

# Conceptualizing Trauma for Children of Drug Addicted Mothers: A Developmental Mapping

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## Abstract

Children of drug addicted mothers are exposed to highly stressful experiences and experience high levels of psychological and emotional distress, alongside psychiatric nosology with multiple comorbid symptoms. The following study extends the work of Lombard, et al. classify the consequences of prolonged or ongoing trauma of children of addicted mothers using lifespan domains. Children of addicted mothers are often exposed to severe and ongoing events of trauma, or environments that are not conducive to adequate development, resulting in a complex array of comorbid and compounding physical and psychological problems. Results showed that the prevalence of trauma experienced by children were categorized as being from social and physical domains, with the emotional domain (reported neglect=26) also being high. These experiences resulted predominantly in behavioral problems and emotional problems. The most salient problems included a child who reported hearing the devil speak to them in an ongoing manner, two children reporting attempted homicides on siblings, and three children reporting hurting animals. Further research in capturing and detailing the extent of the trauma experienced and the resulting lifespan domain problems is necessary.

**Keywords:** Trauma; Children; Mothers; Lifespan domains

## Introduction

Children of drug addicted parents experience ongoing and multiple levels and forms of trauma [1,2] and these damaging experiences lead to several psychological problems and psychiatric nosology along with comorbid symptomologies [3-8]. Regular and ongoing exposure to trauma is likely to have a significantly negative impact on the development of children (i.e. social, emotional, cognitive physical) at all levels of their lifespan [3,4,9,10]. This paper extends the findings of Lombard, et al. [1] to capture the implication of prolonged traumatic experiences among children of addicted mothers using lifespan domains. Very few studies have accounted for prolonged trauma and its implications in the manner of this current study.

Trauma can be the result of several negative experiences such as sexual abuse or exposure to domestic violence but the experiences of children of addicted parents are likely to be far more traumatic, as these harmful experiences are likely to be ongoing leading to a complex array of problems and behaviours [4,5,8,11-13].

Children of drug-addicted parents are exposed to various adverse experiences and environments all leading to a severe and extreme level of distress, psychological anguish and emotional suffering [14,15], i.e. trauma [5]. For example, children are exposed to use of drugs inhalers/syringes and needles laying around; are victims of abuse and neglect; witnesses to domestic violence; experience long periods of isolation; face poverty, malnutrition, and experience regular sickness; are regularly exposed to illicit material and mothers having multiple partners; and with no consistent schooling or supportive environments [4,6-8,16-24]. What makes the above-mentioned experiences uniquely more traumatic is that these experiences are likely to be ongoing, regular and continuous. In other words, children born into families of

addicted parents might never escape from those negative environments and experiences.

Consequently, due to the ongoing and regular exposure to severe negative environments and experiences, children are more likely to end up living in unstable environments with little or no attachment to parents/caregivers, and are likely to contemporaneously experience multiple losses through their parents' transient lifestyle, having no friends due to multiple short placements in schools/communities, experiencing gaps/deficits in learning and have few material possessions [16-24].

Further, because of this, children are likely to engage in a variety of both internalizing and externalizing behaviors, for example: engaging in aggressive behavior, physical aggression, destruction of property, deviant behaviors, experience several emotional complications such as shame, depression, worthlessness, impulsivity, and lack of self-control [11]. Thus, children who were regularly exposed to trauma are likely to externalize and internalize behaviors either to defend or cope in an overt or covert manner. Furthermore, children of drug addicted parents may have their care and well-being affected by that parent's drug use. The relative complexity of the context of children of drug addicted parents is further compounded by the absence of contemporary studies and a developmental understanding of the impact on the child [25].

## Context of the Study

In understanding trauma of children of addicted parents, a sense of urgency is required in that the care, well-being and safety of the child is paramount. Irrespective of the kind of trauma experienced, children of addicted mothers are exposed to detrimental negative experiences and are more likely to have significant ongoing social, emotional, physical and cognitive problems as a result of continuing

traumatic experiences as compared to their peers who do not live with an addicted parent. This paper takes the view that children of drug addicted mothers experience irrevocable trauma and any conceptualization of trauma of this particular group of children needs to be extended to include both the nature and severity of the ongoing exposure to their adverse experiences and environments. This study captures the trauma and its implications among addicted mothers, by classifying these experiences under specific lifespan domains.

## Methods

### Participants

This study reviewed 36 archived files from 2005 to 2011 of mothers seeking assistance at a residential drug rehabilitation center. A total of 69 (male=39, female=30) children were documented in these files; the age range was from birth (born in the center) to age 18 years-of-age. Two children were identified as Indigenous. A total of 31 children were under school age, 32 children were enrolled in primary school and 6 in secondary school.

The time period of mothers being addicted to drugs ranged from 8 years to 18 years, and most mothers were addicts of licit (e.g. alcohol, n=13); illicit/illegal (e.g. amphetamine, n=8; heroin, n=4; speed, =4; marijuana, n=2; and ice, n=1) and illicit/pharmaceutical drugs (e.g. benzo, n=1; methadone, n=1; and pharmaceutical, n=1). While these

were primary drug of addiction, mothers used a combination of drugs and were addicts of more than one drug.

### Design

Archival files (i.e. in-house, intake) were non-medical and captured intake background information of both the mother and the child. The following information was extracted from the archival files: age of the mother, and primary and secondary drug addiction of the mother. With regard to the participants, the following information was extracted: gender, age at the time of intake, number of siblings, age of siblings, birth order, and all child related experiences, symptomologies, concerns, and problems.

### Data collection

Both traumatic experiences and child reported problems were extracted from the archival files and experiences were classified using lifespan domains in terms of locating traumatic experiences and their implications. The study No: H0015080).

### Data analysis

Experiences were mapped against lifespan domains (social, emotional, cognitive and physical) as shown in Table 1.

Social	Emotional	Physical	Cognitive
<ul style="list-style-type: none"> <li>Living in a single parent [maternal] home</li> <li>Inconsistent or transient schooling [18]</li> <li>Transient or regularly changing home [18]</li> <li>Isolated [14]</li> <li>Removed from the home [12]</li> </ul>	<ul style="list-style-type: none"> <li>Reported neglect</li> <li>Witnessed family violence [19]</li> <li>Insecurely attached [9]</li> <li>Suicidal [3]</li> </ul>	<ul style="list-style-type: none"> <li>Malnourished [17]</li> <li>Regularly required medical treatment [11]</li> <li>Had never accessed medical or dental treatment [11]</li> <li>Victims of physical abuse [10]</li> <li>Victims of sexual abuse [8]</li> <li>Required dextoed at birth [4]</li> </ul>	<ul style="list-style-type: none"> <li>Inconsistent or transient schooling [18]</li> <li>Hearing the devil speaking to them [1]</li> </ul>

**Table 1:** Traumatic events or experiences.

The most concentrated traumatic experience of the children was social and physical, in terms of living with a single parent [38], reported neglect and witnessed family violence [19]. Different forms of physical abuse and neglect were also high and related to malnourishment [17], requiring regular medical treatment [11] and not having any access to medical or dental professional access [11]. With regard to the child being relocated it was on average, three times per year as a minimum; and at times the child was removed from the home resulting in them going to foster care or living with an external guardian (i.e. relative or grandparents).

Table 2 shows the behaviors that were revealed by children as a result of ongoing trauma in their life. Externalizing behavioral problems were the most prevalent, with odd/disturbing behaviors [21] and aggressive behaviors [21] being the most highly reported. The

hurting of animals [3] and attempted homicides of siblings [2] were the most alarming behaviors reported. Emotional issues were the next most prevalent, with angry [21], and emotional instability [14] being the most reported. A unique cognitive problem was the reporting of a child who stated that they had heard the devil speaking to them.

This may be indicative of a possible undiagnosed case of psychosis or schizophrenia (i.e., delusions or hallucinations) [5]. While there was not a large range of physical concerns, the prevalence of each one was quite high, with physical abuse [10], sexual abuse [8] and also symptomologies of enuresis and encopresis [13] being revealed. Social behaviors were more closely correlated to internalizing behaviors with submissive [14], isolated [14] and avoidant [8] being highly reported, and interestingly a high prevalence of externalizing manipulative/ dominating [9] were reported.

Social	Emotional	Physical	Cognitive	Behavioural
<ul style="list-style-type: none"> <li>Submissive [14]</li> <li>Manipulative/ Dominating [9]*</li> <li>Avoidant [8]</li> </ul>	<ul style="list-style-type: none"> <li>Angry [21]</li> <li>Unstable emotionally [14]</li> <li>Sad [9]</li> </ul>	<ul style="list-style-type: none"> <li>Significantly underweight [17]</li> </ul>	<ul style="list-style-type: none"> <li>Dissociative disorder [3]</li> <li>Hearing the devil speaking to them [1]</li> </ul>	<ul style="list-style-type: none"> <li>Odd/disturbing behavior [21]</li> <li>Aggressive behavior [21]</li> </ul>

<ul style="list-style-type: none"> <li>• Cautious of opposite sex [2]</li> </ul>	<ul style="list-style-type: none"> <li>• Internalizing [7]</li> <li>• Low self-esteem [7]</li> <li>• Withdrawn [6]</li> <li>• Suicidal [3]</li> </ul>	<ul style="list-style-type: none"> <li>• Enuresis and encopresis [13]</li> <li>• Significantly overweight [6]</li> </ul>	<ul style="list-style-type: none"> <li>• Destructive [9]</li> <li>• Constant lying [6]</li> <li>• Hurting animals [3]</li> <li>• Promiscuity [2]</li> <li>• Attempted homicide of siblings [2]</li> <li>• Passive aggressive [2]</li> <li>• Brain damage [1]</li> <li>• Premature birth [8]</li> <li>• Heroin-dependent [3]</li> <li>• Amphetamine dependent [1]</li> </ul>
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\*(n) indicates the number of reported incidents

**Table 2:** Effects of traumatic events or experiences.

## Discussion

In part, this study confirmed that conceptualizing the effects of experiencing trauma in terms of children of addicted mothers is difficult and complex, to the extent that children experienced a variety of problems. Given the duration of maternal addiction, it is likely that most of these children have lived and grew up in very negative environments, thus it is important not to overlook the severity of the children's problems, as they are complex, compounding and comorbid.

While the findings of this study are similar to other studies, it showed that children of addicted mothers experience severe and sustained trauma and have a range of psychological and psychiatric nosology and problems [6-24]. The severity of the behaviors as an effect of experiencing trauma should not be underestimated, as these children have experienced trauma for a prolonged period of time. As found, children of long-term addicted parents tend to suffer a multitude of effects ranging from malnutrition through to neuropsychological dysfunction [15].

The current study confirmed that children of addicted parents (i.e. mothers) experience traumatic events from birth, and these traumatic experiences are ongoing or consistent manner without the option for the child to opt out, stay away or avoid the events of experiences. To this end, the study also confirmed that the behaviors and problems are found to be ongoing and not just as a one-off occurrence due to sustained exposure to traumatic events and experiences. The current study found similar findings which stated that the length of exposure and the degree of that exposure has a negative impact on the child.

Classifying both traumatic experiences and child reported problems in terms of the lifespan allowed a deeper insight into precisely classifying the specific problem experienced relative to lifespan domains. Such classification clearly distinguished and categorized problems and experiences to show how trauma is experienced across domains. Further, problems in terms of externalizing behaviors were the most prevalent, with the most concerning perhaps being the three children hurting animals and that two children who attempted homicides of siblings.

These extreme behaviors are alarming, particularly because of the sample size of 69 children, and all children being under 18 years of age. Hurting animals could also be an indicator of potentially more serious concerns including and extending to psychological disorders. Internalizing behaviors were also highly prevalent, with the majority of these behaviors being that in submission and isolating behaviors,

which may be the result of avoidance or inability to cope in a healthy manner with the kinds of trauma, these children have experienced and are likely to lead to very complex secondary symptomologies. The important salient problem was one child reporting that they heard the devil speaking to them in an ongoing manner, which could be a potential undiagnosed case of psychosis or schizophrenia and is a clear indication of the depth and severity of experiencing trauma [15].

Future studies must carefully investigate whether specific traumatic experiences lead to problems in the same lifespan domain or whether it extends to several other lifespan domains; this can be examined by a longitudinal study examining implications of trauma across the lifespan. Equally, future studies must undertake a qualitative inquiry into capturing the voices of children to document their real-life experiences of what trauma looks like through their eyes as it may provide key insight into behavioral effects and developmental problems. Such a qualitative study will provide critical insights, into learning to what extent aggressive and harmful behaviors are used to cope or survive trauma.

One limitation of the study was that it was unable to fully document all the behaviors of children, and importantly, caution must be exercised not to interpret the above-mentioned findings to casual, as this study was archival in nature and further the etiology of problems could not be determined. In any case, clinicians, educators, and policymakers must be aware of the complexity of trauma and problems among children of addicted mothers. Another limitation of the current study is the low number of participants, minimizing the possibility to generalize the findings beyond a single case study example. Likewise, it is difficult to identify complex lifespan aspects from single intake case files, without access to further psychometric measures.

The above said, the results indicate that children of drug addicted parents do suffer from a number of cognitive, psychological and well-being issues. However, what is not known from the current study is if children of these drug affected parents "catch-up" to their peers over time. Thus, it is important to investigate how potential risk factors interact with other risk factors as children of drug addicted parents grow older. Given, that experience of trauma and the issues associated with it are so complex and multi-layered, future studies must identify and explore evidence-based treatments and interventions that have proven to be effective for children of addicted mothers.

## References

1. Lombard S, J-F, Swabey K, Pullen D (2016) Endogenous and exogenous problems in children of addicted mothers. *Int Res Early Childhood Educ* (Under Review).
2. Klein M, Moesgen D, Thomasius R, Broening S (2015) Children of alcohol and drug addicted parents: Risks, needs, and results of a selective prevention study. *Eur Psychiatry* 30: 28-31.
3. D'Andrea W, Ford J, Stolbach B, Spinazzola J, van der Kolk BA (2012) Understanding interpersonal trauma in children: Why we need a developmentally appropriate trauma diagnosis. *Am J Orthopsychiatry* 82: 187-200.
4. Dawe S, Frye S, Best D, Moss D, Atkinson J, et al. (2007) Drug use in the family: Impacts and implications for children. Canberra ACT: Australian National Council on Drugs.
5. Voon V, Brezing C, Gallea C, Hallett M (2013) Diagnostic statistical manual for mental disorders (DSM) Arlington TX: American Psychological Association.
6. Oei JL, Kingsbury A, Dhawan A, Burns L, Feller JM, et al. (2012) Amphetamine, the pregnant woman and her children. *J Perinatol* 32: 737-747.
7. Oei J, Abdel-Latif ME, Clark R, Craig F, Lui K (2010) Short-term outcomes of mothers and infants exposed to antenatal amphetamines. *Arch Dis Child Fetal Neonatal Ed* 95: 36-41.
8. Pears KC, Kim H K, Fisher PA (2008) Psychosocial and cognitive functioning of children with specific profiles of maltreatment. *Child Abuse Negl* 32: 958-971.
9. Lieberman AF, Van Horn P, Ippen CG (2005) Toward evidence-based treatment: Child-parent psychotherapy with preschoolers exposed to marital violence. *J Am Acad Child Adolesc Psychiatry* 44: 1241-1248.
10. van der Kolk BA (2003) The neurobiology of childhood trauma and abuse. *Child Adolesc Psychiatr Clin N Am* 12: 293-317.
11. Carmichael KD, Lane KS (1997) Play therapy with children of alcoholics. *Alcohol Treat Q* 15: 43-51.
12. Department of Child Safety (DCS) (2007) Parental substance misuse and child protection: Overview, indicators, impacts, risk and protective factors. Brisbane, QLD: Queensland Government.
13. McLeer SV, Callaghan M, Henry D, Wallen J (1994) Psychiatric disorders in sexually abused children. *J Am Acad Child Adolesc Psychiatry* 35: 313-319.
14. Strickler HL (2001) Interaction between family violence and mental retardation. *Ment Retard* 39: 461-471.
15. Nygaard E, Moe V, Slinning K, Walhovd (2015) Longitudinal cognitive development of children born to mothers with opioid and polysubstance use. *Pediatr Res* 78: 330-335.
16. Bancroft A, Wilson S (2007) The risk gradient in policy on children of drug and alcohol users: Framing young people as risky. *Health, Risk & Society*, 9: 311-322.
17. Burke S, Schmied V, Montrose M (2006) Literature review: Parental alcohol misuse and the impact on children. Sydney NSW: Department of Community Services.
18. Capaldi L (2008) The relationship between parental substance abuse and the effects on young children. Retrieved from [[http://digitalcommons.providence.edu/cgi/viewcontent.cgi?article=1013&context=socialwrk\\_students](http://digitalcommons.providence.edu/cgi/viewcontent.cgi?article=1013&context=socialwrk_students)]
19. Dawe S, Harnett P, Frye S (2008) Improving outcomes for children living in families with parental substance misuse: What do we know and what should we do? National Child Protection Clearinghouse [NCPC] Issue No. 29, Melbourne, VIC: Australian Institute of Family Studies.
20. Hser Y, Evans E, Metchik-Gaddis A, Messina N (2014) Children of treated substance-abusing mothers. *Clin Child Psychol Psychiatry* 19: 217-232.
21. Johnson JL, Left M (1999) Children of substance abusers: Overview of research findings. *Pediatrics* 103: 1085-1099.
22. Lussier K, Laventure M, Bertrand K (2010) Parenting and maternal substance addiction: Factors affecting utilization of child protective service. *Subst Use Misuse* 45: 1572-1588.
23. Meredith V, Price-Robertson R (2011) Alcohol misuse and child maltreatment. National Child Protection Clearinghouse [NCPC], Resource Sheet, Melbourne, VIC: Australian Institute of Family Studies.
24. Pauz'e R, Toupin J, D'ery M, Mercier H, Joly J, et al. (2004) A portrait of young people ages 0 to 17 referring to the care of the youth centers of Qu'ebec, their progress in services and their evolution over time. Research Group on the social maladjustments of children, PLACE: University of Sherbrooke.
25. Renk K, Boris NW, Kolomeyer E, Lowell A1, Puff J, et al. (2016) The state of evidence-based parenting interventions for parents who are substance-involved. *Pediatr Res* 79: 177-183.