The Harmful Effects of Parental Substance Abuse on Children

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ABSTRACT

The purpose of this final project was to describe the harmful effects of parental substance abuse from child perspective as having to grow up in a substance abusing family is considered as child maltreatment. In addition, the trends in parental substance abuse and the children's visibility in the treatment cycle were stressed as the data was gathered from Järvenpää Addiction Hospital's children's treatment documents.

This study is of qualitative nature including 80 treatment documents from two decades that were processed using content analysis. The theoretical framework was drawn from the attachment theory and especially concentrating on the attachment disturbances.

The findings were reflected against earlier studies and the attachment theory. The results indicated that the four major emotional harms that had risen from previous studies were visible in the treatment documents as well; insecurity, restlessness, anxiety and aggression. Additionally, the children had frequently encountered different traumatising experiences such as domestic violence that then had exposed them to psychosomatic symptoms.

To conclude, the attachment relationship between the parent and the child plays a significant role in the child's development and the substance abuse of a parent may cause attachment disturbances to the child. Therefore, the child perspective in a substance abusing family should not be belittled as the children are habitually suffering severe harm that may affect them throughout their lifespan.

Keywords

Substance abuse, treatment document, child perspective, child maltreatment

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TIIVISTELMÄ

Tämän opinnäytetyön tavoitteena oli kuvata vanhempien haitallisen päihteidenkäytön vaikutuksia lapseen, koska kasvaminen päihdeperheessa luetaan lapsen kaltoinkohteluksi. Tämän lisäksi tarkastelun keskiössä olivat muutokset vanhempien päihteidenkäytössä sekä lapsen näkyvyys hoitoketjussa, sillä opinnäytetyön aineistona on käytetty Järvenpään sosiaalisairaalan perhehoidossa olleiden lasten hoitosuunnitelmia.

Tämä opinnäytetyö on laadullinen tutkimus ja aineisto käsitti 80 hoitosuunnitelmaa, kahdelta eri vuosikymmeneltä, jotka analysoitiin käyttäen sisällönanalyysia. Työn teoreettinen viitekehys koostui kiintymyssuhdeteoriasta, keskittyen ennen kaikkea kiintymyssuhdehäiriöihin.

Työn löydökset pohjattiin niin kiintymyssuhdeteoriaan kuin aiempien tutkimusten tuloksiin, jotka ovat käsitelleet lapsuutta päihdeperheessä. Aiempien tutkimusten tuloksista sekä tämän työn löydöksistä tuli esille, että päihdeperheessä kasvanut lapsi on kärsinyt turvattomuudesta, levottomuudesta, ahdistuneisuudesta sekä aggressiivisuudesta. Lisäksi ilmeni, että päihdeperheiden arkea siivitti erilaiset traumaattiset kokemukset, kuten perheväkivalta, jotka altistivat lapsen emotionaalisille häiriöille johtaen usein psykosomaattiseen oireiluun.

Johtopäätöksenä todettakoon, että vanhemman ja lapsen välinen kiintymyssuhde luo merkittävän pohjan lapsen kehitykselle. Jos vanhempi ei päihteiden ongelmakäytön vuoksi ole lapselle emotionaalisesti läsnä tai kykenevä kattamaan lapsen perustarpeita, voi tämä johtaa merkittäviin kiintymyssuhdehäiriöihin. Tämän vuoksi lapsinäkökulma päihdeperheessä tulee ottaa huomioon, sillä lapsuudessa koettu kaltoinkohtelu sekä kiintymyssuhteen häiriöt voivat vaikuttaa läpi elämän.

Avainsanat

Haitallinen päihteidenkäyttö, hoitosuunnitelma, lapsinäkökulma, lapsen kaltoinkohtelu

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1 INTRODUCTION

> *"The girl has been worried about her mother. She needs to know which adult is going to take care of her so that she won't be left alone…The child is scared that the mother continues drinking when they return home." Treatment document of a 5 year old girl*

Approximately 100 000 children in Finland are living in substance abusing families and numerous adults have experienced excessive consumption of alcohol in their childhood homes. This causes insecurity, anxiety and other emotional harm in childhood as well as in adulthood. (Peltoniemi 2005: 2, 11.) The whole family suffers from the misuse but especially the child's emotional development is in danger (Nyman 2004: 21). The understanding of the children living in substance abusing families should not be underestimated as the first memory of their childhood often concerns the parental substance misuse (Itäpuisto 2003: 34).

This final thesis aims to describe and increase awareness of the harmful effects of parental substance abuse on children as it is an actual topic in the field of social services nowadays. The effects of parental substance abuse may be multifold and the Ministry of Social Affairs and Health of Finland (2009: 19) has defined that having to grow up in a substance abusing family is a form of child maltreatment as home should provide a safe environment for the child's development. The data for this study was gathered from the children's treatment documents of Järvenpää Addiction Hospital (Järvenpään sosiaalisairaala) as it is the only hospital in Finland that is specialised in treating substance abusers and their families.

The child's best interest should be a priority in a family (Gottberg 2004: 42). The United Nations Convention on the Rights of the Child (1989) states that all public or private social welfare institutions should secure the child's position. Moreover, the Finnish legislation directs that the care and upbringing of the children in the parents' custody have to be taken into consideration, when the parent is offered substance abuse services. The child's well-being and support must be safeguarded if the adult is not capable. (Child Welfare Act 2007.) For this reason, the child's visibility in the treatment cycle of the hospital has being examined as the services often take an adult perspective.

Peltoniemi (2005: 11) concludes that substance abusing families have become a national health problem in Finland and women's consumption of alcohol is nowadays sevenfold in comparison to the 1960's which may correlate in the increase on maternal substance abuse as well (Ministry of Social Affairs and Health 2009: 13). Therefore, the trends in substance abuse are being discussed in this study to give the reader an understanding of the widespread and complex social phenomenon and the ones most affected; the children.

2 JÄRVENPÄÄ ADDICTION HOSPITAL

Järvenpää Addiction Hospital is the only hospital in Finland that specialises for the treatment of addictions. The hospital offers care and rehabilitation to alcohol, medicine, drug, and multiple drug users and to their close relatives (Järvenpää Addiction Hospital 2009: 3) with the amount of 90 places (Järvenpää Addiction Hospital 2009: 11). In addition, the hospital has its own research unit which provides current and multi-disciplinary research and training (Järvenpää Addiction Hospital 2009: 3). This study was completed in co-operation with the researchers of the hospital as they requested to examine the children's treatment documents.

Järvenpää Addiction Hospital was founded in 1951 as "Reception Institution for Alcoholics" (Alkoholistien vastaanottolaitos), with the mission of examining the clients' alcohol misuse and directing them to the needed services (Ahonen 1999: 21). The hospital was considered as one of the units that treated alcoholics institutionally but as it aimed to provide scientific research, its mission differed from other institutions. The operations of the hospital had been in place since 1951; alcoholics enrolling for substance abuse treatment for the first time had to begin the process in Järvenpää Addiction Hospital where they had to partake in medical and psychiatric examinations. The directors of other alcoholic institutions could direct their clients into mental examinations of the hospital if the clients showed signs of psychic abnormalities. The most recent and more participatory medical methods were applied in alcohol treatment and the hospital offered researchers the option to complete their studies on the hospital premises. The hospital aspired to create a central archive of alcohol treatment for

medical researches through collecting the treatment documents of all the clients treated in the institutions of alcoholics in Finland. The operations of the hospital were traditional as manual labour had a central role in its daily functions. (Ahonen 1999: 23.)

The hospital has given treatment to families since the late 1950`s (Ahonen 1999: 47) but the Ministry of Social Affairs and Health denied family members participation to the treatment even though the hospital guidelines recognised the importance of the family. However, relatives could secretly stay in the hospital during weekends and vacations. (Ahonen 1999: 89.) Initiatives to include the whole family in the treatment came from the clients themselves and from their families (Ahonen 1999: 47) and family treatment was officially accepted to their treatment program in 1968 (Ahonen 1999: 90).

In 1962, the name "Reception Institution for Alcoholics" was changed into Järvenpää Addiction Hospital and the hospital began to offer treatment for all substance abusers (Ahonen 1999: 68). Three decades later, in the 1990's, Järvenpää Addiction Hospital was transferred into the ownership of A-Clinic Foundation and the developmental emphasis was put on research, education and publishing operations. Additionally, after the transmission, the hospital's participation on A-Clinic Foundation's national educational meetings has increased considerably. (Ahonen 1999: 223.) The unit focuses nowadays on research in addiction treatment methods and co-operates together with the universities of Helsinki and Kuopio and with the National Institute of Health and Welfare (A-Clinic Foundation 2009).

Clients need to contact the municipality's A-Clinic or social and health care officials in order to enrol into treatment of Järvenpää Addiction Hospital (A-Clinic Foundation 2010). The family unit emphasises community treatment and in 2009, it had places for ten substance abusing families, however due to the recession there has been decrease in families enrolling into treatment and therefore five places were given to individual male clients. (Järvenpään Addiction Hospital 2009: 15). The family treatment is directed to families, couples, single parents with their children and for pregnant women. (Stakes 2009.)

2.1 Treatment document

All the clients in Järvenpää Addiction Hospital have their own individualised treatment documents that include the basic information of the client; personal details, substance abuse- and treatment history, the current life situation and life history. The recording of the documents should remain unanimous to enable sufficient care and observation of the archives in the future by the client or the hospital staff. However, the most common problem is that the workers record different and irrelevant data and significant information may be left missing. (Pitkänen 2009: 175.)

This study examines the children's treatment documents from the years 1993, 1998, 2003 and 2008. The recording has changed greatly during these two decades. The recording instructions of the documents of 1993 and 1998 included the place where the child enrolled for treatment, information on day care or schooling, and the child's physical condition if he/she had allergies, asthma or other diseases and comments/observations during the treatment.

The documents from 2003 and 2008 were more detailed and consisted of a large amount of free text as the electronic recording was taken into use (Pitkänen 2009: 175). The same information was found in these documents as the ones from 1990's but included summaries of treatment discussions and of the whole treatment period as well as what working methods had been applied with children and their parents.

2.2 Diagnosing substance abuse

Substance abuse is examined through the International Classification of Diseases (ICD-10) by World Health Organisation (WHO 2007) in medical and psychiatric institutions. The Ministry of Social Affairs and Health in Finland has determined that statistics, clinical work, research and documenting that concerns the clients' diseases ICD-10 must be applied. Therefore, all the clients of Järvenpää Addiction Hospital have been classified according to ICD-10 to have mental and behavioural disorders due to psychoactive substance use. (National Institute for Health and Welfare 2006.) The diagnosis of the parents whose children were included in this study concerned the use of

alcohol, opioids, cannabinoids, sedatives or hypnotics, other stimulants and use of other psychoactive substances.

3 SUBSTANCE ABUSE

Substance abuse is one of the major causes of health problems in the Western countries (Kivitie-Kallio – Politi 2004: 153). ICD-10 defines substance abuse as a disorder due to psychoactive substance use. The identification of the disorder is based on the following measures of which three or more criteria occur within 12 months for the diagnosis; acute need of intoxication, harmful use of substances; signifying strong desire to take drugs with difficulties in controlling its use and persisting the use despite of the consequences, withdrawal symptoms after the use, increasing tolerance to consume substances, the misuse directs the abuser's life and the misuse continues despite of the harmful effects. (WHO 2007.)

According to Stakes (2008: 135), substances are intoxicants that foster dependence for abuse including alcohol, surrogates, solvents, psychoactive pharmaceuticals and illegal drugs. The European Monitoring Centre for Drug and Drug Addiction, EMCDDA (2009), defines substance abuse as intravenous drug use, IDU. However, when a person is regularly using opiates, cocaine and/or amphetamine, they are considered as problem users of drugs as well. The use of ecstasy and cannabis are not considered as problem use in the definition. Nevertheless, the most commonly used drug in Finland is amphetamine and infrequent use may also be counted as a drug problem because of registration operations. (EMCDDA 2009.)

The Finland Drug Situation Report 2009 (2009: 57) by the National Institute of Health and Welfare and EMCDDA concludes that alcohol is still the main substance in Finland that fosters dependence but a typical feature of Finnish drug use comprises alcohol as an additional substance, intravenous drug use and mental health problems. However, problem use externalises differently with different people. The psychodynamic theory views substance abuse as a remedy to restore mental balance which has been disturbed due to strong, negative or positive, emotions as self-regulation of a substance abuser is weak. The person becomes compulsively addicted to substances that are easily

attainable and enables him/her to maintain mental balance. (Granström – Kuoppasalmi 2003: 31 - 31.)

Substance abuse is both an addiction and a coping mechanism. The effect of substances on people is neurochemical and generally influences mental activity and behaviour. As the misuse continues, the person becomes addicted to the substance which then affects his/her behaviour. Other aspects of life such as personal relationships and the care of the children become secondary as the substances derive the person's actions. (Granström – Kuoppasalmi 2003: 30.)

A common characteristic in Finnish substance use is drinking to become intoxicated. Drinking in public has become more accepted and alcohol is mainly consumed during the weekends. According to WHO, the consumption of alcohol in Finland is above the European average. (Österberg – Mäkelä 2007.) The Finnish Drinking Pattern Survey (2008) accomplished by the National Institution for Health and Welfare concluded that the consumption of alcohol has reached its high in the 21st century. The latest survey of 2008 pointed out that alcohol is mainly consumed at home and drinking among women has increased in all age groups. (Mäkelä et al 2009: 285, 287.) This is an indication on the increased need of child protection acts as well since substance abuse problems are an apparent reason for children to be taken into custody (Ministry of Social Affairs and Health 2006: 21.)

3.1 Changes in substance abuse in Finland

Österberg and Mäkelä (2007) state that the Finnish drinking culture has not changed greatly during the past three decades but the amount of alcohol consumed has quintupled since the 1950's. When Estonia joined the European Union and the taxes where reduced in 2004, the alcohol consumption increased by 10 %. In addition, the distribution of alcohol consumption in Finland is very uneven; one tenth of the population consumes nearly half of all alcohol consumed. The most considerable trend in substance abuse has been the increase of alcohol use among women since the late 1960's (Österberg – Mäkelä 2007), but according to Stakes (2008: 42) young adults and middle-aged people are the ones consuming the most alcohol in Finland. However, since the 1970's, drinking with the purpose of intoxication has slowly become common

among women but no similar prevalence can be noted among men as drinking for intoxication purposes has remained at the same level since the mid-1980's. (Ministry of Social Affairs and Health 2006: 13).

Drug misuse has a relatively short history in comparison to alcohol use in Finland. After the mid- 1990's drug use increased considerably (National Institute of Health and Welfare –EMCDDA 2009: 57) and nowadays 80 % of the service users are male (National Institute of Health and Welfare – EMCDDA 2009: 73). Hence, according to EMCDDA (2005: 1), the amount of women in relation to men appears to be increasing as prevalence of drug misuse increases. Problem drug users' typical features include young age, between 25 to 34 years, and relatively short history in drug use. In 2005, there were approximately 14 500 - 19 100 problem drug users in Finland, however, the number is only based on the problem users of amphetamine and opiates. (National Institute of Health and Welfare – EMCDDA 2009: 57.)

The changes of substance abuse can also be seen in Järvenpää Addiction Hospital and family treatment has gone through immense changes during the past 35 years (Launonen 2004: 23). At first, the hospital treated mainly families suffering from alcohol misuse but nowadays drug and polydrug use is a growing concern. The hospital's family unit recognised the problem in the late 1990's when the number of drug users increased considerably. The service users appeared to be younger and came to treatment with an infant or the client was pregnant. (Nyman 2004: 6.)

3.2 Substance abuse in a family

The child's best interest should be a priority in the family as well as in its decision making (Gottberg 2004: 42) which can nowadays be seen in the legislation. In Finland, Child Welfare Act (417/2007) and Child Custody and Right to Access Act (361/1983) both define child's best interest in order to secure the child's position. The Child Custody and Right to Access Act (2007) emphasises that children should be brought up in a safe environment with understanding, security and tenderness. Nevertheless, the parents have the right to parental guidance, support and counselling but if the parents are not capable of ensuring the well-being of their child despite all of this, the state must

safeguard the care of the child (United Nations Convention on the Rights of the Child 1989).

Substance abusing families are a very common phenomenon in Finland but its effects on children's emotional development and life choices are not fully comprehended. (Peltoniemi 2005: 11). The concept of a substance abusing family is contradictory since it creates an assumption that all the functions of the family involve substances (Itäpuisto 2001: 42). Moreover, it does not take into account that the substance abuser is the only one abusing substances, not the whole family and the child is not in focus (Itäpuisto 2001: 55).

Itäpuisto (2008: 38) states that the parents should provide sufficient physical, psychological and developmental conditions for their child. Parental substance abuse creates conflict and violence as well as a decrease in cohesion and parenting within a family. These factors threaten the child and the negative impact may be seen in forms of different illnesses and symptoms. (Itäpuisto 2008: 34.) For this reason, the children of substance abusing parents have weaker relationships with their parents than other children on average (Itäpuisto 2008: 42).

Drastically, the substance abusing parents can be divided into three categories that explain the abuse in accordance to the child's perspective, of which ignorant parenting is the most common. Ignorant parents choose substance misuse instead of the child and ignore their child's best interests and needs. Therefore, the child feels abandoned and unwanted. (Itäpuisto 2008: 42.) Ignorant parenting can be considered as child maltreatment. The second category is sadistic parenting which involves emotional and physical violence towards the child. The actions of the parents are intentional which is more hurtful for the child. The third category is referred to as good parenting, in which the parent – child relationship is well-functioning and the parents recognise the child and their focus is not merely on the substance abuse. (Itäpuisto 2008: 43.)

Substance misuse not only affects the abuser but also the entire family. The substance abuser often experiences health, social and economic problems that reflect amongst all family members. Domestic violence is a major disturbance in a substance abusing family as well. (Itäpuisto 2001: 55.) However, Itäpuisto (2001: 45) states that the

children and a possible non-substance abusing spouse are the ones suffering the most harm. The spouse is most habitually distressed by the relationship with the abuser as well as worried over the abuser's health and well-being. The children's main concerns are emotional, such as witnessing fights, parent's behavioural changes when intoxicated, the negative effects on the family's social networks and the spoiled common moments with the family. (Itäpuisto 2001: 60.) The children may even try to prevent the parental use of substances through persuasion and threats. However, the children are often dependent on others, affecting on their own behaviour. (Itäpuisto 2001: 62.)

The concept of "good and bad parenting" is nevertheless unambiguous (Itäpuisto 2008: 42). The substance abusers and their families have their ordinary and positive aspects despite the problem use of substances, which is often forgotten (Itäpuisto 2001: 42). From the child's perspective, the substance abusing parents are more than simply problem users of substances, but the harmful aspects may appear only when the parents are intoxicated (Itäpuisto 2001: 51). The behaviour of the substance abusers, when sober, is left disregarded and the family may function normally even if there is substance misuse in the family. Problem use of substances is frequently apprehended as "traditional drinking of alcoholics", but the children may experience harm as well from parents' occasional excessive drinking as their behaviour changes. Hence, precisely the substance abuse is the distinctive feature that separates functional and dysfunctional parenting. (Itäpuisto 2001: 42 - 43.)

3.3 Maternal substance abuse

The Ministry of Social Affairs and Health (2009: 13) states that women's consumption of alcohol is nowadays sevenfold in comparison to the 1960's. This correlates to the increase of substance abusing mothers as well; approximately 6 % of pregnant women are excessive users of substances and more than 3000 foetuses are annually exposed to substances. (Ministry of Social Affairs and Health 2009: 17.)

Itäpuisto (2005: 89) states that maternal alcohol abuse is more harmful to the child than paternal. This can be seen in the society's way of thinking as well, since the concept of substance abusing mother exists, unlike the concept of substance abusing father

(Itäpuisto 2008: 40). The explanation for this can be connected to cultural reasons as the mother is traditionally seen as the caretaker of the children and home and generally, when the mother neglects the children, the father is not compensating the harm. In contrast, the mother may be criticised more harshly due to her role in the family. (Itäpuisto 2005: 89.)

Furthermore, it is claimed that women hide their substance abuse problem better than men as they experience more guilt and shame due to their misuse (Kujasalo – Nykänen 2005: 25). Women's substance misuse is often accompanied with depression and other mental health issues. In addition, women commonly abuse substances from early adulthood until the age of menopause when they normally conceive children. Therefore, the women's substance abuse problems have widespread consequences as the next generation, the children, experience the harm as well. (Kujasalo – Nykänen 2005: 52 - 53) In several cases when children experience depression or other mental health problems, the mother has a background of substance misuse. Therefore, the mothers' bad state is frequently seen to transfer to their children. (Kujasalo – Nykänen 2005: 21.)

The Ministry of Social Affairs and Health (2006: 21) concluded that parental substance abuse is the most common reason for children being taken into custody in the Helsinki area. The Ministry also indicated that approximately 70 % of these cases included maternal substance abuse problems. However, this may signify that maternal substance abuse is seen as a more substantial reason for child protection acts. Overall, the number of children being placed outside their own homes has been on the rise since the 1990's; 8 700 children in 1991 and 14 700 children in 2004 were placed in children's homes or other institutions. (The Ministry of Social Affairs and Health 2006: 21.)

4 CHILD PERSPECTIVE

Very little research performed in Finland has recognised the child perspective in a substance abusing family but instead has focused on the whole family and especially on the substance abuser. A significant quantitative research concerning the children's experiences on parental substance abuse has been the A-Clinic Foundation's Fragile Childhood- survey. In addition, Maritta Itäpuisto has published a doctoral thesis and a

master's dissertation on the subject. (Itäpuisto 2005: 20, 36.) This thesis reflects against these earlier studies as the focus is on the child perspective and the harm caused by parental substance abuse.

The Fragile Childhood –project (1995), which began in 1986 in Finland, was a pioneer in acknowledging the child perspective in an alcohol abusing family. The project viewed substance abusing families with the purpose to help children who had experienced parental alcohol misuse. The main research question of the project concerned the prevalence of substance abusing families and harms related to it. The survey was based on the subjective experiences of the respondents; whether there had been parental substance abuse in their childhood and whether it had caused them harm either in childhood or in adulthood. (Peltoniemi 2005: 2.)

According to Peltoniemi (2005: 3), who has been in charge of the Fragile Childhood–project, every tenth child grows up in an alcohol abusing family. The most recent survey, conducted in 2009, implied that every fourth Finn has experienced excessive parental substance abuse in their childhood. Moreover, the survey showed that the amount of children suffering from excessive use of substances is increasing. (Roine 2009: 4.)

The survey concluded that the harm experienced by the children has remained the same since the project began. According to the respondents, the most common problem in childhood was witnessing family fights and quarrels that were mentioned by 49 % in 1994 and 38 % in 2004. The children had frequently suffered emotional harm as well, of which the most common feelings were insecurity and fear towards the parents followed by anxiety, depression, fatigue and disturbance. (Peltoniemi 2005: 8.) Additionally, Peltoniemi (2005: 9) states that the harm experienced continued into adulthood causing low self-esteem, fearfulness and aggression, difficulties in trusting others, feeling of insecurity, powerlessness, tension and problems with relationships.

Itäpuisto's doctoral thesis on Childhood Experiences of Living with Problem-drinking Parents (2005) emphasised the activity of the children themselves. The data for the study of Itäpuisto was collected from interviews and letters produced by adults who had had personal experiences of living in a substance abusing family (Itäpuisto 2005: 54).

The thesis aimed to explain the life in a substance abusing family and draw attention to how little research has been made from the childhood perspective (Itäpuisto 2005: 51), since the children are often the ones suffering the most from parental substance abuse because they cannot affect or escape the situation (Itäpuisto 2008: 28). Children's understanding is often belittled and their opinions are left disregarded (Itäpuisto 2003: 34). Nevertheless, children often see and comprehend more than the adults understand and the children's own opinions of the problem are especially important (Itäpuisto 2008: 28).

5 CHILD MALTREATMENT

Substance abuse in families is a common, yet, underestimated form of child maltreatment and domestic violence. At its worst, children are exposed to abuse, abandonment and neglect that have a direct impact on their physical and mental health. (Ministry of Social Affairs and Health 2009: 19 – 20.) However, it cannot be assumed that all children in substance abusing families are suffering harm from misuse but it does expose tens of thousands of children to the maltreatment. (Peltoniemi 2003: 167.) WHO (2006: 9) has defined child maltreatment in the following way in the Guide of Preventing Child Maltreatment:

> All forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.
>
> (WHO 2006: 9)

Child maltreatment consists of physical abuse, sexual abuse, emotional and psychological abuse (Turunen 2004: 187). Maltreating parents fail to promote their child's ability to overcome developmental tasks of childhood which may lead to a failure in further developmental phases. These childhood developmental tasks include forming of a secure attachment, the development of functioning interpersonal relationships and emotions as well as the development of autonomy. When the attachment relationship between the parent and the child is secure, it provides the child trust, comfort and promotes the emotional development as well as environmental

exploration. Nevertheless, the majority of maltreating parents fail to function accordingly and therefore, the attachment relationship develops insecurely. (Egeland, Bosquet – Levy Chung 2002: 221 – 222.) Hence, the parents are unable to fulfil their children's needs but expect the children to respond to their emotions. (Egeland et al. 2002: 224.) An intoxicated parent does not have the resources to nurture the child as the substance abuse and its consequences take the parent's energy and time. Children may suffer from hunger, lack of sleep and may need to take care of the household tasks in addition to their own homework. (Itäpuisto 2008: 55.)

5.1 Emotional maltreatment of a child

Emotional maltreatment is disregarding the child's emotional needs which can be either unintentional or intentional e.g. due to the substance abuse (Kalland 2005: 208). Emotional maltreatment is often a part of all maltreatment but it can also occur solely. Vulnerable issues such as violence and substance abuse in a family are a form of emotional maltreatment (Söderholm 2004: 10 - 11). According to Itäpuisto (2008: 33) the observation of emotions is essential as they have a direct influence on the well-being and health of the child. The negative impacts can be summed up into three main feelings; fear, hate and shame that are surrounded by other negative feelings such as insecurity and anxiety. These feelings are more than just feelings but can develop into illnesses and cause psychosomatic symptoms. (Itäpuisto 2008: 34 – 36.)

The immediate effects of emotional maltreatment are such that the child can adjust to them. Hence, the character of the child, the developmental phase, the quality of maltreatment and protective factors such as a secure attachment relationship between the child and parent influences the effects and recovery of the maltreatment. (Turunen 2004: 189.) A secure attachment at least with the other parent is sufficient in order for the child to develop normally, whereas insecurely attached child is at risk of not being able to recuperate from the maltreatment (Turunen 2004: 192). Moreover, a child living in a family of substance abuse is being traumatised that causes emotional numbness by obliterating the emotional reactions of the traumatising experiences. (Kujasalo - Nykänen 2005: 64 – 65).

5.2 Attachment theory

The attachment theory is a theory of normal development but initially aspired to explain disturbed functioning of individuals who have suffered traumatising experiences (Bowlby 1980 as cited in Crittenden – Ainsworth 1989: 435). Nowadays, the behaviour of maltreated children and maltreating parents has been explained through the attachment theory as the attachment relationships affect the individual's functioning throughout life even if the attachment types change. (Bowlby 1980 as cited in Crittenden – Ainsworth 1989: 445.)

Attachment relationships are essential for the child's development throughout his/her life. Especially, the early attachment relationship with the primary care giver should provide protection for a child which may be in danger when the child is living with maltreating parents, in this study with substance abusing parents. A secure attachment relationship enables the child to function better in other life aspects as well. However, the children of maltreating families are argued to form an insecure attachment with the parents (Crittenden – Ainsworth 1989: 445- 446.), but it does not completely void the chance of forming secure attachment in the future. (Sinkkonen – Kalland 2005: 9).

The basis for all developmental stages should be built during infancy (Holmberg 2003: 26). According to Bowlby (1969 as cited in Crittenden – Ainsworth 1989: 435), the feeling of security in infancy is formed through proximity to the parent. As the child's language skills develop and therefore the effectiveness of communication increases, it is easier for the child to comprehend the parent's perspective since they are able to negotiate and establish an agreement. This increases the child's sense of security as mutual trust and understanding has been reached. However, if the parent is unable to interact sufficiently with the child, the mutual understanding and trust stay undeveloped and the attachment relationship becomes insecure. (Crittenden – Ainsworth 1989: 435.)

The attachment relationship develops throughout life and the tolerance of maintaining without actual physical proximity increases as well. For infants, the sense of security enhances the autonomy. (Crittenden – Ainsworth 1989: 436.) Nevertheless, Bowlby (1969: 207) states that most children and adults do experience the feelings of loneliness and anxiousness when separated from their close ones for longer periods of time and

need their support during periods of distress. Bowlby (1969: 207) argues as well that attachment, primarily to the parent and in adult life towards the partner, builds the basic security for all individuals. The attachment behaviour towards the parent continues from childhood into adulthood, and the attachment between the mother and daughter is shown to form a significant part of their social life. (Bowlby 1969: 207.)

The attachment relationship forms the basis of emotional self-regulation. The securely attached children's emotions have been accepted and shared with the primary caregiver that builds the basis for emotional expression. The insecurely attached children may be exposed to emotional disturbances as they adopt dysfunctional ways of handling stressful situations which then expose them to psychosomatic symptoms (Niemi 2008: 251) as they are unable to express their emotions verbally (Niemi 2008: 248). Insecurely attached children have not experienced proximity, separation and reunification with the parent securely. Proximity may have been experienced as frightening behaviour from the substance abusing parent's part, separation may have been experienced as an abandonment and reunion may have felt uncertain e.g. if the child has woken up alone. (Kalland 2005: 204.) The child may connect feelings of helplessness to fear of abandonment and has not learned to trust adults. The home environment has been insecure and the child may seek to control separation by causing them himself/herself. As the child's needs are not met, he/she often begins to foster the substance abusing parent. (Kalland 2005: 206.)

To conclude, Bowlby (1969: 209) states that no other behaviour is associated with such strong feelings than attachment behaviour. The child feels secure as long as the primary attachment figure is present or he/she knows where the attachment figure is to be found. The feelings of anxiety and sorrow rise, which transfers into anger when the child is facing the threat of losing the attachment figure. (Bowlby 1969: 209.)

5.3 Disturbances in attachment

It is a complex task to explain disturbances and disorders in attachment since children change and develop constantly. Children may not be able to explain their experiences themselves but their experiences can be examined through various documents. Yet, the observers' records include their subjective views of the situation and they may not know

the children well or may know them in certain context which affects the recording. When defining attachment disturbances or disorders, it is essential to differentiate and know when the symptoms represent attachments disturbances and disorders rather than other disorders. (Zeanah Jr. – Boris 2000: 353 - 354.)

Zeanah Jr. and Boris (2000: 364) have described that the children with attachment disturbances have shown to experience the following behavioural symptoms;

- Indiscriminate sociability with strangers
- Lack of emotional responsiveness
- Aggressiveness and self-endangering behaviour
- Inhibition of exploration and excessive clinging
- Excessive vigilance and anxiousness
- Role reversal

According to Zeanah Jr. and Boris (2000: 359), the attachment disorder of no discriminated attachment figure includes indiscriminate sociability and emotional withdrawal. This signifies that the child has no primary attachment figure. Indiscriminate sociability suggests that children seek proximity and comfort from unfamiliar adults instead of the attachment figure. These children also express lack of differentiation among adults and have no emotional responsiveness towards the primary caregiver. Furthermore, children at the age of 2 – 4 years express no stranger anxiety when around unfamiliar adults which is typical at this stage of age. Children with emotional withdrawal have problems with self-regulation and are avoidant. Their attachment behaviour, such as comfort seeking and showing affection towards familiar adults and relatives, is disturbed. These children show stereotypical symptoms such as head banging and body swinging (Kalland 2005: 206). Maltreated children have especially been stated to show this disturbance. (Zeanah Jr. – Boris 2000: 359.)

Zeanah Jr. and Boris (2000: 364) state additionally that maltreated children show attachment disorders of secure base distortions. These include; self-endangering, clinging and inhibited exploration, vigilance and hypercompliance and role reversal. This disorder defines that these children are insecurely attached to their caregiver and seek safety from unfamiliar adults. Aggressiveness and self-endangering attachment

behaviour normally appears among young children. This attachment behaviour is relationship specific, which entails that the child does not seek to maintain or return to proximity with the parent. Besides this, the child puts themselves into danger and acts provocatively within the presence of the parent and may behave aggressively towards himself/herself or towards the parent. Disorder or disturbance with self-endangerment is claimed to appear when young children seek attention and protection from a parent who is undependable or unavailable. (Zeanah Jr. – Boris 2000: 361.)

When young children seek to constantly maintain proximity to their parents and are not willing to explore surroundings in an age-expected manner, they can be considered as having an attachment disorder or disturbance with clinging or inhibited exploration. This disturbance commonly occurs when the child is in an unfamiliar environment with the parent or in the presence of an unfamiliar adult with their parent. (Zeanah Jr. – Boris 2000: 361.) Disorder or disturbance with excessive vigilance and hypercompliance implies that the child is constantly vigilant and attempts to fulfil the attachment figure's requests. The emotional responses of the child are extremely powerful in comparison the situation (Zeanah Jr. – Boris 2000: 362.) involving e.g. strong outbursts, threats, kicking and screaming (Crittenden 1999 as cited in Kalland 2005: 212). The last distortion of the secure base concerns role reversal. The child is taking responsibility of the caregiver who is not providing protection and support for the child. This disorder is only recognised when the child is old enough to show clear anxiety of the well-being of the caregiver. (Zeanah Jr – Boris 2000: 363.)

The child's behaviours and symptoms should be sought to comprehend the child's way to express his/her experiences. Through understanding the child's early childhood, the interpretation of the feelings and symptoms is possible. (Kalland 2005: 233.) The attachment theory gives grounds for this study in comprehending the child's experiences in a substance abusing family and explains where and why the disturbances and negative feelings emerge. The findings of Itäpuisto and Fragile Childhood- surveys may be seen as deriving from the attachment theory, more specifically from the definition of insecure attachment and its disturbances, as well. Four significant emotions arise from each; aggression, insecurity, anxiety and restlessness, in addition of having to witnessing domestic violence. However, significant information may be excluded from the documentation as the child may not remember or the documents lack information

(Kalland 2005: 233). This study has tried to capture these elements from the children's treatment documents but has acknowledged the limitations of the reporting.

6 STUDY SETTING

This final thesis aims to describe the complex phenomenon of substance abuse in a family from a child perspective and the study is therefore of qualitative nature. A qualitative study seeks to describe a phenomenon or social context and give a theoretical explanation to it. The objectives of qualitative studies can be e.g. to explain relationships or describe individual experiences such as a disturbed parent – child relationship that was examined in this thesis. (Tuomi – Sarajärvi 2009: 85.) The data was gathered from the children's treatment documents of Järvenpää Addiction Hospital and as they had already been recorded, content analysis was applied as the method of analysis. The process of analysis consists of defining the study question, categorising, quantification interpretation and analysis. (Tuomi - Sarajärvi 2009: 92.)

6.1 Focus of the study

The purpose of this study was to examine Järvenpää Addiction Hospital's children's treatment plans in order to gather data of the recorded effects of parental substance abuse on children. The research question was; *what kind of harm has parental substance abuse caused to children according to the treatment documents of Järvenpää Addiction Hospital?*

As mentioned earlier, the child should be taken into consideration when the parent is offered social and welfare services in accordance to Child Welfare Act (2007). The second study question aimed to examine on *how are the children visible in the treatment cycle?*

The third study question entailed; w*hat are the trends in parental substance abuse?* According to Fragile Childhood- survey (2009) in 2009, almost 23 % of Finns responded experiencing excessive use of substances in their childhood. The comparative number in 1993 was 16 %. As the consumption of alcohol increases, it is logical to

assume that the amount of children living in substance abusing families is growing as well (Roine 2009).

Therefore, as the excessive use of substances has increased in families, this study is concentrating on the child and the harm the parental substance abuse creates. The results are subjective and cannot be widely generalised, but they can make general validations.

6.2 Study method and data

A qualitative study process begins with defining the focus of interest and formulating a precise study question. (Tuomi – Sarajärvi 2009: 92). Initially, the primary object of interest concerned maternal substance abuse since it is a current and noteworthy theme in the field of social and health care. However, the child perspective was proposed by the research unit of Järvenpää Addiction Hospital as they were planning further research on the heredity of substance abuse problems across generations. The researchers requested to examine the children's archives that may help them with their future research.

The researchers suggested studying the children's treatment documents from two decades in order to obtain a holistic view of the changes in the treatment cycle from the child perspective. The treatment documents from the years 1993, 1998, 2003 and 2008 were chosen for this study in order to observe the changes in recording as well as the children's visibility during the treatment period. In total, the study included 80 cases, 20 cases from each year, which were chosen according to the length of the treatment to obtain a more holistic view of each case. The lengths of the chosen treatment plans were from 25 to 233 days. The study question was specified to its current form when the treatment documents were read through thoroughly and the content of the treatment documents was clarified.

As the data has already been collected by the hospital's workers into the archives, it is secondary data. The treatment documents were not produced for social studies, but were meant for personal and for the hospital's use which signifies that they are unsolicited documents. (May 2001: 180 - 181.) As the documents are not meant for further studying, the documents have not been recorded systematically, even though simple

recording instructions have been followed. For this reason, some documents lacked relevant data even though a common pattern of recording existed. Additionally, as the archives are subjective to the workers' interpretations of the social world as stated in May (2001: 34), the subjectivity was taken into account when analysing the data (May 2001: 13). This signifies that the workers' profession, bias and inner experiences have affected the interpretation of the child's situation and type of data they recorded. Hence, criticality was essential when examining and analysing the data.

According to May (2001: 181), as the documents included personal details, they are considered as private and restricted documents. For the purpose of examining the files, the access had to be granted from the A-Clinic Foundation and Järvenpää Addiction Hospital. To secure the anonymity of the clients, their personal details were replaced with specific number codes that enabled retrieving to the original files if it would have been necessary. Due to the restrictions, the documents could not be transported from the hospital premises and therefore, the hand-written records from 1990's were photographed and printed together with the cases from 2003 and 2008 that were in electronic form, to transport them for further examining to the A-Clinic Foundation's premises.

In conclusion, this study sought to establish an empirical basis on how theory applies to social life. More specifically, how the attachment theory and earlier study results on the harm of parental substance abuse accomplished by Itäpuisto and Fragile Childhood-project, relate to the results of the harm examined from the children's archives of Järvenpää Addiction Hospital. This is called abduction. The central idea of abductive reasoning is to proceed from a hypothesis into a conclusion. (Tuomi – Sarajärvi 2009: 95.)

6.3 Content analysis

This final thesis followed content analysis which enabled the children's archives to be summarized systematically and objectively without losing the content. A method of analysis seeks to increase information of the studied phenomenon by simplifying the data in order to form reliable conclusions (Tuomi – Sarajärvi 2009: 108). More

specifically, the theory guided content analysis was applied since the attachment theory gives a direction for this study (Tuomi – Sarajärvi 2009: 96).

Theory guided content analysis is generally considered as abductive. The process of analysis is driven by the data (Tuomi – Sarajärvi 2009: 96 - 97), in this study the children's archives that were combined with former studies and theory. As the importance of the earlier study results and theory was acknowledged, the analysing variables were chosen according to the findings of Fragile Childhood- surveys and studies of Itäpuisto as well as the attachment theory.

The analysis consists of certain phases that are to be followed. The first phase entails specifying the study questions and separating the relevant data from the irrelevant. (Tuomi – Sarajärvi 2009: 92.) This was done through deciding the concentration on the children's archives and reading them thoroughly several times. For that reason, it was logical to separate the three categories that the researchers recommended to study as well; the child, the family and the treatment. The first category included basic information concerning the child and enrolment into treatment, the second category involved the family issues and the nature of the substance abuse problem whereas the third category concentrated on the emotional and psychosomatic harm caused by the parental substance abuse that was observed and recorded by the hospital's workers during treatment.

The following phase of content analysis proceeded from categorising into quantification (Tuomi – Sarajärvi 2009: 120). This signifies that the data was coded in accordance to the chosen variables into an Excel table and the frequency of the variables was counted. Hence, the data was refined so that the concentration was only on the studied phenomenon (Tuomi – Sarajärvi 2009: 92). This enabled examining the similarities of the treatment documents and identifying the harm of parental substance misuse. However, if quantification is left on the interpretations of frequencies it may exclude relevant information of the studied phenomenon (Eskola – Suoranta 1998: 166). Therefore, citations were collected as well from the archives in order to argue the prevalence of the findings.

As mentioned earlier, the variables for the analysis were chosen in accordance to previous studies and the attachment theory. The Fragile Childhood- surveys from 1994 and 2004 concluded that the main harm caused by parental substance abuse are fear towards the parents, the feeling of insecurity, anxiety, depression, fatigue and disturbance, but most importantly witnessing family fights and quarrels (Peltoniemi 2005: 8). The negative feelings of a child in a substance abusing family can be summed up into three main feelings; fear, hate and shame (Itäpuisto 2008: 34) and parental substance abuse may cause domestic violence or its threat (Itäpuisto 2001: 55). In addition, as reported earlier, the Ministry of Social Affairs and Health (2009: 19 – 20) has determined substance abuse in a family as a form of child maltreatment. This implies that the attachment of a maltreated child is in danger and the attachment relationship with the primary caregiver may develop into an insecure one (Crittenden – Ainsworth 1989: 445), which might cause the following symptoms according to Zeanah Jr. and Boris (2000: 364); indiscriminate sociability, exceptional attachment towards adults, stereotypical behaviour such as head banging and body swinging, self-endangering behaviour, aggressiveness, hyper vigilance and disobedience. These findings and recommendations of the hospital determined the final variables.

The variables of the first category included; the year of birth, age, sex, length of treatment, enrolment into treatment; home, institution, grandparents or other, the diseases; allergies or asthma. The second category comprised; with whom the child enrolled to the treatment: mother, father, both, blended family or siblings, the parental substance abuse: alcohol, drugs or polydrug use, whose substance abuse problem; mother, father or both, domestic violence and other traumatising experiences. The third category included the symptoms and harm observed during the treatment; psychosomatic symptoms: eye inflammation, bronchitis, flu, vomiting and/or headache, emotional harm: aggression, insecurity, restlessness and/or anxiety. In addition, diagnosed parental mental health problems and other significant observations by the workers were collected that were comprised to the traumatising experiences the children in the treatment have had to face. The citations were collected according to each variable to demonstrate the severity of the harm caused by parental substance abuse.

Quantification of the data includes an interpretation since it is not sufficient to code mechanically (Eskola – Suoranta 1998: 167) as well as the different variables that can

be presented indirectly in the text, such as aggression which could be seen through aggressive behaviour but is not directly addressed as aggression in the archives. The significance is that the variables have been presented clearly even once in the data (Eskola – Suoranta 1998: 167). Therefore, coding of the specific variables required interpretation.

7 FINDINGS

The findings were collected from 80 treatment documents to answer the study questions. The results are divided into three categories; the first category explains the visibility of the children in treatment as seen in the treatment documents and presents the changes in children's situations. The second category describes the trends in parental substance abuse on the basis of 80 diagnoses of the parents; one parent of each child was included. The third category presents the negative impacts of parental substance abuse on children.

The findings are argued with citations that were collected from the treatment documents. The citations are in their original form in Finnish including spelling mistakes as they are direct citations from the hospital workers and translation may be seen as changing the content. However, the citations have been translated into English and follow the direct Finnish versions.

7.1 Visibility of the child in treatment

The recording of the children's treatment documents varied greatly from 1993 to 2008. As the substance abuse problem is different from the child's viewpoint than from the adults, the child's perspective should be emphasised since the substance abuse services often have an adult perspective (Aula – Peltoniemi 2007: 4). Järvenpää Addiction Hospital has treated the whole family of the substance abuser since the late 1950`s (Ahonen 1999: 47) but according to the treatment plans from 1993, the visibility of the child was still weak as the workers had only recorded the basic information of each child; personal details, enrolment into treatment, physical condition and care. The lack of information complicated the examination of the archives from this year. The

documents from 1998 to 2008 paid attention to different working methods utilised with children and with their parents including parenting role map, family discussions, filming, different educational videos, parent – child tasks, measuring the families' strengths and resources, different relaxation methods, keeping diaries on daily routines and "reminiscence the future"- discussion, whereas the documents from 1993 had no mention of any methods applied. This created assumption that the child role in a treatment was not as emphasised as it was in the later years and/or that the quality of recording was weak.

The average age of children in the treatment was considerably higher in 1993 than during the other years. The average age in 1993 was nine years whereas the comparative age from 1998 until 2008 varied from two to three years. This can relate on the changes in client profiles as presented in chapter 3.1, as the misuse of drugs and polydrug use increased and the service users appeared to be younger and came to treatment with a new-born. There is a correlation between these changes and the finding that 18 % of children undergoing treatment in 2003 and 2008 were suffering from withdrawal symptoms due to parental drug use while in 1993 and 1998 it was only 3%.

The length of treatment days did not vary significantly between 1993 and 1998; in 1993 the average length of treatment was 54 days while in 1998 the average was 58 days. A decade later, in 2003 and 2008, the length of the treatment had increased considerably; the length of the treatment period in 2003 was 97 days and five years later the average was 78 days. The recording of the treatment documents varies significantly between these decades as well. The documents of 2003 and 2008 showed that the children's actions and functions were not only observed but also recorded daily in contrast to the plans of 1993 and 1998 that were updated in accordance with the workers' view of what observations were significant enough to be recorded and had not been updated on daily basis.

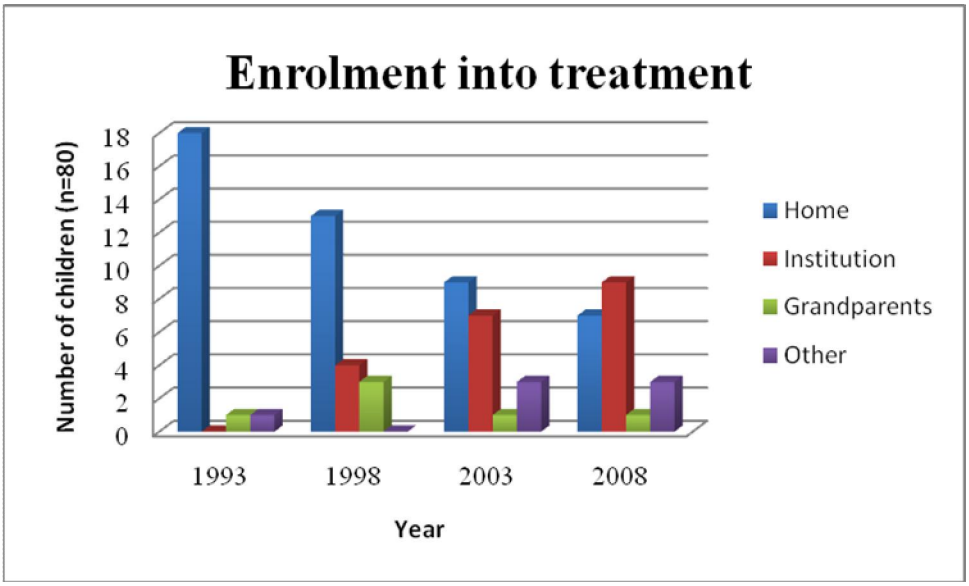

FIGURE 1 Enrolment of the child into treatment

According to the Ministry of Social Affairs and Health (2006: 21), parental substance abuse is the most substantial reason for child protection actions and the number of children being placed outside of their homes into children's homes or other institutions has almost doubled since the 1990's. A similar correlation can be concluded from the children's treatment documents. In 1993, 90 % of the children were enrolled into treatment from their homes and none came from child protection institutions. The amount of children coming from their homes continued to decrease until 2008 when the comparative percentage was only 35 %. At the same time, the number of children coming from institutional care was increasing; in 1993 none of the children were enrolled from institutions and in 2008 45 % were enrolled from institutional care. The relatives' role in the families' life was not recorded systematically in the archives, but each year some of the children were enrolled into the hospital from their grandparents, other relatives and from withdrawal treatment.

In conclusion, according to the treatment documents of Järvenpää Addiction Hospital, the children's visibility in treatment and in treatment documentation has developed considerably from 1993 to 2008. The documents indicated that more methods had been applied with the families in 2003 and 2008 whereas in 1993 there was no mention of the methods. However, this does not necessarily imply that nothing was done with the children during these years. The children's symptoms and other harm experienced due to

the parental substance abuse were more visible in the later years than in 1993 as the observations of the children had been recorded daily.

7.2 Trends in parental substance abuse

Common trends in parental substance abuse entail what many studies on the changes in substance abuse indicate as well; drug use and polydrug use of substances has increased considerably since the 1990's and most commonly the substance abuse of parents concerned the mothers' misuse. The findings of this study were based on the 80 diagnoses of the parents; one parent of each child was included. However, it must be acknowledged that figures 2 and 3 that concern parental problems during the treatment may be slightly inaccurate as in 1998 two parents and in 2008 one parent came to the treatment with more than one child and therefore, eight children involved in this study had siblings, each of them included in this thesis.

In 79 of the 80 cases chosen, the mother was in the treatment of Järvenpää Addiction Hospital with their children and only one of these 79 mothers did not have a substance abuse problem. The comparative number of fathers in treatment was 32 of which 94 % included paternal substance abuse. 31 cases concerned families with both biological parents and their children; this signifies that only one father who was a single-parent stayed in the treatment with his children. In contrast, 40 single-parent mothers were in the treatment with their children and 10 % of the 80 cases involved blended families where the mother was the biological parent of the children. This shows the mother's role as the primary caregiver of the children in a family since 79 out of 80 children came to the treatment with their mother and nearly 50 % of the mothers in treatment were single-parents whereas only one child came with a single-parent father.

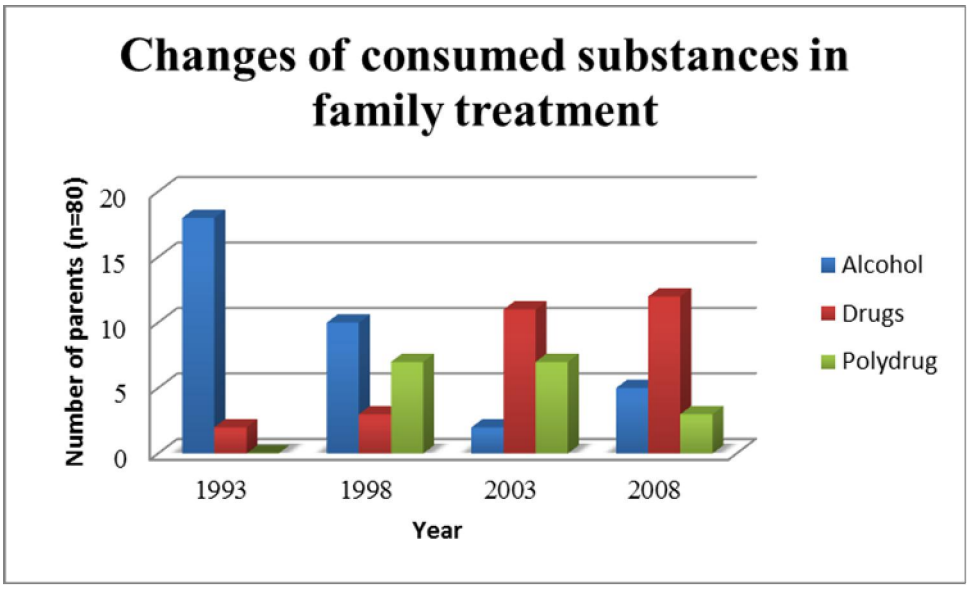

FIGURE 2 Changes of consumed substances in family treatment

Alcohol has been the main substance that has fostered dependence, but drug misuse has increased considerably since the mid- 1990's (National Institute of Health and Welfare - EMCDDA 2009: 57). Figure 2 shows the frequency and changes in parental substance abuse and the main reason to enter the family treatment in 1993 was alcohol misuse whereas drug use among the parents was rare as well as polydrug use. 90 % of the parents had problems with alcohol and only 10 % were in treatment due to drug abuse. The changes in increased drug use could be noted only five years later when the amount of multiple substance abusers in 1998 was 35 % of the parents included in this study, contrasting to 1993, when none of the parents were polydrug users. This does not necessarily imply that the use of alcohol had decreased, but that the position of drugs as an additional drug had become stronger and the amount of new drug users may have increased.

The amount of parents entering treatment due to drug misuse continued to grow until the year of 2008 when 60 % of the parents in treatment were drug abusers and a similar trend can be noted from the cases of 2003. The number of parents with only alcohol abuse problems decreased since 1993 and ten years later, in 2003, the number of parents in the family treatment with alcohol problems was the lowest in two decades, only 10 % of all the cases.

In figure 2 one can see that the changes of consumed substances in family treatment follow the general trends of substance abuse; polydrug use has become a common phenomenon during the past two decades, alcohol has a significant role but is consumed with other substances and the drug misuse has deteriorated greatly from the 1990's. 25 % (n=80) of the parents included in this study had been diagnosed as suffering from depression and as stated in Nyman (2004: 6) the service users who came to treatment after the late 1990's were younger with drug problems and came with a new born and these factors are considered as typical features of a substance abuser in Finland nowadays (National Institute of Health and Welfare – EMCDDA 2009: 57).

7.3 Harmful effects of parental substance abuse

According to the treatment documents, children living in substance abusing families often have to live through various traumatising events and experience emotional harm that may result in different psychosomatic symptoms. These three aspects; traumatising experiences, emotional harm and somatic symptoms have been described in this chapter. There should be additional emphasis on the negative feelings as they are seen as the main reason to decrease the quality of the children's life as stated by Itäpuisto (2008: 33).

7.3.1 Traumatising experiences

Trauma can be occasional and sudden such as a suicide or it can be long lasting and a part of child's life (Punamäki 2005: 184). Child maltreatment and having to witness family fights are considered as common and long lasting traumatising events (Kaufman – Henrich 2000: 195). Trauma should not be a part of one's childhood. However, when parental substance abuse is present, trauma can rarely be avoided as noted in the treatment documents where the most frequently occurring traumas were; parental mental disorders, domestic violence, death of the other parent, the parent's suicide attempts and unconditional incarceration of the parent's as shown in figure 3.

> *"Perheellä mahdollisuus selvitä raittiina, mutta juodessa parisuhde tuhoisa ja lapset vaarassa."*

"The family has a possibility to survive if sober but when drinking, the relationship of the parents is disastrous and the children are in danger." Treatment document of a 6 year old girl

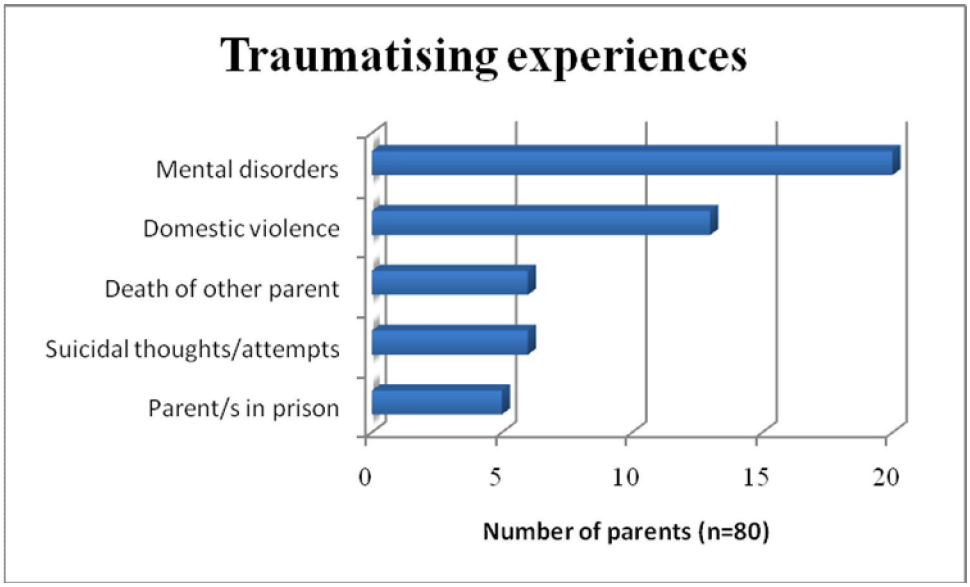

FIGURE 3 Traumatising experiences due to parental behaviour according to the treatment documents

Substance abuse caused different parental traumas that inevitably reflected on the child's life and wellbeing since the parent's focus was on the substances instead of the child that is considered to be ignorant parenting in accordance to the categories of parenting by Itäpuisto (2008: 42).

"Kertoo pahimmillaan"tissuttelevansa" useita päiviä peräkkäin. Joitakin kertoja juonut, että muisti on mennyt. Tällöin tapahtunut erilaisia "traumaattisia asioita", perheväkivaltaa, raiskatuksi tulemista ym."
"Says that at worst she drinks several days in a row. A few times she has drunk so much that she has lost her memory. Then different "traumatising events" have happened, domestic violence, being raped etc." Girl 2 years

Mental disorders were common among the parents as every fourth parent had mental health issues, especially depression. Kalland (2005: 217) states that a parent with depression is not emotionally present and therefore, the child may grow up in an

emotional vacuity. The mental health problems and withdrawal symptoms seemed to direct the parent's behaviour and actions as sometimes even the basic needs of the child were neglected e.g. the child was left alone for hours to play or bathe as the parents were sleeping, eating or watching TV. This signified that some of the parents in the family treatment were not capable of ensuring the well-being of their child since their own needs were constantly a priority not the child's needs, which can be noted from the citation taken from a treatment document of a one year old boy.

> *"Poika oli jätetty moneksi tunniksi lastenhoitohuoneeseen yksin, joka kuulemma on toistuvaa...vanhemmat puolustelivat huonolla ololla…kertoivat pojan myös viihtyvän omissa oloissaan."*
> *"The boy had been left alone in the nursery for several hours which reportedly has happened repeatedly… the parents defend themselves by feeling sick…they also said that the boy enjoys being alone." Boy 1 year*

16 % of all documents presented domestic violence in a family. As the records mainly involved information from the treatment period, it could not be examined how much domestic violence or family fighting occurred within home surroundings. At least one case included domestic violence that was directed towards the children. In addition, an example of an extreme case of domestic violence occurred in three of the 80 families; the other parent had stabbed the other with a knife. To conclude, many children in this study have had to witness their parents maltreating the other and sometimes have even tried to protect the mother/father, this can be seen in the citation taken from the treatment plan of a four year old girl.

> *"Tyttö on kotona nähnyt isäpuolen pahoinpitelevän äitiä. Tyttö yrittää suojella äitiään viemällä pois huoneesta tai suojella itseään sulkemalla ympäristön tapahtumat ja keskittymällä katsomaan telkkaria."*
> *"The girl has seen her stepfather maltreat her mother at home. The girl tries to protect her mother by taking her out of the room or protecting herself by excluding the surrounding events by concentrating on watching TV." Girl 4 years*

Suicidal thoughts/attempts, death of the other parent and incarceration of a parent/s were relatively visible in the documents. According to the children's plans, 6 out of 80 parents had suicidal thoughts or suicide attempts and 6 out of 80 children had lost either their parents due to e.g. suicides or a murder. Unconditional incarceration of the parent had occurred in five of the cases. One case included the child being born during the mother's prison sentence.

> *"…Perhe oli auton kanssa liikkeellä... Isä oli ollut niin humalassa ettei pystynyt kävelemään ja äiti oli sammunut autoon. Edellisenä päivänä perhe oli ollut myös autolla liikkeellä ja isä kuljettajana niin humalassa, että oli viety putkaan."*
> *"…The family was traveling by car…The father was so intoxicated that he could not walk and the mother had passed out in the car. They had been driving with the car during the previous day as well and the father, the driver, had been so intoxicated that he had been taken to the jail." Girl 6 year*

The treatment documents of Järvenpää Addiction Hospital showed that as substances played a significant role in the family, traumatising experiences could not be avoided. Even if some of the traumatising experiences due to parental behaviour did not concern the child directly, it always reflected on the child's life and well-being.

7.3.2 Emotional harm

Emotional maltreatment always exists in a substance abusing family (Ministry of Social Affairs and Health 2009: 19). The four main negative impacts on children that rose from previous studies and theory; insecurity, restlessness, anxiety and aggression were sought to capture and describe in this thesis. Most of the children had experienced somewhat emotional harm due to parental substance abuse in their families. The frequencies of the negative feelings are comprised in figure 4.

The insecurity of the children rose from numerous treatment documents. During the treatment family fights and domestic violence were not present, but several documents showed that having to witness family fights and violence at home was common, which

is a part of emotional maltreatment and increases the child's feeling of insecurity and fear.

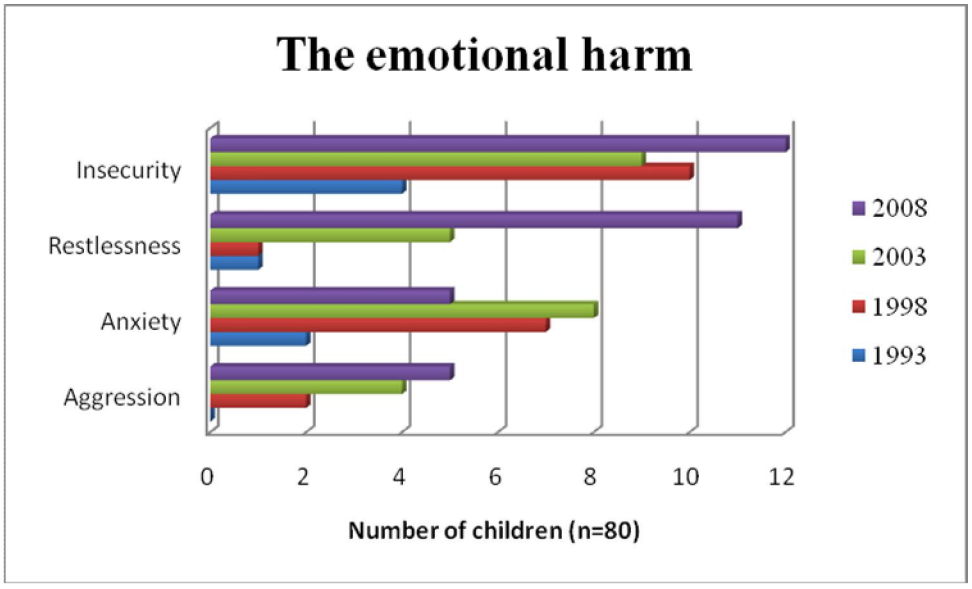

FIGURE 4 Emotional harm experienced by children due to parental substance abuse

The feeling of insecurity was annually the most essential harm of the four feelings that the children had experienced. 60 % of the children in treatment in 2008 were considered as expressing insecurity and even though the comparative percentage in 1993 was only 20 %, the scarce reporting of this year's documents can be seen as one of the reasons for this. The insecurity of the children came to surface from various treatment documents when the children were not in the presence of their parent and often reacted by having crying episodes. The parents repeatedly put their own interests first when they were hungry or needed a smoke and left their child e.g. bathing or to the corridors alone from where the workers of the hospital found them. The child's mistrust and worry of the parent rose from several treatment documents as well.

> *"Tyttö ollut huolissaan äidistään. Tarvitsee tiedon kuka aikuinen hänestä huolehtii, ettei jää yksin. Äiti arvelee luottamuksen horjuneen pahoin. Loppukeskustelussa (lapsi) kertoo pelkäävänsä äidin jatkavan juomista kun menevät kotiin."*
>
> *"The girl has been worried about her mother. She needs to know which adult is going to take care of her so that she won't be left alone. The mother believes that the trust has been shaken badly. In the final*

discussion (the child) tells of being scared that the mother continues drinking when they return home." Girl 5 years

"Toisaalta joissakin tilanteissa aiemmin ajoittain koetut turvattomuuden tunteet viriävät: tutteja tarvitaan kourakaupalla ja itku on lohdutonta."
"However in some situations the previously experienced feelings of insecurity are revived: handfuls of dummies are needed and the crying is inconsolable." Girl 2 years

"Äidin voidessa huonommin oli tyttö selvästi takertuvaisempi äitiinsä ja haki huomiota huonoinkin keinoin, esim. lyöden ja purren äitiä. Isäpuolen komentaessa tyttö piiloutui usein äidin taakse tai paidan alle."
"When the mother is feeling worse the girl was clearly clingier towards the mother and sought attention even with poor manners, e.g. through hitting or biting the mother. When the stepfather was commanding the girl, she often hid herself behind the mother or under her shirt." Girl 6 years

Numerous treatment documents showed the children's anxiety and panicky state when they were not at the proximity of the primary attachment figure, the parent or other adults which indicates that the attachment relationship had developed insecurity. The children may be insecure of the reunion with their parents and withdrawal is therefore difficult. In addition, many children were anxious when having to wake up in a room where they were alone even if the adult could be found in the next room.

"…Hyvin vaikea erota äidistä. Tyttö on suorastaan hysteerinen ja hätäinen. Hätä äidistä on kova."
"…Very difficult to separate from the mother. The girl is simply hysterical and anxious. Very worried about the mother." Girl 2 years

"Vanhemmat kertovat pojan aamulla hätääntyneen ja itkeneen "paniikissa" herättyään yksin huoneessaan...oli saanut "paniikinomaisia vapinakohtauksia" vastaanottokodissakin, jos oli sattunut heräämään yksin."

> *”The parents told that the boy had been anxious in the morning and crying ”in panic” when he woke up in the room alone…He had had “panicky trembling attacks” in the reception home if he had happened to wake up alone.” Boy 3 years*

Restlessness was common among the children in treatment in 2003 and 2008 as 25 % of children in 2003 and 55 % in 2008 showed clear signs of this feeling as can be noted in figure 4. The children were frequently seeking the parent’s attention by behaving vigilant or restless as that was the most certain way of raising attention.

> *”Tyttö oli levoton ja tottelematon. Haki monella tavoin äidin huomiota, konttasi tuolien alla, juoksi käytäviä ympäri…Lopulta tyttö karkasi ulos, josta äiti haki pois. Käyttäytyminen jatkui häiriköintinä, sanallinen ohjaus eikä holding-pitely riittäneet, joten ak aloitti TCI-kiinnipidon ja tilanteen jatkuessa edelleen soitti hälytyksen.”*
>
> *”The girl was restless and disobedient. She sought the mother’s attention in several ways, crawling under the chairs or running around the corridors…In the end, she ran outside, from where the mother fetched her. The behaviour continued as heckling and verbal guidance or holding were not sufficient, so the adult began TCI-holding and as the situation continued, made an alarm.” Girl 6 years*

Annually, various children showed signs of anxiousness as can be observed in figure 4. On average, 28 % of the children in treatment were perceived as anxious. As stated by Zeanah Jr. and Boris (2000: 359) children with emotional withdrawal have problems with emotional self-regulation and show stereotypical symptoms of anxiousness that according to Kalland (2005: 206) are e.g. head banging and body swinging. These symptoms were recognised from the children’s archives as well, especially among younger children who may still have had problems with verbal communication. Additionally, crying and screaming episodes were common as well as the inability to discuss family problems. Other signs of anxiousness were nightmares, wetting the bed, screaming and crying while sleeping in the night time.

”Illan aikana kielsin häntä useamman kerran lyömästä äitiä ja kylvyn jälkeen hän alkoi läpsiä itseään…Äiti kertoi pojan hakanneen yöllä päätään seinään.”
”I forbid the boy for several times of hitting his mother and after the bath he started to slap himself…The mother told that the boy had been banging his head to the wall during the night.” Boy 1 year

”…Tytöllä ilmeni huolestuttavana muutaman kerran oman pään hakkaamista lattiaan ja myös hiusten pyörittämistä niin että lähtee pieniä tukkoja irti päänahasta.”
”…What is worrying, the girl beat her head to the floor several times and also twirled her hair so that little wisps of hair fell from the scalp.” Girl 3 years

”Pojalla on öisin myös rajuja huutokohtauksia, jolloin häntä on vaikea saada rauhoittumaan ja samanaikaisesti hän pissaa sänkyyn.”
“The boy also has severe screaming attacks during the nights when it is difficult to calm him down and he wets his bed at the same time.” Boy 4 years

Maltreated children frequently show indiscriminate sociability as they seek proximity and comfort from unfamiliar adults instead of the attachment figure and express lack of differentiation among adults (Zeanah Jr. - Boris 2000: 359). On several occasions, the children in treatment expressed the inability to rely on their parents and sought proximity and comfort from the hospital workers. The insecure attachment relationship was nearly always noted in the background as the child showed signs of being scared of losing the parent since the withdrawal was difficult.

”Tunne-elämältään tyttö on ollut ailahtelevainen. Ajoittain hyvin takertuvainen enemmänkin hoitohenkilökuntaan liimautuva kuin äitiin. Halailee mielellään ja kaipaa rakkautta ja läheisyyttä kaikilta, toisaalta haluaa uudenlaista itsenäisyyttä ja esiintyy vähän uhmakkaasti, mutta yksin jäädessään tilanteisiin usein pelokas ja herkästi itkeskelee äidin perään.”

> *”The girl has been emotionally unpredictable. At times she is very clingy mainly towards the staff and not towards the mother. She is hugging willingly and needs love and proximity from everyone, but on the other hand wants autonomy and appears as defiant but when left alone is often fearful and cries easily after the mother.” Girl 6 years*

The older children in treatment occasionally expressed their anxiousness through self-endangering behaviour. As the situation of the family was insecure due to the substance abuse, the children had difficulties in surviving and handling family problems which were then expressed through self-destructive thoughts and behaviour. The following citation from a nine year old boy exemplifies self-endangering behaviour as he had tried to run under a car.

> *”Poika ollut (lastensuojelun tiedottamana) masentunut ja hädissään perheen tilanteen vuoksi. Itsetuhoisia ajatuksia autojen alle menemisestä, jopa yrittänyt.”*
> *“The boy has been (reported by the child protection) depressed and anxious due to the family’s situation. He has had self-destructive thoughts about going under cars and he has even tried doing so.” Boy 9 years*

Few children rarely expressed aggression during the treatment period, on average, 13 % of the children were considered as aggressive. Bowlby (1969: 209) states that when a child is faced with the threat of losing the attachment figure, in this case the parent, the feelings of anxiety and sorrow increase, leading to anger. Substance abuse has been a dominant feature in these families and therefore the children may have felt a continuous threat of losing their parent. The bad emotional state of the children was seen through aggressive behaviour as the child may have had difficulties translating the feelings into words.

> *”Mikäli kotona tapahtuu ikäviä asioita esim. päihteiden käyttöä, turvattomuutta ym. on pojassa helposti havaittavissa aggressiivisuutta joka tulee varmasti pintaan. Hätä äidistä oli huomattava.”*

”In case unpleasant events take place at home e.g. substance misuse, insecurity etc. the aggressiveness of the boy is easily noticeable and surely arises to surface. Worrying of the mother was prominent.” Boy 9 years

”Ajoin itkukohtauksia ja raivoisia purkauksia, joihin liittyy lyömistä ja potkimista…oireilee pahaa oloaan.”
”At times has episodes of crying and furious outbursts that include hitting and kicking...shows symptoms of her bad state of mind.” Girl 4 years

”Tytön äidin kanssa keskusteltu tytön rajuista otteista pienempää lasta kohtaan. Tyttö oli ottanut pienemmästä lapsesta kuristusotteen josta muu yhteisö ollut kauhuissaan…”
“The girl’s rough behaviour towards a younger child was discussed with the mother. The girl had tried to strangulate the younger child of which the rest of the community was horrified...” Girl 2 years

Role reversal is one of the disturbances that can be recognised only among older children when the parent is not able to provide protection and support to the child (Zeanah Jr – Boris 2000: 363). At times, the older children in treatment were reported behaving as adults in the family or that the parent was unable to give limits to the children and was more like a friend to them. In numerous cases, the children were worrying about their parents and had to rely on their older siblings or to themselves. Children should be provided with a carefree childhood where they can be children and do not need to worry about adult’s issues. However, the treatment documents showed that the children in substance abusing families are regularly forced to be a part of the parent’s problems.

”Päällisin puolin huolettoman oloinen. Hätääntyminen on kuitenkin hyvin lähellä, huoli äidistä. Turvautuu isoveljeen, äiti ei tunnu oikein olevan aikuisena perheessä. Välittämistä kyllä on, mutta vaikuttaa enemmän lastensa kaverilta.”
”From the outside the girl looks carefree. However, anxiousness is very present, is worried about her mother. Seeks safety from her older brother,

the mother does not seem to be the adult in the family. There is caring, but she seems to be more like a friend with her children." Girl 7 years

"Toimii perheen "aikuisena". Huolestuttavaa miten tyttö suojelee ja myötäilee äitiä… Lapsuus jäänyt kesken."
"Behaving as "the adult" in the family. The way the girl is protecting and conforming with her mother is very concerning… Childhood is left unfinished." Girl 12 years

To summarise, the emotional harm was very visible in the treatment documents of the hospital. The children reacted to parental substance abuse problems in various ways, from screaming and head banging to self-endangering behaviour. The children had to worry about their parents even though they should be raised in an environment where adult issues are not a concern. The emotional harm these children experienced in their childhood may last throughout their lives and have a direct impact on future life changing decisions.

7.3.3 Psychosomatic symptoms

The negative emotional experiences may have physical responses in very young children due to their inability to express themselves verbally. Therefore, somatic symptoms and illnesses develop as the child suffers from internal emotional conflicts. (Mrazek 2000: 425.) All the psychosomatic illnesses are real and show through various symptoms and the course of these illnesses is influenced by emotional state of the child (Mrazek 2000: 430). Several children in treatment had difficulties verbally expressing their feelings and discussing the family situation. The children experienced headaches and/or stomach pains and as the stressful situation of the family was continuous and some children had developed asthma or allergies. The six symptoms; flu, eye inflammation, vomiting, headache, asthma and allergies appeared to be the most frequent among the children in family treatment that can be observed in figure 5.

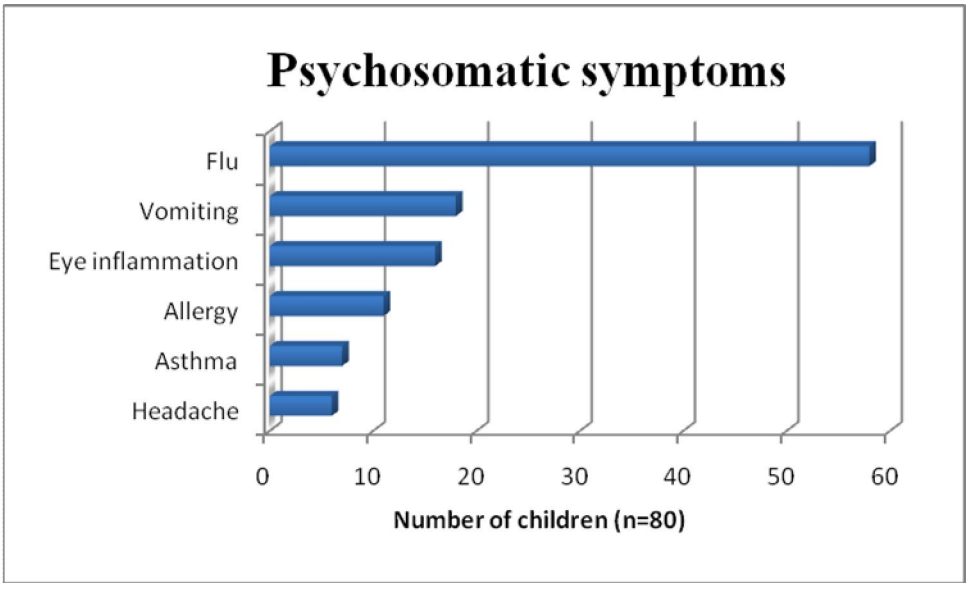

FIGURE 5 Psychosomatic symptoms during family treatment

In total, 73 % of the children had the flu while they were in the hospital and the rate was especially high in 2003, when 95 % of the children had flu symptoms. Eye inflammation was common as well, since 20 % of all children had suffered from this infection. Numerous treatment plans, in total 23 % of the documents, showed that the children had been vomiting during the treatment period. In addition, approximately 14 % of the children had suffered from different allergies and 9 % of the children in the treatment were diagnosed as having asthma, which is considered as one of the most common psychosomatic symptoms among young children (Mrazek 2000: 430). Some of the children, in total 8 % had been suffering from headaches as well. These six infections were the most common symptoms that can be considered as psychosomatic. The following citation from a six year old girl shows how a child reacts somatically by vomiting without having medical diagnosis of stomach flu.

> *”Tytöllä ollut monia oireiluja fyysisesti esim. oksentelua (ei vatsatautia). On kuin kirjaesimerkki alkoholiperheen lapsesta, joka yrittää aina olla hyvin huomaamaton ja vältellä pahoja asioita. Ahdistuu kun perheen asioita käsitellään.”*
>
> *“The girl has had several somatic symptoms e.g. vomiting (not stomach flu). She is like a textbook example of a child in a substance abusing family who is always trying to be very invisible and avoids bad things.*

Becomes distressed when the family issues are being discussed." Girl 6 years

The effects of parental substance abuse involves the whole family, but especially the children as they are suffering the most harm since their emotional needs are ignored due to the substance abuse. Several treatment documents showed that children had difficulties verbally expressing their ill-being as they did not learn basic ways of coping in stressful situations. Negative emotional experiences of the children often lead to psychosomatic symptoms that were relatively common among the children in family treatment according to the treatment documents.

8 ETHICALITY AND VALIDITY

As this thesis analysed sensitive data; personal details and the substance abuse problems as well as family relationships, ethicality was essential. The data was collected straight from the treatment documents and therefore the consent from the children or the parent was not needed. (Pitkänen 2009: 191.) However, a research permit for the archives of the hospital and confidentiality agreements were required and signed with the Järvenpää Addiction Hospital and A-Clinic Foundation.

Personal details were replaced with number codes to secure the anonymity of the individuals. The whole study process and the reporting were conducted in a way so that the subjects of the study could not be identified. (Pitkänen 2009: 191.) The emphasis of this study was placed on creating a holistic view of the results and not individualise the subjects of the study, the children.

The treatment documents were recorded by hospital workers and therefore subjectivity of the individuals was taken into consideration when interpreting and analysing the data. Nevertheless, the workers professionalism should not be underestimated as they are professionals in the field of substance abuse, yet, the education of the workers may have influenced on their interpretation of the situation. The documents did not specify the qualifications of the people recording the data so they may have been nurses or social therapists which then defines the concentration of the recorded information, whether it

is viewed through a social or medical perspective. Moreover, the general recording instructions were followed by the workers and therefore gave general guidelines for the recording.

To enhance validity of this study, the direct citations were collected to enable the readers to form their own interpretations of the results and to validate the findings. In addition, the findings correlate with the results from earlier studies and the attachment theory which increase the validity of this study.

9 CONCLUSION

Home should provide a secure environment for the child's development and the child's best interest should always be a priority. However, when the child has been maltreated due to parental substance abuse, it risks the child to disturbances in attachment as the child cannot form a secure relationship with the parent. Growing up in an insecure environment, in a substance abusing family, endangers the child's development, exposes him/her to traumatising experiences, emotional and behavioural disturbances and psychosomatic symptoms.

According to the treatment documents of Järvenpää Addiction Hospital, the child's visibility in the treatment cycle increased from 1993 until 2008. Especially significant was the improvement in recording as the workers had begun to observe the children on daily basis and the documents showed how various working methods were applied during the treatment with the children and their parents in order to improve family functioning and interaction. The children's behavioural problems and other symptoms due to parental substance abuse were observed more carefully during the treatments in 2003 and 2008 than in the 1990's in accordance to the documentation. The findings also indicated that the child protection intervened more actively to the family lives after 1998 as the amount of children coming from institutional care was in rise whereas the children enrolling into family treatment from home was decreasing among the children included in this study.

The mother's role as the primary care giver of the family and the increase in drug and polydrug use were visible in the treatment documents. The general trends in parental substance abuse entailed that drug and polydrug use had increased among the parents in treatment after 1993 and annually, most of the children enrolled into treatment with their biological mother. At the same time, the parents enrolling into treatment due to alcohol problems was decreasing. Generally maternal substance misuse is seen as more harmful for the child since when the mother neglects the child, the father is not compensating the harm (Itäpuisto 2005: 89) and maternal substance abuse is seen as a more substantial reason for child protection acts as well (The Ministry of Social Affairs and Health 2006: 21). These factors together with the study results presented the mother's position as the primary care giver of the child.

The children had to encounter different traumatising experiences in their family life that should not have been a part of their childhood. It is not known what traumatising events took place in their home environments but these study findings showed that parental mental health problems, domestic violence, parental suicidal thoughts or attempts, criminal behaviour and death of the other parent occurred in several cases. The parents may have tried to show better behaviour and aspects of their family life during the treatment than what the reality was, which may have decreased the real frequencies of the events. Yet, these experiences decreased the child's feeling of security and trust towards the parents and caused disturbances in the child's behaviour and emotional life.

Most of the children in family treatment had experienced somewhat emotional harm due to parental substance abuse in their families, of which the feeling of insecurity was the most common. This indicates directly that the attachment relationship between the child and the parent was often insecure since as Crittenden and Ainsworth (1989: 446) argue, a child in a maltreating family often forms an insecure attachment relationship with his/her parents. The children expressed typical behavioural symptoms and emotional harm that are represented in attachment disturbances by Zeanah Jr. and Boris (2000: 364) and are found from previous studies as well; restlessness, role reversal, anxiety, aggression, self-endangerment and outbursts. These symptoms could be noted as the children were often worried over their parents and had difficulties in separation as they could not trust the parents who did not interact with them sufficiently or did not react to their emotions. Additionally, some of the children were harming themselves by banging

their heads towards different objects and had often strong crying episodes. Several children showed indiscriminate sociability towards unfamiliar adults, mainly towards the hospital workers, which showed a disturbed attachment as the child did not seek proximity with the primary care giver, the parent that occurs when the parent is not perceived as secure and trustworthy.

In addition, some of the children had difficulties in verbal expression and had adopt dysfunctional ways of handling stressful situations which then exposed them to psychosomatic symptoms that included flu, asthma, vomiting, headaches, eye inflammation and allergies. As stated by Mrazek (2000: 430), when emotional disturbance increases, the somatic symptoms arise and become acute that is very common among young children.

To conclude, as Bowlby (1969: 207) states, the attachment behaviour towards the parent continues from childhood into adulthood, especially the one between the mother and the child. For this reason, the harmful and multifold impacts of parental substance abuse may affect the children throughout their lives. All the workers in the social field should be aware of these harmful effects that growing up in a substance abusing family may cause. The new Child Welfare Act (2007) that came into force in 01.01.2008 regulates precisely on how and when the social field workers should carry out child protection actions to secure the well-being of the child that is in danger in the substance abusing family. As the child protection was not present in many of the children's lives that were included in this study, a further study could therefore be accomplished with the concentration on how the act is actually applied in practice.

10 DISCUSSION

The focus of this study was to deepen the general knowledge and increase awareness of the harmful effects parental substance abuse has on children as it is an important and actual topic in the field of social services nowadays. All the workers in the social field should acknowledge the child perspective in a substance abusing family as the harm caused by the abuse may have long lasting consequences. Järvenpää Addiction Hospital offers valuable services to substance abusers and their families and for this reason the

treatment documents of the children gave a beneficial insight to the child perspective of the phenomenon. This study enlightened the understanding on how widespread consequences parental substance abuse can have and how multifold the harm to the children can be. The topic of substance misuse especially in families should be a major concern as the children in these families may develop severe problems that extend into adulthood which then affects society as a whole.

The working life connection, the research unit of Järvenpää Addiction Hospital, actively participated in this study process by offering their expertise and resources to accomplish this final thesis. The focus of the study and the analysed variables were chosen in co-operation with them in accordance to their needs and our interest. The researchers requested to examine the children's treatment documents in order to collect background information for their future research as they are planning to examine the heredity of substance abuse problems on the basis of the children's treatment documents. In addition, the researchers have given literature recommendation and feedback of the study throughout the process but as well requested feedback on how to improve the reporting of the hospital's treatment documents.

The data collected for this study was considerably large for a qualitative study but for this reason, created a more holistic understanding on how the children express emotions and show symptoms of their bad emotional state due to parental substance abuse and how it affects their well-being. It was thought-provoking to observe how multifold traumatising experiences occurred due to substance misuse and how wide the consequences are to children as they suffered from different emotional and somatic harm.

Whether to include the parents' treatment document was under discussion throughout the study process as it would have surely increased the frequencies of the findings especially as the treatment documents from 1993 were lacking relevant information. However, as mentioned earlier the amount of data was already considerably large (n=80), the concentration was only focused on the children's archives. Yet, the frequencies on traumatising experiences due to parental behaviour may have increased significantly if the parent's archives would have been included as it can be presumed that e.g. domestic violence and suicidal attempts of the parents were recorded only in

their archives as they involved the parental behaviour, not the children'. Additionally, it has been discussed whether or not the workers recorded information concerning the children to their parents' treatment documents. The researchers of Järvenpää Addiction hospital suggested establishing a phone interview with a worker who has been working in the hospital since the 1990's in terms of comprehending the workers point of view on why the recording in 1993 was scarce and how the child's visibility in the treatment has developed over the years. However, again due to the large amount of data, this was not accomplished but could be the concentration of further studies.

This study acknowledged that the treatment documents were not meant for studying purposes but perceived on how the recording should be developed. For this reason, the developmental needs of recoding were paid attention to throughout the study process. The documents from 2003 and 2008 consisted of large amount of recorded data but at times, significant aspects were not acknowledged; the physical symptoms of the children were always recorded but the behaviour and emotional state of the children was sometimes left disregarded. Certainly, as Järvenpää Addiction Hospital is a medical institution the concentration may be on the physical aspects but the client should be seen and examined holistically. In addition, as it is essential to be able to retrieve the data, the documents lacked the information of who recorded the data. The workers recordings should document their initials and the profession to enable retrieving.

Criticality in the treatment documents reporting should be enhanced as well, as it was frequently stated in the documents that the interaction between the parent and child was well-functioning but if the family or more specifically, the parents, were in a state that they needed institutional inpatient care, the family's functions could not be entirely well-functioning. The positive aspects of the family should certainly be noted and encouraged but the family problems and treatment should be more highly emphasised as they were in treatment for a severe reason. Furthermore, the methods applied in treatment should be recorded systematically, as it is assumed that workers do practice various methods, at least nowadays, which therefore should be mentioned in the treatment documents. Yet, the improvement in reporting was significant and as the documenting had changed into electronic form, it has increased the ease of reporting which increased the amount of reported data as well which had its positive and negative aspects; more relevant, but as well irrelevant data was recorded.

The findings discussed the trends in parental substance abuse and the figure 2 showed the changes in consumed substances in family treatment which suggested that drug problems and polydrug use have increased since 1993 among the hospital clients. However, The Finland Drug Situation Report 2009 (2009: 57) concluded that alcohol is still the main substance in Finland that fosters dependence. This may indicate that individuals with alcohol problems today may be directed to other services, such as A-Clinic's out-patient care and drug related problems may be seen as more severe reason to enrol into inpatient care such as in Järvenpää Addiction Hospital. Nevertheless, the trends in substance abuse have changed since the 1990's as the situation of drug and polydrug use deteriorated significantly in Finland (National Institute of Health and Welfare – EMCDDA 2009: 57).

This final thesis process was a rewarding educational experience that enabled us to learn how to connect theory into practical work in the field of social services. The findings of the study showed the widespread harm and consequences of parental substance abuse on children. However, the documents were recorded by the workers and the children's own voice was not heard and therefore, the results cannot be generalised widely on what the children had experienced and felt. Additionally, the coded variables should have been tested before applying them as these definitive variables may have excluded some essential features of the harm experienced by the children. On the other hand, some unnecessary variables were been coded that would have been prevented through testing the variables first. When re-evaluating the selection of the variables, the importance of the child protection actions rose as they were visible in the treatment documents and would have given an interesting insight on how child protection services actually influence the lives of the substance abusing families. The siblings would not either have been included in the study that may have affected the frequencies and trends of parental substance abuse and traumatising experiences which caused one parent's diagnosis to be counted more than once.

The attachment theory formed a strong basis to observe the treatment documents of the children as the focus was on parental substance abuse which affects the parent – child relationship considerably. The attachment theory enhances the significance of early attachment which is disturbed when the parent is misusing substances that was clearly

seen in the treatment documents. Especially the disturbances in attachment by Zeanah and Boris (2000) that derive from the attachment theory by Bowlby (1969), created a foundation for this study when examining and analysing the data as the theory seeks to explain the behaviour of maltreated children and maltreating parents.

The importance of early attachment should be enhanced in child protection, as the child may be able to develop a secure attachment relationship in the future life if he/she is raised in an environment where his/her best interest is the priority. Therefore, the child protection actions should tackle the family problems more rapidly and families should not be reunited until the home environment is stable. The child should not be thrown between institutional care and home as it creates a long lasting trauma and the attachment relationship between the parent and the child becomes insecure which may then affect in their relationships throughout the life. According to a study accomplished by Koponen (2006: 149) children less than three years, who had been placed out of their homes were less symptomatic in comparison to children who had been taken into custody after the age of three. Early custody taking showed to promote the children's overall development, interaction, autonomy and seemed to increase behavioural and developmental problems. In addition, children who had been placed several times into care, institutional or to foster families, showed several internal behavioural problems. (Koponen 2006: 149.)

The Child Welfare Act (417/2007) regulates that when the child's development or health is in danger due to parental substance abuse, the child should be taken into custody or be placed outside the home environment. Parental substance misuse problems are not easily solvable issues, and therefore family should not be reunited until the substance misuse ends. According to the findings of this thesis, child protection actions have increased considerably from 1993 until 2008 as 90 % of the children in 1993 came to treatment from their homes whereas 45 % of the children enrolled from child protection institutions in 2008. Yet, as the substance abuse of the parents is seen to danger the child's development and health according to the legislation as well, it was surprising that there were many children in treatment whose families child protection had not interfered with.

Today the child perspective has been paid more attention to but many services directed to substance abusers still have an adult perspective. Nevertheless, as the Finnish legislation has developed, the child's best interest has been made a priority (Child Welfare Act 2007) and therefore the recording of the treatment documents have also developed. In addition, Finland's policy in substance abuse is aiming to decrease the harm caused by parental substance abuse on children (Ministry of Social Affairs and Health 2009: 17). These factors indicate that the Finnish society has recognised the severity of this complex problem of parental substance abuse and the harm it causes. Yet, many aspects concerning parental substance abuse are still unresolved and under discussion, such as involuntary treatment of pregnant substance abusing women. This topic has been under political discussions and has awakened strong emotional reactions among Finnish people as the current legislation does not ensure the protection of the unborn child or help the substance abusing mother. The involuntary treatment of pregnant women would show that the society is protecting the unborn children as the foetus cannot prevent the maternal substance misuse and the treatment period would not harm the mother either (Saarni – Pälve 2010).

The Act on Welfare for Substance Abusers (41/1986) regulates the treatment for substance abusers and obligates municipalities to arrange the necessary services in accordance to the content and coverage. However, the recession has caused a decrease in demand of the Järvenpää Addiction Hospital's services since the municipalities are not willing or capable of purchasing the services (YLE 2010). Equally, other services directed to substance abusers such as the Mother and Child Homes that provide services and psychosocial support for pregnant women will be cut in half by 2011 as the states funding are given to the municipalities' common cash (The Federation of Mother and Child Homes and Shelters 2010). These actions are against Finland's policy in substance abuse that should emphasise the development of substance abuse treatment and services directed to children, their parents and pregnant women (Ministry of Social Affairs and Health 2009: 17). Early interventions and the coverage of necessary services for substance abusers and for their families would prevent or at least reduce the harmful consequences of the misuse and all the workers in the social field should acknowledge their responsibility to intervene when suspecting or seeing parental substance abuse as it may cause long lasting problems to the children.

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