



Subjective Aspects of the Experiences of Children in Families with Addiction Problems

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Keywords

Risk factors; protective factors; addiction; family; children

Abstract

Aim: To investigate the subjective insight into the experiences of children in families with addiction problems, and to consider risk or protection factors that affect their psychosocial development. **Subjects and Methods:** We used a qualitative approach, including semistructured interviews with 26 children aged 8 to 14 from families where one or both parents struggled with addiction issues. More than half of the interviewees were girls (57,69 %). Almost a half of the children (47,06 %) reported the father's addiction, 38,24 % the mother's addiction, and less than 3 % mentioned addiction issues of stepfathers, brothers or grandparents. Data were analyzed using open two-level coding, text marking and forming categories. **Results:** The family was found to be a risk factor in several areas, manifesting in family secrets, children taking on adult roles and negative parenting. Protective factors included secure attachment, resilience, sources of strength, and parental involvement in help programs for addiction problems. **Conclusion:** For children, the family can be both a risk and a protective factor in their psychosocial development. The involvement of parents in addiction help programs positively influences the children's experiences.

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Introduction

The purpose of the research was to investigate the subjective insight into the experiences of children in families with addiction problems and an in-depth insight into the recognition of these experiences.

According to data collected by the National Institute of Public Health of the Republic of Slovenia, in 2022 the annual consumption of pure alcohol per capita (persons above the age of 15) in Slovenia amounted to 10 liters [1]. Estimates of health care costs related to alcohol consumption at national level for the years 2012 – 2016 averaged at 153 million euros per year. If we add a rough estimate of the costs caused by other related issues (traffic accidents, domestic violence, criminal acts such as thefts and vandalism), the total estimate is 228 million euros. [1,2].

The factors influencing the development of addiction to alcohol are: alcohol (a chemical substance which functions as an artificial sedative; it reduces stress and affects mood by alleviating unpleasant sensations and emotions, for example worry, sadness, anxiety, agitation, pain, hunger, thirst, heat, cold, fatigue, guilt, fear and shame), an individual (biological factors (genetics) and

psychological factors), environment (family, social and cultural factors) [3]. Researchers emphasize that addiction develops through an interaction of genetic and environmental factors, and these same factors are crucial in child development in general [4,5]. However, it has been shown that genetic factors play a bigger role in social environments / families in which parents have poorer parenting competences and less appropriate styles of attachment [6]. Development of the addiction syndrome is a process which usually takes several years. How fast it will unfold depends on a number of risk factors, which stimulate the process, and protective factors, which slow it down [7].

Research has also shown differences between genders in alcohol addiction patterns. Addiction is more common in women who have relationship issues, are divorced or single, and women whose partners drink alcohol. Women's personal reasons for drinking include expectations that alcohol will help them relax in intimate situations, which is also related to mental and sexual abuse of these women. Other factors include the stress of having to respond to difficult situations on a daily basis, depression, and workplaces in which women compete with men [8,9].

Another important point made in much domestic and international research is that addiction issues and in particular alcohol addiction issues in parents and guardians result in increased child neglect, abuse and domestic violence [10]. Children in such families then carry their negative experiences into their adulthood, which is reflected in higher rates of physical and mental health issues [10-12]. Researchers also found issues with emotional health and attitudes to illness in persons whose parents were addicted to alcohol [13]. Slovenian researchers find that a low socio-economic status is by all means an additional risk factor for children from families with addiction issues. These families often lead unhealthy lifestyles and experience mental health issues [14]. Families with addiction issues also cannot provide an appropriate environment for the fulfilment of various needs, which leads to a range of lacks and deprivations in children of addicted parents [15-17]. This is particularly true of the need for safety, but also of other existential needs [18]. In 2013, American researchers acknowledged that because of the conditions in which they live, children from families with addiction issues are a particularly vulnerable group, which needs specific interventions and special attention of experts and services [15,16].

Working with families with addiction issues means helping them cocreate change in order strengthen and empower these families. Cooperation for family empowerment is based on both the concept of supporting families and the concept of empowerment and represents a process of discovering a new family reality [19-21]. This

reality needs to be understood from a diachronic perspective, and with the help of a combination of sociological, psychological and therapeutic insights. Only in that way can we ensure a comprehensive understanding of a family's evolutionary journey [22,23]. A family is a natural social network in which sources of strength should be mobilized in the social-ecological sense through systematic work to enhance the efforts of the family members to achieve their aims and improve their quality of life [20]. Working with a family means gaining insight into its dynamics and finding solutions and sources of strength in each of the members. It requires solving complex psychosocial problems as persons in difficult life situations tend to lose connection with their true self and their potential (ibid).

Knowledge about the family as a system helps us to understand dynamic family processes and the complexity, variability and changeability of family life [23-25]. The concept of helping families using a systemic approach provides deeper insight into the interactions and sources of strength in an individual family as well as the risk and protective factors. All these affect the extent to which a child's needs will be met and also reflect the position of the family in the community and society, which is also addressed by system theory and emphasizes the clarity of setting the boundaries and roles of individual family members, as it is possible to define an individual as part of a system, a family, which pursues balance and how to re-establish it, if it breaks down when the family faces various challenges such as addiction problems in the family [26-36].

As defined by Čebašek - Travnik, a family with addiction issues is a family in which at least one member is addicted to at least one psychoactive substance), which affects the dynamics of the entire family [37]. Children growing up in such families are an invisible population, often overlooked by experts and society in general [37-40].

The main traits of families with addiction issues include: *skewed priorities* (the addicted person uses most of their time to obtain the substance they are addicted to, neglects their family members and the family as a whole, for example does not notice that their child is struggling in school or that their partner needs help with housework, and neglects emotional contact), *changes of values* (denial, broken trust, hiding the truth, secrets etc.), *neglect of responsibilities*, development of behaviours indicating addiction issues in other family members and *premature loss* [41].

Different studies have shown that families with addiction issues cannot provide an appropriate environment for the fulfilment of certain human needs, which leads to specific traits and lacks in children of parents with addiction issues, for example developmental is-

sues, learning difficulties, emotional and behavior issues, cognitive lacks, poor memory and concentration, bullying, and, in adulthood, poor ability to deal with major life challenges such as job loss or abuse), poorer overall health etc [15-18]. The same study presents data from 2013 which indicates that every fifth child in the USA grows up in a family with addiction issues, which makes these children a significant vulnerable group in need of specific treatment and attention from expert and other services [15,16].

Children from families with addiction issues are deprived of a supportive environment providing positive personal and social experiences which would help them develop their talents and sources of strength. Instead, they try to adapt in various ways to the traumatic family situations [37,38,42]. Addiction issues are a source of long-term stress for such children, and the consequences of this often last long into adulthood, even after the addicted parent has recovered or died [43]. In families with addiction issues, we often see a family hierarchy marked by role reversal; children care for their parents and perform tasks which should be performed by the parents [25,44]. Children growing up in families with alcohol addiction issues are 2 to 6 times more likely to develop addiction to alcohol themselves [45,46]. They lack warmth, love and attention (Rajnar, 2004) as a result of a distant parent or both parents and being exposed to various risk factors. They internalize situations which undermine their self-respect and mental health. Such children respond to challenges in different ways than their counterparts growing up in families without addiction issues; they often exhibit aggressive behaviour. In order to prevent all these negative consequences, parents with addiction issues should be encouraged to enter support and therapy programmes, as their children always maintain hope that the family circumstances will improve [16].

Research by various authors confirms that children (aged 8 to 14) of parents with various types of addiction are more susceptible to the development of various risk factors in the area of overall health (lower educational attainment, cognitive lacks, social, emotional and behavior issues). Their childhood experiences of unmet needs, family secrets related to their parents' addiction etc. also affect their social interactions in different environments (peers, school) [47]. Experts conclude that such children should be enrolled in support programs aiming to strengthen their competences [48].

Researchers found negative trends in need fulfilment for children of parents with addictions to psychoactive substances to be related to lacks in the areas of educational attainment, cognitive, social, emotional and behavioral development and adaptation. At the same time, negative trends in need fulfilment are related to parenting styles and patterns of attachment. Risks are further

heightened when the parents also have mental health issues in addition to addictions (16).

Poon, Ellis, Fitzgerald and Zucker found that sons of parents who are addicted to alcohol have lower IQs and poorer memory than their peers living with fathers without addiction issues [49]. They also found that there were no differences between boys whose fathers successfully recovered from addiction and boys whose fathers were never addicted [16].

It has to be noted that despite proven interconnect-edness of risk factors for children and alcohol addiction issues of their parents, which generally lead to a number of different lacks and issues in the long term, some children exhibit positive trends such as appropriate adaptation to challenging situations [16,50].

Families reduce risk of development of psychosocial issues in children through their attitudes towards health, through encouraging positive habits and providing a sense of security and self-worth. This represents a significant protective factor in child development, but the most protective family environment for a child is living with both parents and the father actively participating in family life [51]. Parental divorce is a risk factor. Further protective factors include in the family environment include absence of violence, respectful dialogue between parents and children, parental interest in children. It should be stressed that the quality of relationships between family members are more important in terms of protection than the structure of the family [51]. The quality of the relationship between the parents shapes the children's attachment styles (Rus Makovec, 2016). A family in which safe attachment is not possible is a major risk factor for the personality development of a child, as only safe attachment provides a child with the necessary sense of security, in particular in situations in which a child needs protection [51]. Safe attachment means that a parent looks for an adaptive balance between their own and the child's needs, with an appropriate degree of protection considering the environment and the child's developmental stage [51]. Researchers who juxtaposed negative trends in psychosocial need fulfilment with parenting styles and attachment styles have found several risk factors in families in which parents have addiction issues and mental health issues [16].

Subjects and Methods

In the present study, we have employed a qualitative approach to research, which is a process of collecting verbal descriptions and narratives without measurement procedures involving numbers and analyzing the data in its natural environment [52-54]. Qualitative research is a dynamic process of juxtaposing and connecting problems, theories and methods,

research plans, strategies and techniques, data collection and data analysis [53]. Our chosen method was the semi-structured interview, which is the most common method for collecting qualitative data and enables researchers to study subjective perspectives and experiences [52,53]. The method of data analysis that was used can be labelled open coding [53]. We performed coding in two stages with two related aims; first we marked up the text and then we formed conceptual categories [52,53].

The theoretical foundation for the study is constructivism, which claims that knowledge of the world is constructed by each individual; there is no objective reality. Other key tenets are that people can only make sense of phenomena in interaction with their environment (social constructivism) and that their knowledge develops from their experience [52,55,56].

The study we conducted involved 26 subjects, children aged 8 to 14, of which 15 were girls and 11 boys. The participants come from families with addiction issues in at least one parent or guardian, of which at least one has been in a therapy or psychosocial rehabilitation program because of their addiction. The sampling was thus non-random. The data showed that in all the families included in the study parents were addicted to alcohol, and in six cases there were additional addictions to illegal drugs. In analyzing the data to define the risk and protective factors of child development in families with addiction issues we implemented concepts of social pedagogy [57].

Results

In the following, we present the findings of research related to the subjective experience of children in families with problems with addiction. We present separately the recognized risk and protection factors for their psychosocial development.

As one of the risk factors, we confirmed family secrets, in families with addiction problems, they manifest themselves in the concealment of problems, which one of the children describes: *"But we did everything for school, including me, we knew we had to show ourselves as everything is fine at home, so we don't have any problems. That's true..."* - JKVŽ1). We would also point out some other characteristics of family secrets that we recognized in the statements of the children. One of the children describes the protection and maintenance of addiction dynamics in the family in the statement: *"We were not allowed to tell anyone what was happening at home..."* - EUŽ2. Family secrets can also be recognized as problems in meeting children's needs, not only psychosocial but also physiological needs, as the child describes: *"... Previously, we children hid many times and many times we went to bed even without dinner, but we were not hungry and insecure, what will happen tomorrow, we were also doing assignments in fear..."* - JKVŽ1. Living with family secrets has a negative impact on the relationships between family members, and the child subjectively experiences

this in the following way: *"...what did I do wrong that we are so unhappy in our family, that mom and the eyes are fighting, the eyes drink and we are so alone and sad..."* - AMŽ4. The family secret is also manifested in the family's helplessness in dealing with problems, which is vividly shown in the following statement of the child: *"... My mother and my eyes always disappoint me, they always promise me that they will not drink anymore, that there will be no more drugs, but then all the same again. Sometimes the same day. Then I withdraw. And I cry..."* - NZŽ10.

The next risk factor we point out is the assumption of adult roles by the children, which can be described as a problem for the family in offering the necessary protection to the child and which the child experiences in the following way: *"... I could never have thought that only alcohol could change a person. He wasn't interested in us. He never went to school at that time either..."* - JKVŽ1. As the same risk factor, abuse of authority can be recognized as the imposition of obligations by adults on a children, which can also be recognized as emotional abuse of a children, and one of the children explained in a statement: *"Oh, I didn't take care of everything at home. I was a mother and a teacher, my brother told me this many times, he just obeyed me. I made sure that we were home on time, that we ate, that the homework was done, that everything was cleaned up... many things. Well. We agreed on everything in person..."* - EUŽ2.

The third risk factor that we highlight is the neglect of the role of parenthood, which in families with problems with addiction manifests as an inappropriate performance of the parental role by the parents and is experienced by the child as follows: *"Mom was not even interested in school when I had problems at school, it was eyes who helped me and arranged the instructions and paid for them. I am really grateful to him. I can't even imagine what would have happened if he hadn't helped my eyes..."* - EUŽ2. Negative parenting is characterized by the absence of human warmth in the parent-child relationship, and the child says in a statement: *"...He always tells mom that I'm his (father's) lover." I like eyes. This is true. Mom is stricter. She was bossing me around. But then the two of us agree on everything so that it's right. Very right..."* - KDŽ11). Negative parenting is also associated with bad experiences with performing the parental role with one or both parents and then looking for a sense of security, acceptance and warmth outside the family system. The withdrawal from the family and the search for safety of the children is illustrated in the statement: *"...Athletics was my valve. And then I also more easily accepted everything that was at home. For me, the results are not the most important thing. I enjoy running and as long as this is the case, I will run..."* - EPŽ15.

The fourth risk factor that we identified in the statements of the parents was that the health problems of the parents affect the child's experiences, the understanding of what his psychosocial needs actually are, what in this

regard he wants the parent to be healthy to the extent that the child could lean on him, at least conditionally, to be emotionally accessible to them, to feel understood, respected, accepted and loved in a relationship with them. The children describe distress as related to his parents' health problems: "When mom finished school, everything really got worse. It got a lot worse. Father started to drink so much that even his mother stayed at home many times due to mental problems. And then it was so bad that the police were there again, and at that time the father said that if it was that bad, he would go to see a psychiatrist..." - AMŽ4. Otherwise, when the parent's psychological problems persist, the child can internalize the awareness that he is the one who must give meaning to his parent's life and encourage him to strengthen holistic health. The child explains his role regarding the parents' health in a statement: "My mother told me that my father was taken to the hospital, that he had heart problems, that he had a heart attack. I asked her if everything would be alright with the father, if he would heal. And she was very sad and angry, and she said if he hadn't been drinking alcohol, this certainly wouldn't have happened to him. ... She said to her mother, it's his own fault. I resented her for that. I still think that maybe the two of us could help him then, so that this worst thing doesn't happen. She says no." - LHŽ9 etc.

As protection factors, we highlight secure attachment, strengthening resistance and sources of strength. Secure attachment is related to a positive parenting style based on human warmth and setting healthy boundaries for the child, the child feels safe, accepted and desired in such an environment, it is important for him to be securely attached to at least one person, so that the child internalizes the feeling, that he is important to the parent, that he is genuinely interested in how he is doing, how he feels, and the child describes this very precisely in the statement: "Now I am happy to come home from school and from training, home is waiting for me at home." Mom and eyes. They greet me, hug me. I love them and my sister and brother. Otherwise, everything is fine in our family now. Alcohol was the greatest evil for me. And he will stay..." - JKVŽ1.

Secure attachment also affects second factor of protection, the strengthening of resilience, which is manifested in the family's support for the children in learning new skills and coping with new situations. This appears to be a protective factor, as the children are thus better equipped with various coping strategies for solving various life situations, and at the same time they experience a sense of security and acceptance, and the child proudly says: "Then (father) also takes time many times and tells us something tells and shows. I am proud of my father..." (MZM14).

Sources of strength are an important factor of protection as they are related to the competencies that the child acquires, which is especially true for children from families with addiction problems. The statements presented below can relate to social constructivism, with a focus on their relationships. The importance of a secure

attachment to a member of the extended family is explained by the child in his statement as an important factor of protection: "My uncle plays football and is the captain of the national team. He is a great role model for me. I wear her jersey a lot in the summer because I want them to know who my uncle is. Proud of him. I always watch it if I can go to a game. He plays abroad, calls me several times on Skype and we talk. He tells me everything. He orders me to obey my grandmother and her. I obey her, I know, she sacrificed a lot for me and my brother. I am grateful to them. She saved my life..." - POM11. The ways they deal with everyday challenges and coping, and survival strategies established by the children are described in the statement: "And when I was feeling bad, I sometimes secretly played the accordion and forgot about what was going to happen..." - GZM7. When the family is faced with problems, the child is enabled to gain new positive experiences in a suitable social environment, which is presented by one of the children in the following statement: "I am happy with myself. My motto in life is to be successful in sports and I submit everything to that. I do absolutely everything, as long as I succeed. Others just admire me and say that I'm amazing, but because I'm successful, I went on a trip to Canada and Europe, and if I hadn't made an effort, I probably would never have gone to Canada..." - LPŽ14, which it affects the ways of dealing with everyday challenges.

Discussion

Addiction issues in families are mostly kept within the family as a family secret and are thus not easily accessible to outside observers [58-61]. The conducted research represents the subjective aspect of children's experience of everyday situations in families with addiction problems.

Risk factors indicate a higher likelihood of negative outcomes in terms of fulfilment of psychosocial needs of a child and can vary across individuals. They are also affected by sociocultural factors, the family's environment and the society [44,62].

If we assume that adults want to follow recommendations and guidelines for child development, that parents have different degrees of parenting skills, and that families with addiction issues have specific traits (skewed priorities, changes of values, neglect of responsibilities, development of addictions in other family members, premature loss, we can conclude that families with addiction issues adapt to addiction [41,63]. The parents try to maintain the existing family dynamics while neglecting their parental roles. Thus, they are unable to provide enough warmth and security for their children and tend to be overly authoritarian and controlling.

Baumrind, who studied parental authority patterns and their impact on child behavior, confirmed that pres-

ence of addiction issues in a family affects the physical and mental health of children, their emotional responses, perceptions of illness and lifestyle choices [10-14,64].

Children growing up in families with addiction issues exhibit the following consequences: internalized fear of abandonment, need to control others, neglecting their own needs, exaggerated focus on the needs of others, and prioritizing and solving problems of others [65]. The physical and emotional unavailability of parents with addiction issues is related to a heightened risk of child neglect and abuse [66]. Jesor and Jesor further stress that such parents may be occupied by their addiction issues to such an extent that they cannot even meet the child's most basic needs such as a proper diet and emotional warmth [67]. This, of course, is neglect which leads to significant deprivation and stalled psychosocial development [67].

When looking at the problem of family secrets, family systems theory recognizes two secrets that need to be revealed in order for an outside person such as an expert or therapist to enter the family to provide help and support. These two family secrets are addiction and domestic violence [61,68,69].

Family secrets are detrimental because a family directs energy into hiding their problems from the outside world, which maintains the addiction dynamics. At the same time, it prevents the family from constructively facing the problems, blocks change and growth, and perpetuates the typical traits of families with addiction issues such as avoiding responsibility [41,59,61]. Family secrets related to addiction are toxic as their effects on interactions and relationships in the family are negative [59].

Protective factors indicate a greater likelihood of a better outcome regarding the psychosocial development of children and vary from individual to individual, and are also influenced by socio-cultural factors, the environment and society [44,62].

One of the key risk factors for the psychosocial child development is parental addiction issues – these are not just behavior issues resulting from intoxication but a chronic impairment of brain functioning, in particular the reward circuits and the brain centers for memory and motivation [70,71]. Presence of addiction issues in the family is a major risk factor for a child's psychosocial development, while living in a family without addictions is a major protective factor [72,73].

Factors of protection indicate a likelihood of positive outcomes in terms of fulfilment of psychosocial needs of a child and can vary across individuals. They are also affected by sociocultural factors, the environment and the society [44,62]. A family is a social environment and is a key factor of protection for a child's overall psychosocial development, for the development of desired behaviors and fulfilment of different types

of needs [74-78]. The parents are the ones who direct emotional processes in the family and shape the structure and hierarchy of the family through their parenting styles [51]. As confirmed by many studies, warm relationships between family members with a favorable ratio of supportive vs. unsupportive behavior towards a child are a healthy foundation for appropriate psychosocial development and the development a child's self-image and self-respect [51]. The most protective families are the ones in which a child lives with both parents and the father plays an active role in the life of the family [51].

Among the protective factors in a family environment, we would like to particularly stress: family life without violence, respectful interactions of parents with children, parents showing interest in a child, quality relationships with safe attachment between parents and children [51].

A child's sense of security is closely linked to the parents' parenting styles. Empathy and respect, listening to the child and hearing them makes a child feel secure both in a physical and emotional sense [79]. They experience the comfort of knowing that their basic needs of all types can always be met [80]. A predictable and stable future is an important factor of protection in the psychosocial development of children, as it enables a child to develop a range of appropriate coping strategies which they can use to face various challenges of everyday life [57].

When discussing the sources of strength and competences of an individual child or youngster living in families with addiction issues from the point of view of social constructivism, we have to also take into account broader social reality and their interactions with other people here and now. These, namely, are a basis for their future capacity to cope with problems and challenges [81,82]. We can claim that if a child from a family with addiction issues is equipped with adequate coping techniques, s/he will solve everyday problems more effectively and will thus have greater control of their own lives.

An overview of domestic and international research shows that researchers mainly look for differences between children living in families with addiction issues and families without these issues. The theoretical overview and the empirical findings from our own study provide a deeper and more systemic perspective of both risk and protection factors in psychosocial development of children growing up in families with addiction issues. This enables us to more effectively address their needs using the appropriate psychotherapeutic approaches.

The present study confirms the results of similar previous studies and provides additional insight into family dynamics in families which face addiction issues as well as into the process that unfolds after an expert enters a

family to provide therapy or psychosocial support to the addicted family members. In this regard it is clear that a qualitative approach was the best choice of research method; the statements of the participating children illustrate very clearly both the dynamics in such families and the changes taking place after the family receives help. We also see that the target group was well chosen; according to Piaget, children between the ages of 8 to 14 are in a crucial stage of cognitive development and form coping strategies based on the experience they gain in this period of their lives (whether this experience is positive or negative). Because of this we have formulated some suggestions for interventions that could be incorporated into support programs of holistic psychosocial work with children from families with addiction.

Participation of these teens in appropriate, expertly conducted support programs is a factor of protection in their psychosocial development – an expert can apply the appropriate interventions in the critical period of formation of beliefs and coping strategies. The expert can also enable the child or youth to gain positive experiences in a safe social environment with a competent adult s/he can trust and with whom s/he can feel trust, warmth and safety. We find that a child / teenager in a safe social environment with appropriate help and support and positive experiences is encouraged to form new patterns/ revise their existing patterns of coping with everyday challenges. The engagement of an expert equipped with appropriate skills represents an important protection factor for a teenager and reduces the risk of unwanted, delinquent behaviors. It gives enables the child/teenager to gain the appropriate coping strategies at the right developmental stage, and thus to steer their life scenario in a positive direction.

Our study shows that the concepts of social pedagogy are very relevant to the research of families with addiction issues and that social pedagogy as a science can offer interventions which would be of great benefit for the vulnerable group of children from families with addiction. The study data indicates some possibilities of entering such families in order to provide professional help and empower their children, which can significantly affect their psychosocial development and entire life trajectories. Expert support of family functioning can bring new opportunities for increasing a child's resilience, expanding their social network, improving their self-image, sense of self-worth, self-respect and positive values, encouragement in their educational pursuits and healthy lifestyle choices, in short, strengthening the protective factors in all of a child's social environments (family, school, peers, friends).

Designers of comprehensive psychosocial support programs for children and youngsters from families with addiction issues should consider the results of our study

confirming that these children are deprived of a safe family environment; their parents are often not warm but overly controlling, and their parenting styles give rise to undesired styles of attachment. Support programs should be aimed at reducing the identified risk factors, targeting the following two groups:

- children from families with addiction issues, to strengthen the protective factors of their psychosocial development and teach them coping strategies;
- parents, to empower them in terms of parenting skills and awareness of emotional experiences of children from families with addiction for a better understanding of these children's responses in specific and general everyday situations.

Some key interventions to include in the programs:

- awareness raising among the general adult public of the effect of addiction issues on children and youngsters and its long-term consequences;
- creating safe social environments for children from families with addiction issues to strengthen their sense of security, providing them attention, appreciation, warmth and space for expressing emotions, enabling them to experience safe attachment and respectful communication and learn important coping strategies for everyday challenges;
- providing families with addiction issues with opportunities to face their challenges with the help of adequately trained experts in order to create a shift in the family environment from being a risk factor for the children's development to being a protective factor.

Activities / interventions for children from families with addictions should be strictly goal-oriented in order to:

- reduce unwanted behaviors (e. g. aggressive attention-seeking or promiscuity),
- improve their self-image (setting realistic goals, self-acceptance),
- strengthen the protective factors of their psychosocial development,
- provide a safe social environment in which they can internalize the sense of being validated.

Planning and formulating support programs for children from families with addictions should also include teaching them a variety of constructive coping strategies for facing life challenges, so that they experience less fear, anxiety, insecurity and distrust, and better recognize their own needs. All support programs should be professionally designed and conducted in order to reduce the risk factors and strengthen the protective factors of the psychosocial development of these children. Only in a safe environment can they get enough opportunities and

encouragement to change their behaviors, which positively affects mental resilience and can empower them to permanently transition out of being victimized.

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