
<tr>
<td>Other concerns</td>
<td></td>
</tr>
<tr>
<td>Behaviour difficulties</td>
<td>9</td>
</tr>
<tr>
<td>Depressive complaints</td>
<td>5</td>
</tr>
</tbody>
</table>

11 of the 18 children of school age performed at school with difficulties and 11 of 21 children experienced social difficulties with their peers. These difficulties were associated with aggressive behaviour in the group 1 children, but were related more to feelings of rejection and loneliness in the group 2 adolescents. Out of the 21 children, nine also exhibited behavioural problems, mainly those in group 1; and five experienced depressive problems, mainly among the adolescents of group 2.

Psychological tests

The results of these tests among the two offspring groups (children and adolescents) are shown in Table 4. In both groups, there was a tendency to underestimate the violence and alcoholism of the parent in question. Feelings of forsaking and exclusion were also evident in both groups. Feelings of aggression, directed towards the mother, father, and brothers/sisters, were also expressed in both groups.

DISCUSSION

The high frequency of transgenerational familial alcoholism-violence models leads to the

Table 4. Psychological tests

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Group 1 children (n = 11)</th>
<th>Group 2 adolescents (n = 10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;11 years old</td>
<td>&gt;12 years old</td>
</tr>
<tr>
<td>FD test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Valuation/devaluation</td>
<td>F (-): 3</td>
<td>A + V parent (-): 6</td>
</tr>
<tr>
<td></td>
<td>M (+) 4</td>
<td>A + V parent (-): 2</td>
</tr>
<tr>
<td>Excluded</td>
<td>M + F: 5</td>
<td></td>
</tr>
<tr>
<td>Parents</td>
<td>F 1</td>
<td></td>
</tr>
<tr>
<td>Self-esteem</td>
<td>6 (-)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6 (-)</td>
<td></td>
</tr>
<tr>
<td>Self-exclusion</td>
<td>1 (-)</td>
<td>4</td>
</tr>
<tr>
<td>Sexual identification</td>
<td>11 (+)</td>
<td>10 (+)</td>
</tr>
<tr>
<td></td>
<td>(homologous)</td>
<td>(homologous)</td>
</tr>
<tr>
<td>Affective dependence</td>
<td>M: 2</td>
<td>M: 3</td>
</tr>
<tr>
<td>Separation/individuation process</td>
<td>6 (-)</td>
<td>10 (+)</td>
</tr>
<tr>
<td></td>
<td>6 (+)</td>
<td>10 (+)</td>
</tr>
<tr>
<td>Fraternal rivalry</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Aggressiveness (M, F, B)</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Oedipian thematic (conflict)</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Feelings of loneliness/exclusion</td>
<td>7</td>
<td>10</td>
</tr>
</tbody>
</table>

Abbreviations used: FDT, Family Drawing test; PN test, Patte Noire test; F, father; M, mother; B, brother; A + V, alcoholism + violence.
admission, beyond possible genetic factors, of the
importance of the behavioural and identification
models offered to the children in the familial
environment. Boys who grow up in families where
the father or grandfather physically abuses the
mother or grandmother will learn this behaviour
and develop into wife-beaters themselves. A
similar experience in girls might increase the
risk of their being battered wives later in life, the
girls might also become alcoholic and violent like
their mothers (Hill and Hruska, 1992).

In these families, conflicts between the couples,
stress during periods of increased alcohol con-
sumption and increased aggressive and violent
behaviour by the father were all observed.
However only in one family did the couple
actually divorce, in spite of frequent verbal
threats, pathological jealousy, and physical abuse.
There was a permanent climate of insecurity,
instability, emotional tension, and divorce threats,
which was compounded by the subsequent isolation
of these families.

From our observation of the sample of 21
children and adolescents, it is possible to reach the
following conclusions. Children become close to
their mothers, a process that leads to dependence
of the former on the latter and to separation of the
children from their fathers. The majority of the
children and adolescents, both at interview and
during testing, revealed a negative father image
and a strong dependence on the mother lasting
until later years, thus confirming previous observa-
tions (Teixeira, 1990; Cardoso, 1992; Zeitlin,
1994). Clinically, one-third of the observed children
and adolescents exhibited depressive symptoms
(there were two suicide attempts, and one
anorexia, enuresis, inhibition), and negative feel-
ings were frequently expressed towards their
family environment. Some children were also
critical of their parents’ behaviour and expressed
the desire to have a happy and strong family
environment.

The aggressive behaviour observed in some
boys was clearly expressed by the subjects.
Adolescents expressed their aggressive feelings
more openly during testing.

The dominant characteristics of these children/
adolescents were psycho-affective immaturity and
depression, which suggests that their contact with
their depressed and psychologically affected
parents has not helped in their psychological
development.

It is our impression both from the present data
and from our clinical experience that alcoholism
and violence are the behaviours most clearly
associated with depression in these families and
that these are repeated and perpetuated through the
generations. The authors believe that the deep
origin of these behaviours is the profound
dependence towards the mother through a trans-
generational model. An oral dependence is
perpetuated from parent to child. Alcoholism and
violence may be behaviours expressing the desire
both to break free from, but also to maintain, this
oppressive yet gratifying dependence on the
mother.

REFERENCES

The interpersonal and emotional consequences of
being an adult child of an alcoholic. International

alcoolica robot . . . Revista da Sociedade Portuguesa
de Alcoologia 1, 145–152.

psychopathology in families with multigenerational
alcoholism. Journal of the American Academy of
Child and Adolescent Psychiatry 31, 1024–1029.

Kashani, J. H., Daniel, A. E., Dandy, A. C. and
Holcomb, W. R. (1992) Family violence impact on
children. Journal of the American Academy of Child

MacDonald, D. I. and Blume, S. B. (1986) Children of
alcoholics. American Journal of Diseases in
Children 140, 750–754.

relacional na familia do alcoolico. Revista da Sociedade
Portuguesa de Alcoologia 1, 125–132.

Reich, W., Earls, F., Frankel, O. and Shayka, J. J. (1993)
Psychopathology of children of alcoholics. Journal
of the American Academy of Child and Adolescent

Rosa, A. (1993) Os filhos de alcoolico e o insucesso
escolar. Revista da Sociedade Portuguesa de
Alcoologia 11, 77–92.

Centro Regional de Alcoologia do Porto.

Children of alcoholics: a study with the family draw
test. 19th Annual Alcohol Epidemiology Symposium
of the Kettil Bruun Society for Social and Epidemio-
logical Research on Alcohol, Krakow, Poland.

parents. British Medical Bulletin 50, 139–151.