

YOUTH VIOLENCE AND SOCIAL INSTABILITY AS A RESULT OF ILLICIT DRUG USE AMONG DEAF INDIVIDUALS IN ANAMBRA STATE

Albert Ulutorti Green

&

Gozie Grace Gree

*Department of Religious Studies,
University on the Niger, Umunya*

Abstract

Youth violence and social instability have become pressing issues in Anambra State, Nigeria, exacerbated by the illicit drug use among deaf individuals; these issues are often exacerbated by illicit drug use. This study investigates the correlation between drug abuse and the subsequent violent behaviors among deaf youths, examining the broader societal implications. Due to communication barriers and social isolation, deaf youths are particularly vulnerable to the allure of drugs as a means of coping with their challenges. The abuse of substances such as cannabis, tramadol, and codeine often leads to altered states of mind, increasing the likelihood of aggressive and violent behaviors. The lack of adequate support systems, coupled with stigmatization and marginalization, further compounds the problem, leading to a cycle of drug dependency and violence. The impact of this phenomenon extends beyond the individual, causing disruptions in families and communities, and contributing to broader social instability. This study calls for urgent intervention through targeted policies, inclusive education, and rehabilitation programs tailored specifically for the deaf community. This study investigates the impact of illicit drug use on these issues among Deaf individuals aged 15-30. Utilizing a mixed-methods approach, data were collected from 200 participants through structured questionnaires and in-depth interviews. Analysis revealed a high prevalence of drug use, particularly marijuana and prescription drugs, with significant correlations to increased violence and social instability. The findings underscore the urgent need for targeted interventions, including awareness campaigns, rehabilitation programs, and strengthened policies to mitigate the adverse effects of drug use in this vulnerable population.

Key words: Youth, Violence, Social Instability, Illicit Drug, Deaf.

Introduction

One of the main causes of juvenile violence and societal instability has been found to be illicit drug use (Macleod et al., 2004). These problems do not exclude the Deaf population, which is frequently stigmatized and has particular difficulties. The purpose of this study is

to examine the degree to which drug usage among Deaf teenagers in Anambra State fuels social unrest and violence. Social instability and youth violence are widespread issues that have a big impact on communities all around the world. In Anambra State, Nigeria, these issues are particularly pronounced among marginalized groups, including the Deaf community. The intersection of disability, social exclusion, and drug abuse creates a complex landscape where illicit drug use acts as both a symptom and a catalyst for further violence and instability (Harris, 2024).

Deaf people frequently encounter particular difficulties, such as social isolation, restricted educational opportunities, and communication impediments (Hersh, 2013). These elements may increase a person's risk of participating in or becoming a victim of illegal activity, such as drug usage. Drug misuse then feeds a vicious cycle of decline by intensifying aggressive behavior and upending social institutions. Few studies have particularly examined the Deaf community, despite prior research highlighting the link between drug use and violence in the broader population such as (Akobirshoev et al., 2022; Anderson et al., 2018; Guthmann & Sandberg, 2019; Park et al., 2021). Developing successful interventions and support systems requires an understanding of the unique dynamics within this group. By investigating the degree to which youth violence and social instability among Deaf people in Anambra State are influenced by illicit drug use, this study seeks to close this gap.

The study aims to offer a thorough analysis that can assist policymakers, educators, and medical experts by examining drug usage patterns and the social repercussions they have within this community. In addition to drawing attention to the problems, the objective is to offer workable solutions that can lessen their adverse effects and promote a more stable and inclusive society for everybody. Research on Deaf people in particular is still scarce, especially when it comes to Anambra State, Nigeria. Before focusing on the particular difficulties experienced by Deaf youth in this area, this article review attempts to summarize the body of evidence already available on the more general subjects of drug use, violence, and social instability.

Youth Violence and Illicit Drug Use

Numerous studies have examined youth violence as a serious social issue with a variety of causes and effects. The World Health Organization (WHO) states that a number of factors, such as family dynamics, socioeconomic level, and substance addiction, have an impact on teenage violence (WHO, 2020). It has been repeatedly shown that illegal drug usage is a significant factor in young people's violent behavior. Drugs such as marijuana, cocaine, and heroin can impair judgment, increase aggression, and reduce inhibitions, leading to higher instances of violence (Ajayi and Ogunleye, 2022).

Social Instability and Drug Use

Another serious effect of widespread drug use is social instability, which is defined by the disintegration of social institutions and norms. According to studies, neighborhoods with high drug misuse rates frequently have higher crime rates, weaker social ties, and fewer prospects for employment (Eze and Nwankwo, 2021). Drug misuse upends communities and families, resulting in a vicious cycle of social breakdown and poverty.

Deaf Individuals and Unique Challenges

The unique difficulties faced by deaf people can increase the hazards of drug use and violence. Social isolation and exclusion from mainstream social and educational systems are frequently caused by communication obstacles. Reduced self-esteem and restricted access to support resources may arise from this isolation. Deaf people are more prone to suffer from mental health conditions, which can lead to substance addiction as a coping strategy (Olusanya and Roberts, 2019).

Illicit Drug Use among Deaf Youth

Research particularly addressing drug use among Deaf youth is few. Nonetheless, current research indicates that drug use is as common in this group as it is in the hearing community, if not more so. This is explained by the extra pressures and obstacles that Deaf people must deal with. In the United States, for example, Deaf adolescents have greater rates of substance addiction than their hearing counterparts, according to a study by Glickman (2017). This underscores the need for focused interventions.

Youth Violence and Social Instability in Anambra State

A distinct set of difficulties arises in Anambra State when deafness, drug abuse, and violence coexist. Due to their marginalized status, Deaf people frequently do not have access to preventative and treatment initiatives intended for the general public. Furthermore, the stigma attached to drug use and disabilities may discourage people from getting treatment. In the context of drug abuse and violence prevention, inclusive policies and programs that cater to the unique requirements of Deaf people are desperately needed, claim Umeano and Eze (2021).

Intersection of Deafness, Drug Use, and Violence in Anambra State

There are particular difficulties when deafness, drug abuse, and violence coexist in Anambra State. Deaf people frequently do not have access to prevention and treatment initiatives intended for the general public because of their marginalized status (Lesch et al.,

2019). Furthermore, people may be discouraged from getting treatment because of the stigma attached to both drug use and disabilities. In order to meet the unique requirements of Deaf people in the context of drug abuse and violence prevention, inclusive policies and programs are desperately needed; claim Umeano and Eze (2021). The research emphasizes the intricate relationship that exists between juvenile violence, illegal drug use, and social instability, especially for vulnerable groups like the Deaf. Even though the amount of study on these subjects is increasing, little is known about the unique needs and experiences of Deaf youth in Anambra State. By offering a thorough examination of the relationship between illegal drug use and social instability in this community, this study seeks to close this gap. By doing this, it hopes to provide guidance for the creation of treatments that are more inclusive and successful.

Drugs commonly used Illicitly Among Deaf Youths in Anambra State

When it comes to drug use, deaf youths in Anambra State, like those in many other areas, may have comparable difficulties to those of their hearing peers. The following illegal substances are frequently used by young people, particularly deaf youngsters in Anambra State:

- i. *Cannabis, sometimes known as marijuana*: is one of the illegal substances that young people in Nigeria consume the most frequently (Iversen, 2001). It is frequently smoked or consumed in many ways.
- ii. *Tramadol*: Due to its euphoric properties, this prescription painkiller is frequently abused. It has grown in popularity among young people (Owusuaa-Asante, 2024).
- iii. *Codeine*: Often present in cough syrups, codeine is abused due to its euphoric and sedative properties. In Nigeria, codeine-based syrup abuse is a serious problem (Owusuaa-Asante, 2024; Thilagaraj & Karthikeyan, 2019).
- iv. *Cocaine*: Although it is more costly and less widely used than other drugs, some urban youth circles still use cocaine (Thilagaraj & Karthikeyan, 2019).
- v. *Methamphetamine (referred to locally as "Mkpurummiri")*: Youth usage of this stimulant substance has increased, raising serious social and health issues (Thilagaraj & Karthikeyan, 2019).
- vi. *Alcohol*: Despite being legal, alcohol misuse is common and frequently acts as a springboard for the use of other illegal drugs (OMOOHU, 2019).
- vii. *Rohypnol*: Often referred to as "Roche" on the streets, this potent sedative is frequently abused due to its calming properties (Zucker et al., 2002).
- viii. *Synthetic drugs*: Newer synthetic drugs, sometimes referred to as "designer drugs," may also be emerging, given the global trends in drug use (Dhanasekaran, 2018).

Characteristics of Illicit Drug-Controlled Deaf Youths

Understanding the characteristics of Deaf youths who engage in illicit drug use is crucial for developing effective interventions and support mechanisms. The following sections outline the demographic, behavioral, social, and psychological characteristics commonly observed among this population.

1. Demographic Characteristics

Age: Most illicit drug-controlled Deaf youths fall within the age range of 15-30 years. This period is critical as it encompasses the transition from adolescence to young adulthood, a stage often associated with experimentation and identity formation.

Gender: Research indicates that males are more likely to engage in illicit drug use compared to females within the Deaf community. This mirrors broader trends observed in the general population.

Education Level: Many Deaf youths involved in drug use have lower educational attainment. Communication barriers and lack of specialized educational resources often lead to higher dropout rates and limited academic achievement.

2. Behavioral Characteristics

Drug Preferences: Commonly used drugs include marijuana, prescription medications (often abused), cocaine, and heroin. The choice of drugs may vary based on availability and social influences.

Patterns of Use: Drug use among Deaf youths may begin with experimentation and progress to regular use and dependence. Peer influence, curiosity, and the need for escapism are significant drivers of initial drug use.

Criminal Behavior: There is often a correlation between drug use and engagement in criminal activities such as theft, vandalism, and drug trafficking. These behaviors are frequently driven by the need to support their drug habits.

3. Social Characteristics

Social Isolation: Deaf youths using illicit drugs often experience significant social isolation. Communication barriers can lead to exclusion from mainstream social, educational, and employment opportunities, increasing the likelihood of turning to drugs.

Peer Influence: The influence of peers is a critical factor. Deaf youths may gravitate towards peers who use drugs, finding acceptance and a sense of belonging in these groups.

Family Dynamics: Dysfunctional family environments, including lack of parental supervision, family history of substance abuse, and poor family communication, contribute to drug use among Deaf youths.

4. **Psychological Characteristics**

Mental Health Issues: Higher rates of depression, anxiety, and other mental health disorders are observed among Deaf youths who use drugs. These issues often arise from social isolation, discrimination, and the stress of navigating a world not designed for their needs.

Low Self-Esteem: Many Deaf youths struggle with low self-esteem due to societal marginalization and communication challenges. Illicit drug use may be a coping mechanism to deal with these feelings of inadequacy.

Risk-Taking Behavior: There is a propensity for risk-taking behaviors among Deaf youths involved in drug use. This can include unsafe sexual practices, driving under the influence, and other hazardous activities.

5. **Cultural Characteristics**

Deaf Culture: Deaf youths have a unique cultural identity, with shared norms, values, and communication methods (such as sign language). This cultural identity can influence their experiences and responses to drug use and its consequences.

Stigma and Discrimination: The dual stigma of being Deaf and a drug user can lead to increased discrimination and marginalization. This often results in limited access to health and social services, further entrenching drug use and its associated problems.

Peer pressure, communication difficulties, social isolation, and the need to avoid stress or trauma are some of the causes of illicit drug use among deaf youths (Dhanasekaran, 2018). Targeted education, counselling, and easily accessible support services that take into account the particular requirements of the deaf population should all be part of the effort to solve these problems. Customizing interventions to meet the unique requirements of Deaf kids under the influence of illegal drugs requires an understanding of their features. Policymakers, educators, and healthcare professionals must create inclusive and successful measures to help Deaf children and lessen the effects of illicit drug use because this demographic has particular difficulties that overlap with more general substance misuse issues. Therapy and Counselling Illicit substance use among Deaf youths presents unique challenges because of social isolation, communication barriers, and restricted access to specialist support programs (Glickman, 2008). Counselling and therapy are essential for addressing these issues because they provide Deaf teens with the tools and support they need to quit drug abuse.

Importance of Tailored Counselling and Therapy

Therapy and counselling as remedies for illicit drug use among young deaf people due to social isolation, communication difficulties, and limited access to specialized support services, illicit drug use among deaf youths poses particular difficulties. In order to address these problems, counselling and therapy are crucial because they give deaf teenagers the resources and encouragement, they need to stop abusing drugs.

Types of Counseling and Therapy

1. Cognitive Behavioral Therapy (CBT)

By assisting people in comprehending the connections between their thoughts, feelings, and behaviors, cognitive behavioral therapy (CBT) effectively treats substance dependence. To promote clear communication and understanding, CBT can be modified for Deaf youths to employ sign language and visual aids (Umeano and Eze, 2021).

2. Motivational Interviewing (MI)

MI has been demonstrated to be especially successful in treating substance abuse and is a counseling approach that helps people find the motivation to change their behavior. Adapting MI to the Deaf community entails engaging and motivating Deaf youths through the use of sign language and culturally appropriate materials (Eze and Nwankwo, 2021).

3. Family Therapy

According to Olusanya and Roberts (2019), family therapy entails the involvement of family members in the treatment process, addressing family dynamics that may contribute to substance abuse. In order to ensure effective participation, it is essential for Deaf youths to have family members who can communicate in sign language or offer interpretation services.

4. Group Therapy

Deaf teens can share their experiences and gain knowledge from others going through similar struggles in a supportive setting that group therapy offers. These workshops can be led by sign language-fluent facilitators who promote camaraderie and support among participants (Glickman, 2017).

Implementation Strategies

1. Training Counsellors in Sign Language

Training counsellors and therapists in sign language is crucial to providing effective treatment for Deaf youths. This ensures clear communication and helps build trust

between the counsellor and the client (Umeano and Eze, 2021:(Green; Ulutorti, 2024).

2. *Using Visual and Technological Aids*

Incorporating visual aids, such as videos and pictorial representations, can enhance understanding during therapy sessions. Additionally, technology such as video calls with sign language interpreters can be utilized to bridge communication gaps (Eze and Nwankwo, 2021).

3. *Culturally Competent Care*

Understanding Deaf culture and the unique challenges faced by Deaf youths is essential for providing effective counselling and therapy. This includes recognizing the social stigma associated with both deafness and substance abuse, and addressing these issues sensitively (Glickman, 2017).

Benefits of Counselling and Therapy

1. *Improved Communication Skills*

Therapy can help Deaf youths develop better communication skills, both in sign language and other forms of communication, enhancing their ability to express themselves and seek help when needed (Olusanya and Roberts, 2019).

2. *Enhanced Coping Mechanisms*

Counselling provides Deaf youths with coping strategies to deal with stress, peer pressure, and other factors that contribute to substance abuse. These strategies can reduce the likelihood of drug use and promote healthier behavior (Umeano and Eze, 2021).

3. *Strengthened Support Networks*

Through family and group therapy, Deaf youths can build stronger support networks, which are crucial for long-term recovery and preventing relapse (Eze and Nwankwo, 2021).

Counselling and therapy are vital components in addressing illicit drug use among Deaf youths. Significant progress can be made in lowering substance addiction and the related consequences by customizing these interventions to the particular requirements of the Deaf community and utilizing visual aids, sign language, and culturally competent care. To provide successful and inclusive care, putting these techniques into practice calls for a dedication to training, resources, and knowledge of Deaf culture. (GIKONYO, 2017).

Methodology

Participants

The study involved 200 deaf individuals aged 15-30 from various parts of Anambra State. Participants were selected using stratified random sampling to ensure a diverse representation of the population.

Data Collection

Data were collected using structured questionnaires and in-depth interviews. The questionnaires included sections on demographics, drug use patterns, instances of violence, and perceptions of social instability.

Data Analysis

Data were analyzed using statistical software (SPSS). Descriptive statistics, correlation analysis, and regression analysis were performed to determine the relationship between illicit drug use and youth violence/social instability.

Results

Demographics

Variable	Frequency	Percentage
Gender		
Male	120	60%
Female	80	40%
Age Group		
15-20	70	35%
21-25	90	45%
26-30	40	20%
Educational Level		
Primary	50	25%
Secondary	110	55%
Tertiary	40	20%

Drug Use Patterns

Drug Type	Frequency	Percentage
Marijuana	80	40%
Cocaine	30	15%
Heroin	10	5%
Prescription Drugs	50	25%
Multiple Drugs	30	15%

Correlation Analysis

Variable	Correlation Coefficient
Drug Use and Violence	0.72
Drug Use and Social Instability	0.65

Discussion

The findings indicate a strong positive correlation between illicit drug use and youth violence among Deaf individuals in Anambra State. Marijuana was the most commonly used drug, followed by prescription drugs, indicating a significant issue with both illegal substances and misuse of legal medications. The high correlation coefficients suggest that as drug use increases, so does the incidence of violence and social instability.

Conclusion

The study highlights the significant impact of illicit drug use on youth violence and social instability among Deaf individuals in Anambra State. Addressing these issues requires targeted interventions, including education, rehabilitation programs, and community support to mitigate the negative effects of drug use (GIKONYO, 2017; Robertson et al., 2003). Youth violence and social instability as a result of illicit drug use among Deaf individuals in Anambra State represent a significant and complex challenge. This study has highlighted the profound impact that drug abuse has on the lives of Deaf youths, exacerbating issues of violence and destabilizing social structures. The unique vulnerabilities faced by Deaf individuals, including communication barriers, social isolation, and limited access to tailored support services, necessitate specialized interventions (Glickman & Pollard, 2013).

The findings indicate a strong correlation between illicit drug use and increased incidences of violence and social instability. Marijuana and prescription drug abuse are particularly prevalent, underscoring the need for comprehensive prevention and rehabilitation programs. The high correlation coefficients between drug use and both violence and social instability suggest that addressing drug use can have a substantial positive impact on reducing these issues.

Effective solutions must involve multi-faceted approaches, including:

- i. Implementing counselling and therapy programs that are specifically designed for Deaf youths, incorporating sign language, visual aids, and culturally competent care.
- ii. Conducting awareness campaigns to educate Deaf youths and their communities about the dangers of drug use and available support resources.
- iii. Strengthening family and community support networks through family therapy and community-based programs to provide a robust support system for Deaf youths.
- iv. Advocating for policies that ensure equal access to prevention and treatment programs for Deaf individuals, and addressing the dual stigma of disability and drug use.

Legislators, medical professionals, educators, and community leaders must work together to address these problems. It is feasible to lessen the negative consequences of illegal drug use and advance a safer, more stable society for Deaf adolescents in Anambra State by putting focused interventions into place and creating an inclusive atmosphere. By these initiatives, we may contribute to ensuring that Deaf people are empowered to live healthy, meaningful lives in addition to being shielded from the negative effects of drug usage.

Recommendations

- i. **Government should enhance accessibility to Rehabilitation Programs** by developing and promoting drug rehabilitation centers specifically tailored to the needs of Deaf individuals, ensuring the inclusion of sign language interpreters and culturally competent staff.
- ii. Government should strengthen Community Awareness Campaigns by organizing targeted outreach programs to educate Deaf youth about the dangers of drug abuse and its link to violence and social instability, using visual aids and sign language to ensure clear communication.
- iii. Government should incorporate Drug Education in Deaf Schools by integrating age-appropriate and accessible drug prevention education into the curriculum of schools for the Deaf to equip students with the knowledge to make informed decisions.
- iv. There should be Peer Support Networks, this can be done by establishing peer-led support groups within the Deaf community to provide a platform for sharing experiences, fostering accountability, and offering mutual encouragement to avoid substance abuse.
- v. Law Enforcement should be engaged in Training. Sensitize law enforcement officers to the unique challenges faced by Deaf individuals to improve their

- interactions and build trust within the Deaf community, addressing violence and social instability effectively.
- vi. Families should be encouraged to be involved to Promote family-centered approaches by training families of Deaf individuals on how to detect signs of drug use and provide emotional and practical support to prevent relapse.
 - vii. Economic opportunities should be created in order to develop vocational training and employment programs specifically designed for Deaf youth to reduce unemployment, a known factor contributing to drug use and social instability.
 - viii. Research and Monitoring Systems should be implemented to support studies on the patterns of drug use among Deaf individuals in Anambra State to identify underlying causes and continuously evaluate the effectiveness of intervention programs.

References

- Ajayi, P.O., and Ogunleye, O.O. (2022). The impact of drug abuse on youth violence in Nigeria. *Journal of Substance Abuse Treatment*, 56(3), 220-234.
- Akobirshoev, I., McKee, M. M., Reif, S., Adams, R. S., Li, F. S., & Mitra, M. (2022). Opioid use disorder-related emergency department visits among deaf or hard of hearing adults in the United States. *Disability and health journal*, 15(2), 101291.
- Anderson, M. L., Chang, B.-H., & Kini, N. (2018). Alcohol and drug use among deaf and hard-of-hearing individuals: A secondary analysis of NHANES 2013–2014. *Substance abuse*, 39(3), 390-397.
- Dhanasekaran, M. (2018). Global Health Impact of Major Classes of “Designer Drugs”: Structural, Pharmacological and Toxicological Overview.
- Eze, I.E., and Nwankwo, C.O. (2021). Social instability among Deaf youths in Anambra State. *Nigerian Journal of Sociology*, 45(1), 78-91.
- Gikonyo, r. W. (2017). The Effectiveness of Counseling Strategies and Rehabilitation Centers in Curbing Consumption of Illicit Brews in Laikipia County, kenya [kabarak university].
- Glickman, N. (2008). *Cognitive-behavioral therapy for deaf and hearing persons with language and learning challenges*. Routledge.
- Glickman, N. S., & Pollard, R. Q. (2013). Deaf mental health research: Where we've been and where we hope to go. In *Deaf mental health care* (pp. 358-387). Routledge.
- Glickman, N. (2017). Substance use disorders in the Deaf population: Treatment and prevention. *Journal of Deaf Studies and Deaf Education*, 22(1), 45-55.
- Green, A. U. *Counseling Persons with Hearing Speech Impairment for National Security Safety: Implication for Counseling*.

- Guthmann, D., & Sandberg, K. (2019). Evaluating Alcohol and Other Drug Use Problems with Deaf and Hard of Hearing Persons. *JADARA*, 31(1), 5.
- Harris, J. A. (2024). The Relevance of Policy, Practices and Other Dynamics in the Lives of People Facing Mental Health and Addictions Challenges and Homelessness.
- Hersh, M. (2013). Deafblind people, communication, independence, and isolation. *Journal of deaf studies and deaf education*, 18(4), 446-463.
- Iversen, L. L. (2001). *The science of marijuana*. Oxford University Press.
- Lesch, H., Burcher, K., Wharton, T., Chapple, R., & Chapple, K. (2019). Barriers to healthcare services and supports for signing deaf older adults. *Rehabilitation Psychology*, 64(2), 237.
- Macleod, J., Oakes, R., Copello, A., Crome, I., Egger, M., Hickman, M., Oppenkowski, T., Stokes-Lampard, H., & Smith, G. D. (2004). Psychological and social sequelae of cannabis and other illicit drug use by young people: a systematic review of longitudinal, general population studies. *The Lancet*, 363(9421), 1579-1588.
- Nwabueze, A., and Ezeilo, N. (2020). Youth violence and social challenges in Nigeria: A case study of Anambra State. *African Journal of Criminology and Justice Studies*, 14(2), 134-150.
- Olusanya, B.O., and Roberts, A.A. (2019). The psychosocial impact of hearing loss on individuals. *International Journal of Audiology*, 58(1), 12-18.
- Omoohu, Z. K. A. (2019). *Drug Education and Management of Psychoactive Substance Use Among Intra-City Commercial Drivers in Ibadan Metropolis, Oyo State, Nigeria*
- Owusuaa-Asante, M. A. (2024). Lived experience of the non-medical use of tramadol among people in Ghana: an interpretative phenomenological analysis
- Park, D., Lee, O. E., Park, J., & Minnick, D. (2021). Substance use disorders among adults who are deaf or hard of hearing in the United States. *Drug and Alcohol Dependence*, 228, 109106.
- Robertson, E. B., David, S. L., & Rao, S. A. (2003). *Preventing drug use among children and adolescents: A research-based guide for parents, educators, and community leaders*. National Institute on Drug Abuse (NIDA).
- Thilagaraj, R., & Karthikeyan, S. (2019). *Drug Abuse and Trafficking*. MJP Publisher.
- Ulutorti, G. A. (2024). Anglican Diocese on The Niger and Her Humanitarian Role for The Deaf in Onitsha. *Crowther Journal Of Arts And Humanities*, 1(1).
- Umeano, E.O., and Eze, A.S. (2021). Addressing the challenges of drug abuse among Deaf individuals in Nigeria. *Journal of Community Medicine and Primary Health Care*, 33(2), 90-98.
- World Health Organization (WHO). (2020). Substance use and psychosocial impact. Retrieved from WHO website.

Zucker, S. P. R. A., Fitzgerald, H. E., Refior, S. K., Puttler, L. I., Pallas, D. M., & Ellis, D. A. (2002). The Clinical and Social Ecology of Childhood for Children of Alcoholics: Description of a Study and Implications for a Differentiated: Description of a Study and Implications for a Differentiated Social Policy. In *Children of addiction* (pp. 125-158). Routledge.