University of Bedfordshire

Adfam
Families, drugs and alcohol

Stella Project
Separate Issues Shared Solutions

Supporting families affected by substance use and domestic violence

Research report

Dr Sarah Galvani
The Tilda Goldberg Centre for
Social Work and Social Care
University of Bedfordshire

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We are extremely grateful to the young people and adults who took part in this research. These are not easy subjects to discuss and it is only their openness, insights and reflections that have made this research possible and productive. We have sought to represent their views and experiences accurately and hope that that the policy and practice recommendations will benefit them and others like them in the future.

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Background

Domestic violence and abuse is more likely than not to occur within intimate partner relationships where one partner has a problem with alcohol or other drugs (see Galvani 2010 for review). High numbers of people presenting to alcohol, drug and domestic violence services have children (ACMD 2003, Manning et al. 2009) and live within families whose members are doubly exposed to these potentially negative and damaging behaviours. Furthermore family members, be they partners, parents or children, can also be the perpetrators of domestic violence and abuse. At a time when Government policy is to 'Think Family' (DCSF 2009), it is vital that there is evidence from the people living and working with the overlapping issues of domestic abuse and substance use on which to base policy and practice development. This collaborative two-stage project between Adfam, Stella Project, and the University of Bedfordshire is designed to build the research evidence base with two groups of family members whose needs have not yet been adequately recognised; young people and adult family members who also provide family support services (Family Member Support Providers (FMSPs)). Stage 1 is the research project reported here, stage 2 is the development of resources for and with children and young people.

Aims

The aims of the research project were:

* To explore the views and perspectives of family members of substance users on the relationship between alcohol, drugs and domestic abuse
* To develop practice and policy recommendations based on these findings and the wider literature
* To establish what support and resources family members need on these issues.

Data collection and analysis

Both groups of family members were accessed via Adfam's existing database of family support services. Focus groups for young people were held in the agencies that were already supporting them in relation to their parental substance use. Two games/exercises were used to stimulate subsequent group discussion. Adult family members were interviewed using a semi-structured interview schedule administered via telephone and sent to them in advance. Both the interviews and focus groups were digitally recorded (with permission) and fully transcribed.

Analysis was conducted using thematic coding (Flick 1998) which is a method that allows for themes to emerge from the data through a process of coding and categorising data. Thematic domains are generated which embrace these codes and categories. They are continually cross-checked against the original data as the analysis progresses to ensure the themes remain relevant and appropriate to the original data.

Ethics

Ethical approval was granted by the University of Bedfordshire's ethics committees. Written ethical approval was also gained from each of the agencies taking part and each participant and parent/guardian completed consent forms.

Key findings

Young people

A total of 14 young people took part in three focus groups in different locations in England. They ranged in age from 10-15 yrs old, were all white, and were in receipt of support services as a result of parental alcohol or drug use. The group comprised five boys and nine girls. The young people had differing views on what behaviours contributed to a happy or unhappy relationship and the impact of alcohol and other drug use on them. Some of this appeared to vary according to their age with the older children having more nuanced understanding of some of the issues discussed. Clear themes emerging from the focus group data included the importance of consent and choice within relationships and the intent or motivation behind a person's actions or behaviour being an important factor in deciding it if contributed to a happy or unhappy relationship. Quantity of alcohol and the type of substance used were key variables in the young people's discussions about their impact on relationships and behaviour with some erroneous messages apparent in their responses. There was some indication that drugs were perceived as having a worse impact on relationships than alcohol but also clear agreement that substance use, be it alcohol or other drugs, did not always lead to violent or abusive behaviour. Abusive behaviour was largely interpreted as arguments and fighting with only the older girls expressing some understanding of controlling behaviours. Some younger people did however mention the possibility, or personal experience, of death resulting from substance use. Revealingly the young people also highlighted the fact that people will often drink and use substances together in a relationship and that removing one or the other, or reducing the substance use, can put pressure on the relationship. Importantly they pointed out that getting help for substance problems did not automatically improve intimate relationships. The young people also identified a number of ways they coped with 'things getting on top of them' including both internal and external coping mechanisms. These ranged from trying to forget about it to talking to someone to doing something active that helped them 'get their anger out'.

Family Member Support Providers (FMSPs)

Twelve FMSPs took part in the interviews. This is a unique group of people as they have dual roles, both as family members of someone who has, or had, a substance use problem, as well as providers of support services to other family members. Unlike the young people's sample who were united by their experience of parental substance use, this group primarily had experience of living with the impact of an older child with substance problems. Most began by offering informal, voluntary services, eg. a mum's group, and some had progressed to establish, or become part of, more formally established support providers that include both paid and voluntary staff. They were all aged over 45 yrs and the majority were women (n=10). Eleven

identified as 'white British' and one 'white other'. Ten were parents of children with substance problems, one had a partner with a substance problem and one had both. These family members were all involved in providing family support of some kind to other adult family members. Half the services had originated as informal mums' groups and one as an informal grandparents group. Three groups were still run out of people's homes with one of these being run by a couple. Others had an office or base in the community. Three of the support services were based in the south of England, nine were based in the north midlands or northern England. The majority of family members who attended the family support services provided by our respondents were women and mainly mothers of substance using older children.

The definition of domestic abuse provided to the FMSPs was well received with comments suggesting that some of the less obvious forms of domestic abuse can be overlooked. Perhaps the most important finding was the dominance of child to parent domestic abuse in the experience of the FMSPs rather than, as expected, partner domestic abuse, in particular men's violence to women. Abuse and violence by substance using children towards their parents appeared to mirror the gendered violence from male partners to female partners in that it was usually sons perpetrating violence and abuse towards mothers; nevertheless the dominance of this type of relationship abuse was unexpected. The children concerned were referred to as older or adult children not young children. The FMSPs also reported a high tolerance of domestic abuse among the parents they supported, not because of the intoxicated state of their child, but simply because it was their own child who was perpetrating the abuse and this presented additional emotional and practical challenges. These challenges, in turn, became barriers to disclosing domestic abuse both from their child and partners. The FMSPs appeared confident in determining the difference between conflict or domestic abuse but less confident in responding to it and in their understanding of the relationship between substance use and domestic abuse. Family conflict was a daily occurrence, for many parents attending family support services and, while domestic abuse in an intimate partner relationship was reported as being less frequent, the descriptions of the types of conflict, violence and abuse provided by the FMSPs suggests it is probably more frequent than was being recognised.

Conclusion

What this project has achieved is to further the understanding of the experiences of two groups of family members in relation to substance use, relationships and domestic abuse. In particular it recommends a number of important changes and developments for those educating and supporting young people living with parental substance use in terms of relationships and domestic abuse. It has also highlighted key messages for professionals from young people that getting help for alcohol and drug problems does not automatically lead to better relationships and a better home environment. The research with the adult family members resulted in findings focussing on child to parent abuse, an area that is under-researched and all but invisible in terms of policy and practice frameworks. This must be addressed. At the same time family support services will benefit from information and resources that help them to more fully identify and address partner abuse to ensure their services are able to maximise their support for family members suffering or perpetrating domestic abuse in intimate relationships.

Implications for policy, practice and research

Findings from both strands of the research project have important implications for policy, practice and research. Key to both is ensuring that policy frameworks support practice developments and improvements for the sake of family members affected by a loved one's alcohol or drug problem. However it is important that the gaps identified in the research evidence are filled and that policy and practice remains, as far as possible, evidence based. For example, further research is needed which includes family members from black, asian and minority ethnic groups as well as larger samples with comparison groups that allow for better analysis by age and gender. In the meantime immediate actions are possible to support individual and agencies providing family support services. Full details can be found on pp 31-23 and pp 49-50.

Section 1 – Setting the scene

Introduction

In 2008, Vivienne Evans (Chief Executive, Adfam), Karen Bailey (Coordinator, Stella Project) and Sarah Galvani, (Principal Research Fellow, University of Bedfordshire) met to discuss a shared concern about the overlapping issues of substance use and domestic abuse. While the last decade has seen the emergence of some work bringing together specialist alcohol, drug and domestic violence agencies, the impact and experience of these co-occurring problems on the family of the individual alcohol or drug user has had less attention. Little is known about how non-abusive adult family members are supported to deal with these overlapping issues and how young people understand and deal with these often co-occurring problems. Little is also known about the extent to which family members perpetrate abuse towards each other. As a result, funding was sought from Comic Relief to support a two stage project.

* Stage 1 – a research project designed to collect data from adult family members and young people - both groups are currently under-represented in research
* Stage 2 – develop resources to support young people in particular who are living with or previously affected by both parental substance use and domestic abuse.

This report provides the results of Stage 1 of the project.

Background

Research evidence shows that domestic violence and abuse is more likely than not to occur within intimate partner relationships where one partner has a problem with alcohol or other drugs (see Galvani 2010 for review). Recent initiatives within the UK have begun to focus on these overlapping issues, primarily among service providers of drug, alcohol or domestic violence services. This is clearly a step in the right direction however the focus cannot just be on individuals. High numbers of people presenting to alcohol, drug and domestic violence services have children (ACMD 2003, Manning et al. 2009) and live within families whose members (be they adult or children) are doubly exposed to these potentially negative and damaging behaviours. Furthermore family members, be they partners, parents or children, can also be the perpetrators of domestic violence and abuse. At a time when Government policy is to 'Think Family' (DCSF 2009) and is beginning to recognise the complex issues some families face, it is vital that there is evidence from the people living and working with the overlapping issues of domestic abuse and substance use on which to base policy and practice development.

These are not easy issues and there are no easy solutions. There is no simple causal explanation for the relationship between substance use and domestic violence and abuse (Galvani 2010). This means there is no simple response. Addressing the substance use alone, for example, will not suffice. While it is tempting for services to deal with one problem at a time, such an overly simplistic approach does not address the complexity of the relationship between the substance use and domestic abuse nor does it address the needs of family members who are damaged by witnessing, or suffering, a loved one's substance use and domestic abuse. For these family

members their experiences can result in their own physical and psychological problems ranging from anger, sadness, frustration and despair to fear for their safety and physical injuries.

In some cases the needs of family members, children in particular, are never met and end in tragedy (Ofsted 2008). For others, particularly adolescents, they have a range of coping mechanisms including their own substance use, running away, truancy from school and so-called 'deviant' behaviour, or they are removed to care (Banyard et al. 2006, Chalder et al. 2006, Kuendig and Kuntsche 2006, McAuley and Young 2006, Peiponen et al. 2006). As older children or adult family members, they may simply choose to lose contact with their loved ones as a means to survival. For some young people, Grandparents may offer, or be asked, to provide part or full time care of their grandchildren as their substance using parents are unable to cope or pose too high a risk to their children (Guillén-Grima et al. 2009, Mentor UK 2007).

Adfam, as the national umbrella organisation working with and for families affected by drug and alcohol use, is well placed to develop resources to support family members of all ages who are also affected by domestic violence and abuse. It already offers a range of resources to the family support groups, many of which were established out of frustration at the lack of resources available to family members living with a loved one's problematic substance use. Many of these groups began as community self-help projects – groups of parents, often mums, coming together to offer mutual support. The effectiveness of such self help or mutual aid projects has been demonstrated both in research (Kyrouz et al. 2002) and in the spread of global self-help groups such as Alcoholics or Narcotics Anonymous and their affiliated family member groups, Alateen and Al-Anon. While some of the family members in this study have continued to provide support services on this smaller scale, staffed by volunteers who themselves were, or are, users of family support services, others have grown into larger organisations with a mixture of paid and voluntary staff. Thus the majority sit somewhere between self-help groups and the larger, more established organisations. This is a unique group of services because of its grass roots origins and Adfam is well placed to offer support through training and other resource development that may not be as easily accessible to them as other larger statutory or voluntary sector organisations.

This collaborative project between Adfam, Stella Project, and the University of Bedfordshire is designed to build the research evidence base with two groups of people whose needs have not yet been adequately recognised (Stage 1) (Templeton et al. 2006) as well as develop practical resources to help educate and support people living with the negative impact of domestic violence and substance use (Stage 2).

Definitions

The following definitions have been used in this project:

* Substance use – this term refers to both alcohol and other drug use
* Drug use – this term is used to refer to illicit drug use unless otherwise stated
* Domestic violence and abuse – "Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have

been intimate partners or family members, regardless of gender or sexuality. This includes issues of concern to black and minority ethnic (BME) communities such as so called 'honour based violence', female genital mutilation (FGM) and forced marriage (Home Office 2009a)."

In addition the following abbreviations have been used in quotations: 'YP' refers to 'Young Person' and 'Facil' refers to the focus group 'Facilitator'.

Conflict or domestic abuse

There is a clear difference between conflict and domestic abuse. While it is normal for all families to experience some disagreement or conflict, the level of conflict is exacerbated for families living with a loved one's problematic substance use. Research has shown that these family members suffer stress, strain and other psychological problems, social and financial problems, and physical health complaints as a result of living with someone with alcohol or drug problems (Copello et al. 2000, Orford et al. 2001). This is not uncommon for families negotiating the emotional rollercoaster of living with someone with an alcohol or drug problem. This is different however to domestic violence and abuse. Key to domestic violence is a pattern of coercive and controlling behaviour. Family members may feel as if they are 'walking on eggshells' trying not to upset their loved one for fear of the consequences. The abuse, in various forms, is often repeated and may increase in intensity as time goes on beginning as more subtle behaviours such as criticism of a family member's appearance or behaviour. Often both adult and child family members become hyper-vigilant to the verbal and non-verbal language of their abusive family member and are able to quickly assess whether a particular look, gesture or tone of voice indicates that abuse is imminent or not. Finally it is important to understand that domestic violence and abuse may never involve physical or sexual abuse. Too often a single focus on these issues means that emotional and psychological abuse can be overlooked despite the factor that survivors report long term damage and impact from these types of abuse.

Section 2 – Methodology

Aims

The aims of the research project were:

* To explore the views and perspectives of family members of substance users on the relationship between alcohol, drugs and domestic abuse.
* To develop practice and policy recommendations based on these findings and the wider literature
* To establish what support and resources family members need on these issues

In particular, children and young people were a key focus for the data collection and for the targeting of resource development in Stage 2 of the project. This group have few resources available to them on the overlapping issues of domestic abuse and substance use. Further there is very little research that reflects children's voices and views on these issues.

The other main group were adults who had dual roles as family members and as facilitators of support groups within small, voluntary agencies, or were running self-help support groups.

Data collection

This research set out to work with two distinct groups of family members:
i) young people living with parental substance use, and
ii) adult family members whose experiences led to them running family support groups.

Given this was a project to explore the experiences and views of family members, a qualitative research design was adopted and a purposive sample used to recruit research participants. Both groups of family members were accessed via Adfam's existing support group network.

At the start of the project a mapping exercise of family support groups was already underway with the aim of updating its support group database and expanding the information it held on each group. This was timely for the project and formed the basis for the selection of the two samples.

Due to time and resource restrictions for Stage 1 of the project, statutory agencies, and those primarily funded by or housed within NHS or local authority premises, had to be excluded due to the lengthy ethical procedures required. Given more time and resources a larger and more diverse sample could be accessed to facilitate a great degree of representativeness and to ensure gender, ethnic diversity and age difference could be adequately accounted for.

The remaining selection criteria were as follows:

<u>Young people sample</u>
Groups of young people living with parental substance use aged between 8-18yrs, within agencies that:

- provide services directly to children and young people aged between 8-18yrs
- have good support links with local domestic violence services
- have adequate staffing and structures in place to be able to support young people's involvement pre, during and after the research as needed
- are willing to undertake the necessary administration required for consent from both parents and young people

Adults sample

These were adult family members meeting all the following criteria:

- Adult family members of a loved one with alcohol or drug problems (now or in the past)
- Individuals who were running family support groups for affected family members
- Volunteers or people working for independent local support groups*

*The rationale for focussing on adult family members running local support groups was based on Adfam's experience that these may be a group of people falling through the gap in training and resource provision around domestic violence and abuse. They have dual roles being both family members and also facilitators of support services. The majority, however, do not have access to the resources and training open to larger agencies which often have training budgets. These family members range from people who run support groups in their homes to small agencies staffed solely by volunteers or by a significant number of volunteers.

Methods

The initial intention was to use focus groups for data collection with both adult and young people samples. There are a number of advantages to the use of focus groups including i) a supportive structure for participants, particularly where sensitive subjects are being discussed, ii) the information provided by participants can be stimulated by the interaction and exchange of ideas and experiences that group discussion can bring, and iii) they are usually cost and time effective for research purposes.

This was the method adopted for the young people sample. It was also particularly appropriate as the groups of young people were already familiar with each other through the support they received from their support agencies. While there are disadvantages of working with groups that know each other (as pre-existing individual and group dynamics may affect their contribution to the focus group), ethically it was the most appropriate way of ensuring that the young people felt most at ease. The focus groups were held within the premises of the agency that supported them and in rooms with which the young people were familiar. Two members of staff with whom they were familiar were on hand prior to, during and after the focus group in case they were needed to offer support to the young people who took part.

Two main exercises provided the stimulation for the focus group discussion:

Exercise 1 - this was designed to establish the young people's views on what makes a happy or unhappy relationship. For ethical reasons, we did not ask about 'domestic abuse' directly. Like, alcohol or drug problems, even people living with it often do not recognise it. Also like alcohol

and drug problems there is a lot of stigma attached to it and there is a tendency to think that it happens to other people, not us. Discussing it directly with young people who may be living with it, but have not considered or identified it as domestic abuse, could risk hurt and upset. It could also put children at risk of harm, particularly if discussions were repeated at home, not to mention potential conflict between parents and the agencies supporting the young people. The young people were split into small groups of no more than three people and given 26 cards containing statements and pictures (see appendix 1). They were then asked to discuss them and put them into one of three categories, 'happy', 'not sure' or 'unhappy' relationship. These categories were written on three separate sheets of flipchart paper. It was reinforced that there were no right or wrong answers and that 'not sure' was as good an answer as any. Following the small groups came back together in one big group and a large group discussion was facilitated on which categories they had placed their cards in and why.
Exercise 2 – this was designed to elicit the young people's views on the impact of alcohol and drugs on intimate relationships. The young people stayed in the larger group but were lined up like a reality TV show voting panel. Each person was given three cards and each card contained one of the following words, 'always', 'sometimes', 'never'. 10 statements (see appendix 2) were read out to the groups, they had a few minutes to think about it, and were then asked to vote by holding up one of the three cards they'd been given. After all statements had been read out and voted on, each statement was discussed in turn among the whole group.

To finish off the focus groups on a positive and upbeat note, the young people were asked first to give their views on what messages other young people should hear about alcohol, drugs and relationships, and secondly, to say what they do to make themselves feel better if 'things' are getting on top of them. While originally intended as a way to finish off the focus groups, the young people's responses are clearly important reading for those supporting young people living with parental substance problems and/or domestic abuse.

For the adult sample the initial plan to run focus groups became untenable for two main reasons. Following the application of the selection criteria, the final number of people available and willing to take part amounted to 15 people. Geographically these adult family member support providers were widespread making the organisation of focus groups costly, time consuming and potentially limited in numbers. Second, two of them were men and, because of the gendered nature of domestic abuse perpetration, running mixed sex groups when discussing domestic abuse is not good practice. While the family member support providers were primarily being asked to discuss their experiences as providers of family support, we could not rule out the fact that their experiences of being a family member of someone with a substance problem would also heighten the risks that they had suffered domestic abuse too. Thus we felt it appropriate to exercise caution. It was therefore apparent that individual telephone interviews would offer a better method of data collection allowing for private in-depth discussion and reducing the time and resource implications for both the family member and the research team. The interviews were conducted using a semi-structured interview approach (see appendix 3 for the interview schedule).

Both the interviews and focus groups were digitally recorded where permission was given by participants.

Analysis

The recorded interviews and focus groups were fully transcribed. Analysis was conducted manually using thematic coding (Flick 1998) which is an inductive rather than a hypothesis testing approach to data analysis. It is a method that allows for themes to emerge from the data through a process of coding and categorising data. Thematic domains are generated which embrace these codes and categories. They are continually cross-checked against the original data as the analysis progresses to ensure the themes remain relevant and appropriate to the original data. Given the different types of data emerging from the focus groups and the individual interviews, it was necessary and most appropriate to conduct separate analytic processes for the young people and adult groups. The findings have been reported separately in sections 3 and 4 of this report.

Ethics

Ethical approval was granted by the University of Bedfordshire's ethics committees at both Institute and University levels. Written ethical approval was also gained from each of the agencies taking part.

Each participant signed and returned a consent form. These were age appropriate (see appendices 4-6) and included consent for the interviews and focus groups to be recorded. Informed consent was gained from the parents/guardians of the young people taking part (appendix 7). To adhere to data protection requirements the agencies sent out the consent forms to parents on our behalf together with a covering letter from the agency. Adult interviewees were emailed the consent form, information sheet and interview schedule ahead of time and asked to return signed forms prior to the interview date.

The project manager/researcher, research lead and young people's group facilitator all had CRB checks and had experience of working with young people and/or with sensitive subjects such as substance use and domestic abuse.

Section 3 - Children and young people

> ***And you want them to stop completely...because it can affect your family. And every night you go to bed wondering if they're going to be there tomorrow. If you're going to wake up and they're going to be there or not.***

Findings

A total of 14 young people took part in three focus groups in different locations in England. They ranged in age from 10-15 yrs old, were all white[1], and in receipt of support services as a result of parental alcohol or drug use. The total group of young people comprised five boys and nine girls.

As detailed in the methodology section above two exercises formed the basis for discussion in the focus groups and the findings from each are presented below:

Exercise 1 – Relationship Cards (see appendix 1)

To recap, this exercise comprised splitting the young people into six small groups and asking them to place 26 cards into one of three different categories. These categories were 'happy relationship', 'not sure', and 'unhappy relationship'. Each of the 26 cards had a different picture and text on it relating to behaviours that may happen within intimate relationships, for example, 'saying sorry', 'calling them names', 'sharing childcare'. The young people had to decide among their smaller group if they felt that behaviour was likely to be found in an 'unhappy' relationship, 'happy' relationship or whether they were 'not sure'.

While the exercise was used to stimulate thinking for subsequent debate the results of the exercise provided some interesting findings. All six groups agreed on the placement of only six of the 26 cards (see table 1):

Table 1 - Cards and categories agreed

	Happy relationship	Not sure	Unhappy relationship
Being jealous			6
Hurting them			6
Feeling safe	6		
Trust	6		
Respect	6		
Supporting each other	6		

[1] The most recent ethnicity data from the three agencies showed 84%, 94% and 91% of all young people attending the agencies were white British. Agency staff reported that there were very few non-white British young people who met our criteria and/or were currently engaged with the agency.

A further 10 cards received broad agreement, with only one group placing a card in a different category (see table 2):

Table 2 - Cards and categories receiving broad agreement

	Happy relationship	Not sure	Unhappy relationship
Calling them names		1	5
Controlling who they can see		1	5
Telling them what to wear		1	5
Wanting them to spend all their time together and not with friends		1	5
Honesty	5	1	
Listening	5	1	
Kissing	5	1	
Talking about feelings	5	1	
Having sex	1	5	
Phoning or texting all the time	1	5	

The remaining cards received mixed responses (see table 3):

Table 3 - Cards and categories receiving mixed responses

	Happy relationship	Not sure	Unhappy relationship
Feeling safe to say no if they do not want to do something	4	2	
Saying sorry	4	2	
Sharing childcare	4	2	
Telling them they love them all the time	4	2	
Meeting them from work every night	2	4	
Buying drinks	2	4	
Taking their money		2	4
Telling other people each other's secrets	1	1	4
Buying presents	3	3	
Seeing each other every day	2	3	1

Key themes – exercise 1

The subsequent discussion demonstrated varying interpretations of the behaviours given on the cards. For example 'meeting them from work every night' was interpreted as being both a loving gesture and a potentially controlling behaviour.

> *I think that if you go to them every night and you don't meet them at work, they might feel let down, like why aren't you there*.

'Wanting them to spend time together and not with friends' was also seen as both happy and unhappy in a relationship:

> *...if you want to spend time with your friends, they might be close friends, and if you want to spend time with your friends, but sometimes you might want to spend time with your relationship cos you're friends are not that close and your relationship is.*

Also 'telling them you love them all the time' was seen as potentially "*over-protective and over-controlling, but then it could be really nice cos they could mean it*".

'Buying presents' was viewed similarly, although as well as being viewed as "over controlling" or a "nice gesture" it was also seen as a potential waste of money:

> *That means that you're using your money for stuff that you don't really need. And you wouldn't be able to get house stuff*.

The controlling elements of some of the behaviours were particularly well picked up by the older participants. While the younger people who took part appeared to have some understanding of the term 'controlling', it was the older girls who saw the links between many of the behaviours on the cards, linking them together in their post-exercise discussion.

Consent and Choice

While the majority of the cards in the exercise were placed in 'unhappy' or 'happy' categories the discussion demonstrated a more nuanced understanding of some of the behaviours. Common to a number of responses was a clear message about consent and choice and that while on the face of it some of the behaviours on the cards could be seen to be "harsh", as one young person put it, some of the behaviours were acceptable if the other person wanted them to do it or didn't mind. For example, 'texting or ringing someone all the time':

> *It'd be a bit harsh. But I don't know cos maybe they're making it so that they want to see each other, or they could be talking cos they're really good friends*

The same issue over consent and choice emerged when discussing 'controlling who they can see':

> *That's 'unhappy' because you should be able to see who you like. Because it's up to you who you want to see, no-one can tell you what you have to do. You should be free*.

This sense of freedom and ability to make your own decisions also emerged under 'having sex' card. While this caused a range of reactions from giggling to one gasp of shock/surprise, the discussion was generally mature and informed:

Because if you have too much sex, then, you can feel under pressure, but if you have a little bit then you have a happy relationship, so…I put it in the middle ['unsure']

They might not want to do it. They might be forcing them to do it.

'Feeling safe to say no if they do not want to do something' also raised the importance of choice:

Yeah, it's good to say no because if they're forcing you to do something and you don't want to do it and you don't say no, they can still force you do it. If you say no you're at least letting your strength out and they know that you don't want to do it.

You have your own right to say no.

Some young people spoke about not feeling pressured to do something by someone else, particularly in relation to the 'having sex' card or 'telling someone you love them all the time'.

YP1: Yeah, I put it in happy though, because it's nice for someone to tell you that they love you. But then if it's too much, like more than all the time….
YP2: ….you'd feel a bit under pressure.

Intent/motivation

Another theme that emerged was that of the intent or motivation of the person acting out the behaviour on the card. There was a view among many of the young people that determining whether a behaviour was part of a happy or unhappy relationship depended on the intent of the person who was doing it. In relation to texting one young person stated:

I thought like you might want to text each other to see what you're doing, but sometimes you might not want to because they can text nasty horrible things and rude words and stuff.

In relation to the 'telling them what to wear' card one discussion demonstrated this further:

Well I put it in the 'not sure'. It depends if they're doing it in a way that's aggressive…if you're going out to dinner and they say why don't you wear this, this is nice, then it's happy, it's not aggressive. But if they say "I don't want you wearing that if you're going to see this person because I like [you] *wearing that when you're around me"*.

The aggressive tone here made the difference between whether it was a happy or unhappy relationship card. With the 'taking their money' card, while most people thought it was 'unhappy' one older girl stated:

But they could be taking it for safe-keeping, just in case they're going to spend it on something.

This safekeeping or protecting motivation was apparent in a number of examples provided by the children. Even in 'talking about feelings' one young person raised the issue of manipulative use of feelings:

I put it in the middle because you can talk about how you feel about someone, you can say it in a nice way and that would be a happy relationship, or you could say it in a bad way, and that would be an unhappy relationship. Like you could say "I love you because you're really kind and loving" or you could say "I'm not loving you at the moment cos you won't go to the shop and get me some chocolate bar", "and plus I told her to take the rubbish out yesterday and she still ain't done it, so I don't love you at the moment".

Quantity of alcohol

While exercise 1 did not directly ask for the young people's views on the influence of alcohol and drugs on relationships, the impact of alcohol and drugs appeared to be an influencing factor in their decisions about what makes a happy/unhappy relationship. The 'buying drinks' card raised a lot of ambivalence. Interestingly, given that all the young people were in receipt of services for their parent's alcohol or drug use, nobody put it in the 'unhappy' category. The key, for this card and others, appeared to be the quantity of alcohol consumed and its potential impact on relationships and behaviour was clear:

I put it in happy. It's alright if you buy drinks as long as it's not too many, cos then you could be drunk and it would be unhappy cos they might fight, or something.

Not sure. Because you can buy a drink and you can be happy: "Ah cheers for that drink, it was nice," or you can buy a drink and get unhappy or all grumpy, like, cos you're drunk., and then you're arguing and then the next day you wake up and, em, you go "I aint got a girfriend now," cos you had an argument.

This ambivalence was reflected in one group discussion among five girls:

YP1: Because if your partner is like alcoholic or something, then you could buy them too many drinks, or they could force you to buy them drinks even though you don't want to.
YP2: If you get bought too many drinks you could get too drunk and get taken advantage of.
YP3: Yeah, to make them do something they don't want to do.
YP4: It's a kind gesture

YP5: yeah, if you're in a good environment it's nice for someone to buy you a drink

The type of drug taken was a similar recurring theme in relation to behaviour that emerged in discussion following exercise 2. This will be discussed further below.

Worry about what might happen

Among the younger participants in particular, worrying about what might happen appeared to link to cards that referred to safety, ie. 'feeling safe' and 'feeling safe to say no' as well as discussing 'talking about feelings'.

I put that in happy because if you're with someone and you feel safe, then you're happy cos like you know that nothing's gonna happen with this person cos they're gonna stick up for you.

I put it in happy relationship because it's important to tell someone how you feel, because if you get it out you feel happy about yourself, if you're worried, if there's someone who can help you with your situation. And if you feel worried you could tell them, so someone else would know, and then if they thought you were in harm they could call the police or something

I put it in happy because if you feel safe you're not worried that they might hurt you or call you names, and you could have fun together without worrying about it.

Abusive behaviour

A number of the cards prompted views about abusive behaviour. Some of the views expressed were so particular in detail that it is possible that the young people were drawing on personal experiences. In discussion of the 'hurting someone' card, one young person stated

It's bad because if you're covering your bruises cos someone's hurting you, you can't get it away from you. If you're hurting, it's like an apple, if you get bruised it's not that good.

Perhaps unsurprisingly 'hurting someone' was often thought to be physical harm but the slightly older age group picked up more on other types of hurt. In asking about what they understood by 'respect' one young person responded:

Well not physically hurting them. Not mentally hurting them, like calling them names, just being nice all the time. And not seeing other people

Another was prompted by the 'being jealous' card:

when you're jealous you can start doing aggressive things like calling them names and stealing money from them stuff like that

Other responses tended to mention fights or arguments after drinking in discussion about the 'buying drinks' card (see 'Quantity of alcohol' theme above).

The young people were invited to add cards if they felt we had missed any out. The following were the cards they mentioned with the majority entailing more negative behaviours and placed in the 'unhappy' category:

- Leaving them out – neglecting them
- Using them, eg. money or sex
- Fighting
- Talking about ex-relationships/other people too much
- Not using condom, eg. 'could be unhappy or happy depending on whether or not you're wanting a baby'
- Drug use
- Saying upsetting things
- Nasty rules
- Being sneaky, eg. if going off late at night and saying 'not telling you where I'm going'

- Helping each other
- Looking after each other
- Sharing responsibility

Exercise 2 – Voting Game (see appendix 2)

Exercise 2 comprised 10 statements relating to alcohol, drugs and relationships. These statements were read out to the young people who then were asked to vote, as individuals, on whether the behaviour/s described by the statements happened 'always', 'sometimes' or 'never'. Each participant had three cards, each containing one of the three responses. The result of the voting is presented in table 4 (below).

Table 4 – Voting responses for each statement (n=14)

	Always	Sometimes	Never
1. When people drink alcohol they become violent or abusive.	1	13	0
2. When people take drugs they become violent or abusive.	5	8	1
3. People who drink a lot are more likely to get hurt in a relationship	3	10	1
4. People who use drugs are more likely to get hurt in a relationship.	8	6	0

5. People in an unhappy relationship are more likely to use drugs or alcohol	5	9	0
6. You can drink alcohol and still have a happy relationship	6	6	2
7. You can use drugs and still have a happy relationship.	4	5	5
8. People who are drunk don't know what they are doing. It's the alcohol that makes them behave badly.	8	6	0
9. People who use drugs don't know what they are doing. It's the drugs that make them behave badly.	7	7	0
10. Getting help for an alcohol or drug problem makes a relationship happier	3	11	0

This exercise created a much wider range of responses and some clear difference in views depending on whether the substance was alcohol or other drugs. In this sample drugs were seen as having a more negative impact on relationships and behaviour than alcohol[2].

On voting alone three statements stand out in terms of total votes. The majority of young people (n=13/14) said alcohol 'sometimes' led people to become violent and abusive, that people who drink a lot are 'sometimes' more likely to get hurt (n=10/14), and that only 'sometimes' getting help for an alcohol or drug problem can make a relationship happier (n=11/14). This is explored further below.

Key themes – exercise 2

> *I think drugs and alcohol definitely impact on a relationship. I think you can't use drugs or alcohol and have a normal relationship. Because, I know there's no such thing as a normal relationship, but there's two sides to that person: When they're drinking or taking drugs, and when they're not.*

Again the discussion following the exercise offered the richest data. In light of the statements provided during the exercise, the discussion centred around the impact of alcohol or other drug use on behaviour and exploring reasons for how people voted. Four key themes emerged and are discussed below.

Quantity and type of substance

The young people's views on the impact of alcohol or drugs on a person's relationships or behaviour often depended on the quantity and strength of the substance or the type of drug they'd taken. In response to the statement 'People who use drugs are more likely to get hurt in a relationship', one young person responded:

> *Depends what drugs you're using really. If it's strong ones. Stronger ones....Like, heroin maybe, and crack. Which, people who take those kinds of drugs steal from people, and if you were in a relationship and you were*

[2] Given the relatively small sample, statistical significance has not been calculated

stealing (obviously I don't know anyone who's in a relationship and doing things like that), it wouldn't surprise me if they stole off their own family or their partner so they could feed their habit. Cos I think when you're on hard drugs, people don't really care what or who they're stealing for, just for the fact that they're getting their drugs in.

The following discussions were in response to the two statements 'When people drink alcohol/take drugs they become violent or abusive":

YP1: Always. Because alcohol is like a poison, it takes over your brain.
YP2: Sometimes, because it depends how much they drink
YP1: Not always
YP2: But mostly it does
Facil: So do you think if they drink more, what does that mean?
YP2: Then they do it lots, and it mostly happens

Another young person believed that different types of drugs will trigger different levels of violence and abuse. This is countered by another group member:

YP1: Alcohol is a drug, and then the ones that you smoke or inject yourself with are more dangerous and you'll more than likely want to take your anger out on someone or something.
YP2: Not necessarily because weed can cure your effects. Weed can cure…like in hospital they use it. It depends what type of drug you're using.

In response to many of the statements including those geared towards the impact of alcohol and other drugs on: i) a person's violent or abusive behaviour, ii) their likelihood of getting hurt, iii) their chances of having a happy relationship and iv) knowing what they are doing, the young people often demonstrated an understanding of different perspectives and the requirement for other factors to be present.

Here one young person points out an alternative view that is perhaps unusually insightful for someone of that age:

When people take drugs they can become violent, but they get paranoid, and they think they're lost, and stuff like that. Instead of getting violent and abusive they get scared and all that.

The additional factors of environment and mood were highlighted by older participants. In response to the statements about 'when people drink they become violent or abusive' one discussion included the following:

YP1: Depends how much you drink

YP2: And what atmosphere you're in, if you're in a happy atmosphere, you might be out with music, or if you're alone, on your own and depressed and your taking it out on alcohol.
YP3: I think it's like sometimes, because if you drink too much and things have happened in the past, it will go back into your mind and you just goes under...
YP2: Yeah, same thing for drugs. Depends what drug you're on, and the strongness of the drug or how much you've had of it. And again what happens where you're in.

Similarly in responding to the statement 'people who drink don't know what they're doing, it's the alcohol that makes them behave badly' one young person also picked up on mood prior to drinking:

Isn't it that when you drink, it increases your moods. If you're upset, it makes you more upset, and if you feel happy, it can make you more happy.

Different types of hurt

Perhaps unsurprisingly given the personal experiences of the young people in the groups, references were made most often to arguments, pressure and substance use 'ruining' relationships.

Yeah, cos if you're boyfriend don't want you to drink a lot, he can say don't, and you can ignore him because you like drinking and you're used to drinking a lot and it can cause an argument in a relationship.

But i've seen it where alcohol has ruined a relationship because if you're like drinking, and it's taken its toll on how you act in that relationship, and if you got help with it, then it would really help.

Like people go out to pubs and that and drink and it can affect your relationship because if you get in a fight with another person because you're drinking, your boyfriend can help you but he can get hurt as well, and then he might the next day go "Why did you let me get into a fight where you couldn't stop drinking?". That kind of thing can ruin a relationship.

Death was mentioned several times in relation to discussion about drugs and alcohol and people getting hurt in relationships.

Well my uncle, he got peer pressured into taking heroin, cos he had really rough friends. And he took it once, and then he died

If you drink, like, every day , for kind of a long time, like 2 years, 3, or 4, it can actually kill you, because when you get a hangover you're lungs are trying to sort you all out, but one day they stop working and you die.

YP1:..they will both get hurt in a relationship, because one will be devastated if the other one dies if they've been taking drugs, and they might continue taking drugs, and like, if they take weed it might calm them down a bit, for the pain and that lot.
YP2: It can affect a relationship because say like the man was on drugs like cocaine, and the girl doesn't smoke or take drugs, and she's just standing there while her boyfriend's sniffing it and stuff so one day she's gonna end up leaving him because she knows he's gonna die.

Prompted to clarify who whether it was the drinker or their partner who might get hurt, one young person responded:

It could be a bit of both because the person who's drinking could have problems if they do it all the time. And the other person could get hurt if the person drinking does stuff like hurt them.

For the most part little mention was made of a person's vulnerability to violence or abuse as a result of their own substance use, except for the earlier comments relating to being 'forced' to do something you don't want to do. The older participants were the only group who highlighted various forms of violence and abuse and they also hinted at the individual's vulnerability to violence:

YP1: And then, you might not be physically hurt, you might be hurt in the mind as well, is that verbally?
Facilitator: Mentally, emotionally...
YP1: Yeah, thats it. Yeah, cos like if you're drinking too much and you can't stop, you're partner might ditch you, but then they might attack you if they think you're going to get hurt.

Drinking and using together

Discussing whether or not people could get hurt within relationships where there was drug and alcohol use also prompted a number of comments about whether both partners were drinking or using together and how this may support continued use or put strain on relationships:

YP1: ... sometimes because you're partner might be drinking a lot too.
YP2: Maybe you might be addicts together, so then you've got similarities between you and you'll probably acting in a similar way.

...they might be both taking drugs at the same time and they might be comfortable with that but [getting help with a drug or alcohol problem]

does make your life better as well cos at least you're not gonna hurt yourself by doing damage to your body. They might feel comfortable both doing it, because if someone came to help, they might destroy the relationship by taking something away that they don't want them to take away.

YP1: Yeah, or if your partner drinks or takes drugs with you, that might separate them because one person might want to and the other might want to keep going.
YP2: And if one person relapses, the other person's gonna get really annoyed and then they're not going to have a happy relationship.

...they might just not want to go out with someone, they might want to have a free life again, and they might take drugs cos they're trying to cheer themselves up by taking alcohol, sitting round a table with their friends and going clubbing at night. Builds their confidence up.

Like cos some drugs, they're illegal, and you're partner might not want anything to do with you because they might get the blame if you get caught.

Blaming the substance

There were mixed views about whether or not the substance was to blame for abusive behaviour in relationships. Asked about its role in violent behaviour one young person stated:

... alcohol is like a poison, it takes over your brain. .. alcohol is like a person in a can, so when they've had too much, the person builds in their heads, and the person controls them. They don't know what they're doing.

However an older participant thought differently although subsequently agreed with the view that drinking alcohol results in less control than drugs:

Depends, because when you're taking drugs and stuff, you can control yourself. It's not like the drug is taking control of yourself. You are in control of yourself. Not the drugs.

Generally speaking the views again reinforced their belief that quantity and type of the substance made the difference to someone's behaviour.

Better relationships?

One area of general agreement was that getting help for alcohol or drug problems doesn't necessarily improve relationships. Clearly in their positions, the young people were most likely drawing on first-hand experience. Again, the specifics of some of the responses appeared to

support this. In response to the statement 'Getting help with an alcohol or drug problem makes a relationship happier' the young people stated:

> *Not always, cos like, the person who's [using drugs] might get quite annoyed, saying that they're not doing it, or that they don't need help. Cos if you admit you need help it's like saying there's something wrong with you.*
>
> *It does and it don't because, if they get help then they'll build a stronger relationship, but still, they would still have time to bring back the past*
>
> *Sometimes. Because it would be like well done, but in your mind you'd probably think they're still taking it...*
>
> *It does and it doesn't as well. Because they might be both taking drugs at the same time and they might be comfortable with that but it does make your life better as well cos at least you're not gonna hurt yourself by doing damage to your body. They might feel comfortable both doing it, because if someone came to help, they might destroy the relationship by taking something away that they don't want them to take away.*
>
> *I think it depends on if the relationship people want to get help or not, because maybe It won't even help them because maybe it's just not what they need to know. Like, it will for some, because that's s just what they need to know. It might help them mentally, to stop.*

Related to this were a couple of comments that emphasised people had to make choices about their substance use and relationships:

> *... drugs can make you paranoid. If they want to be paranoid it's their choice, but they can get hurt. If they want to get help they can but it's like….I can't explain it. ...well they kind of choose it...*
>
> *If you want to be in a happy relationship then you would be willing to give up your addiction, but if you didn't necessarily want to be in a relationship but you wanted to be an addict you would have to choose.*

Messages to other young people

Before finishing the focus groups the young people were asked what messages they would give to other young people their age about alcohol, drugs and relationships. Two key themes emerged, 1) drug and alcohol awareness/knowledge and 2) help seeking (see table 5 below).

Table 5 – Messages to other young people

Awareness/knowledge	Help seeking
Need to know effects of taking them. What effects of drugs are and what's in drugs and if children don't know, tell schools to do it.	*Get help, eg. tell youth worker. Can't keep everything secret – sometimes you need to talk.*
Good to tell kids the downside of drugs	*Might make you feel "100% better"*
Drugs and relationships don't work	*Therapy is sometimes good*
Stop using drugs	*Drama therapy is good fun*
Should know don't do what don't want to do	*Try and get some help as soon as possible*
Life's too short to try dangerous stuff	*Where you can get help*
Tell parents not to do it	*Who to talk to*

The older age group went further, perhaps demonstrating a more nuanced understanding of the potential negative impact of alcohol and drugs. Their comments included telling other young people:

- *the effects alcohol and drugs can have on relationships*
- *examples of different things that can happen and how they overcome it*
- *[it's] not all one-sided – look behind it/behind the scenes and see who it affects and how it affects people*
- *[it's] not just being stereotypical – it affects so many people not just the person who's taking it. There's lot more to it.*

What do you do to feel better?

In order to finish off the focus group on a positive note, young people were asked what they did to help themselves feel better if things are getting on top of them. No-one appeared to struggle to respond to this and a range of activities was mentioned that included both internal and external coping mechanisms.

For some the coping response was a physical release:

- Go out on my bike or skateboard to 'get my anger out'
- Go out and run and I get home tired and I've lost all my anger
- Kicking ball against a wall – get anger out
- Beat your pillow up
- Playing zombie game – machine gun game – shooting people
- Horse riding – get your own space
- Go and see cousins – don't think about it
- Find a place you can just go away to

For others it was a more internal process:

* Sit down for a bit and take a break and think about happy things
* Get stool and stare out of window and think not only one going through it. Think why am I being so mardy, I'm not the only one
* Try to forget about it – do things that make you feel busy

For some communication was the key:

* Writing down can be helpful if you don't trust people [to talk to]. Can get it off your chest.
* Talk to people; friends, family, [support agency]
* Get feelings out – talk to my sister
* Don't let it get you down – think of good things around you and people to talk to
* Went on mum's bed with sister and talked

However one person felt they couldn't tell their friends as they didn't want them to spread it around and judge them. Another stated what young people could do depended on the resources around them.

> *...you should be able to tell someone your feelings, like being able to tell people like, instead of keeping them locked up inside.*

Discussion

Increasing attention is being paid to the impact of parental alcohol and drug problems on children and young people. Since the publication of *Hidden Harm* (ACMD 2003) which focussed on illicit drug use in particular, there have been a number of policy and practice initiatives aimed at recognising and addressing the needs of the families of people with alcohol and other drug problems. The National Treatment Agency has recently teamed up with the DCSF to issue new guidance for alcohol and other drug services regarding the identification of children at risk of harm from parents attending drug services and to ensure they are referred on to social care services (DCSF et al. 2009). This is partly a response to the Government's new 'Think Family' agenda (Cabinet Office 2008) and also the national drug strategy focus on families and communities (Home Office 2008). Lord Laming, in his report on the protection of children in England, emphasised how all agencies had to be responsible for child protection, not just children's social care. He recommended "automatic referral" to children's social care where they are at risk of abuse or neglect due to parental alcohol or drug use and domestic abuse.

However parental substance use is only one side of this particular coin. Suffering or witnessing domestic abuse at home is the other. While initiatives to support parents and children suffering parental substance problems is vital, evidence shows that it is more likely than not that they are also suffering domestic abuse (Ofsted 2008, Masson et al. 2008). It also shows that where both issues exist the likelihood is that the suffering and damage is compounded (Templeton et al. 2006). Evidence of the negative impact of domestic abuse on children is remarkably similar to that of children affected by parental substance problems (Galvani 2006). This suggests that

interventions that identify and address both these issues not only give children and young people permission to talk about both problems – which young people identify as being important – but they also need not be an additional burden on those offering support. While an understanding of the links between the two is essential to avoid simplistic advice or solutions, the skills for supporting children with either domestic abuse and/or substance use will be very similar. The focus will be on safety and ensuring that interventions from whichever service incorporate questions and responses relating to safety and identify who it is that poses any risks to safety. Again these messages have been reinforced by the Government's *Every Child Matters* agenda (DCSF 2004) as well as in the recent Violence against Women and Girls national strategy (Home Office 2009b).

This study set out to explore the views of two groups of people whose experiences of living with a loved one's substance problem, and/or supporting those who do, has heightened the chances of their experiencing or being aware of domestic violence and abuse. For young people living with parental substance use, it has demonstrated different levels of understanding about the impact of drugs and alcohol on intimate relationships and on violent and abusive behaviour within those relationships. It has also shown clear differences in understanding and experience according to age, within a relatively short age gap, that is 10-15yrs.

Clearly their various interpretations of some of the cards used in Exercise 1 demonstrate a need to ensure that appropriate language and exploration is needed when discussing these subjects with young people. For example, controlling behaviours were far more easily identified among older participants than the younger group. Further research could explore at what age and through what mechanisms this awareness is developed and also whether this awareness increases resilience. Similarly, while on the surface the young people's identification of the person's intent or motivation to act in a particular way is important, the examples provided belie their understanding of the way controlling and manipulative behaviours can be presented. For the younger age group it appears that their thinking in some areas is quite 'black and white', for example, nasty or nice, aggressive or not. At their age, this lack of understanding is perhaps reassuring although potentially leaving them more vulnerable to control and manipulation.

What is heartening is their shared view about the importance of consent or having a choice within relationships. Understanding this will hopefully add to their resilience within their future relationships. There is a growing body of literature that demonstrates how resilience factors can be crucial building blocks for both family members and professionals in helping young people living with parental substance use (Velleman and Templeton 2007). It is possible that the support they received within the agencies has increased this awareness however practice should be able to consolidate this shared view and use it to build on in relation to discussions about relationships, substance use, respectful behaviour and so on.

A clear theme throughout both exercises was that the impact on a relationship or someone's behaviour within it depends on the quantity, strength and type of substance used. In relation to violent and abusive behaviour, research suggests it is not the substance use alone that triggers the behaviour but a range of variables including individual choice, cultural expectations,

environment, and gender assumptions and expectations (Galvani 2004, Krug et al. 2002). While different drugs will affect people in different ways there is clearly still a need for accurate information about the relationship between substances and types of behaviour. This is not an easy task given that we all receive very mixed messages about what is acceptable and unacceptable under the influence of alcohol and drugs. However it is an important one if we are to break the cycle of young people growing up thinking that the alcohol or other drugs can be blamed for bad behaviour.

The interpretation of 'hurt' as arguing and physical fights again demonstrates their young age. While the older participants were able to identify other forms of hurt or abuse, the younger participants identified physical abuse and death. The phrase 'getting my/their anger out' was used repeatedly either in terms of the young people's coping mechanisms or in describing people's violence. Again the subtleties of understanding the role of anger for survivors and perpetrators and that control and abuse is not about anger, in the same way that rape is not about sex, appear to be something that they are not yet aware of. This reinforces the need for careful individually-based assessments of their understanding of these issues combined with the need to ensure young people are fully equipped with appropriate coping mechanisms in line with their level of understanding. It will also be important to ensure that they are helped to understand other forms of abuse, where age appropriate, to help build their resilience or ensure protective factors are considered.

There was relatively little support for simple causal explanations of violence and abuse resulting from alcohol or other drug use however this changed when quantity, strength and type of drug was taken into account. Primarily their views demonstrated that messages regarding drinking moderately and avoiding drugs, have been heard. However, as already highlighted, the absence of any clear messages about an individual's vulnerability to hurt or abuse as a result of their own substance use suggests other messages and learning needs to take place. Care needs to be taken when constructing and delivering these messages so as not to apportion blame to victims who are intoxicated at the time of the violence or abuse given that domestic abuse takes place in the absence of drugs or alcohol.

There was also a little evidence from a few participants that additional factors like 'environment' and a person's 'mood' prior to the substance use was an influencing factor in their subsequent behaviour although these were not widely voiced. However these are factors that have been raised by research into women's views of alcohol's role in domestic violence and abuse (Galvani 2006) and may indicate a more in depth understanding of the dynamics of substance use and domestic violence and abuse depending on awareness, experience and age.

Clearly some of the young people's responses have been influenced by personal experiences although, for ethical reasons, these were not a direct focus of the research. Making sense of their individual experiences will be key to supporting them fully and this is supported by other research into both domestic violence (Rivett et al. 2006) and substance use (ACMD 2003). Some of their views also appear to reflect conversations or comments they have overheard or learned from parents or through school education initiatives. One amusing example came from a boy in

the younger age group in discussion about where he had placed the 'having sex' card in exercise 1:

> *I put it in happy because, well, if you've had a hard day or something like that, it's a nice end to the day!*

Other more personal examples were undoubtedly provided in their suggestions for additional cards we may have included in exercise 1.

A more positive response to the item 'getting help for an alcohol or drug problem makes a relationship happier' may also have been expected. However the majority of young people voted 'sometimes' and their discussion following the exercise usefully shed light on these responses. Again it was apparent that some examples probably came from their experiences of living with a parent/s with alcohol or drug problems and that they were able to see first-hand how simply getting help for a drug or alcohol problem did not always make things better at home. This is a crucial learning point for those working with children and families, particularly where children are at risk of harm. Addressing the substance use does not result in an automatic improvement in family dynamics or parenting behaviour and this important finding has significant implications for policy and practice.

There was more evidence of differences according to age than gender among the participants. There were not enough participants to reach any conclusions about gender differences. There were some worrying contributions from one of the boys indicating some learning of sexist stereotypes but this was not apparent among other boys. Larger numbers would be needed to draw any reliable conclusions relating to gender differences. The age differences were largely characterised by the older participants ability to verbalise their views, understanding and thinking. They were also of the age when they were more likely to have a more adult type relationship and certainly have given thought to relationship behaviours. There was a clear sense that they were drawing on their own experiences in relationships, not just as children observing parental attachments. The younger children presented a mixture of naivety and insight. Some recounted examples and thinking beyond their years at times while others did not. Their inexperience in their own relationships meant that they sometimes forgot the focus on boyfriend-girlfriend or partner relationships and discussed what might happen between friends or people they'd heard about or something they'd seen on TV/internet. At other times, they appeared to be drawing from their observations of parental relationships although only two mentioned their mum or dad directly during the focus groups.

Some of their responses suggested a sense of escape or release from the difficult home situation. It was difficult to determine if the younger ages in particular were able to determine the difference between hurt and anger and their interrelation; however their coping responses primarily included leaving the physical environment behind or talking through the emotional impact with someone else. Being able to offer ways of coping is again a crucial factor for both professional and supportive family members.

Limitations

There are a number of limitations to this study which need to be considered. First, an 'unhappy' relationship is not the same as a domestically abusive one. In our first exercise with the young people we asked about happy and unhappy relationships and associated behaviours. As discussed in section 2 (above), ethical considerations including minimising the risk of upset and harm to participants prevented direct questioning about 'domestic violence and abuse'. The responses set out above therefore need to be considered in this context. Future research with young people known to domestic violence services would provide an interesting comparison to the findings of this research.

Second, the total number of young people who took part was relatively small although greater than other research projects of this kind (Cleaver et al. 2006, Templeton et al. 2009). For generalisable results larger numbers and a representative sample of young people known to be affected by parental substance problems would be needed.

Third, while the project hoped for diversity in the ethnicity of its participants, all the young people who volunteered to take part in the research were from similar ethnic backgrounds. The lack of young people from black and minority ethnic groups attending the services, and thus available to take part in this study, was disappointing. This may reflects criticisms of adult substance use services that they are largely designed to meet the needs of white British service users or that BME groups are less likely to access services of this kind given concerns about additional stigma among community and religious groups (Fleming 2009, Fountain et al. 2003). Further research is needed with young people from black and minority ethnic groups.

Finally, this sample was recruited through services specialising in supporting young people affected by parental substance problems. In discussion with some of the young people it became apparent that some of them had received other forms of support, including various therapies, 1-1 and group work. It is likely therefore that their knowledge, reflections and insights could be particularly well informed by both their personal experiences and professional external support. It would be interesting to compare this group with group of young people in the community not in need of support as well as with a group of young people in receipt of domestic abuse support.

Implications for policy

* Policies that inform social and health care interventions relating to parental substance use must highlight the risk of assuming that the reduction or cessation of substance use means relationships and/or domestic abuse will improve.
* Policies geared towards supporting young people living with parental substance problems and/or domestic violence and abuse must emphasise the need for professionals to be equipped to support them appropriately. They require the knowledge of the subject matter and the skills to ensure interventions with young people are sensitive to issues of safe disclosure and can meet individual needs.

* Education and prevention initiatives need to ensure they are giving accurate and consistent messages about the relationship between substance use and domestic violence and abuse. This will potentially help not only their understanding of their own family environment but also help provide accurate information to take into their own relationships.
* Policy must support the development of age appropriate materials and support practitioners to apply these materials in a dynamic and responsive way.
* Building on resilience and building up protective factors must be at the core of policy aims relating to direct work with children and young people.
* Policies on alcohol and other drug use need to reflect accurate messages relating to domestic violence and abuse and its relationship to substance use. Current mixed messages do not help in the protection of children from these overlapping issues, the education of parents and the prevention of harm.
* Given that many of the coping mechanisms described by the young people in this study involved getting away from home, policy initiatives should also recognise the need for respite opportunities for young people living with parental substance problems and/or domestic abuse in order to provide an escape from the tensions at home and build protective factors

Implications for practice

* Practitioners must understand that addressing the parental substance use does not automatically result in an improvement in family dynamics or parenting behaviour. This is crucial to ensuring children and young people do not remain in harmful situations or be returned to them. There is clearly scope for better joint working between domestic violence services and drug, alcohol and family services.
* Groups supporting children and young people living with parental substance use are the ideal place to incorporate work on safety issues relating to healthy relationships, domestic abuse and substance use. Materials could be provided for use by existing groups and by any new groups or services that develop. Given the current policy focus on family work this should be developed without delay.
* Young people living with parental substance problems and domestic violence and abuse are not a homogenous group. Hearing young people's individual understanding and interpretations of their experiences is vital in responding appropriately to their needs. Professionals need to ensure they provide a safe space for children and young people to be heard and to do so at individual levels, not just within a family context. They must also not assume that siblings have the same experiences or resilience/protective factors.
* Resources to help professionals and parents discuss substance use and relationships and/or domestic abuse need to be developed in age appropriate language.
* Practice also needs to give clear messages about vulnerability to potential harm and hurt as a result of their own substance use whilst being careful to reinforce that victims are **not** to blame for perpetrators' behaviours.
* Older children/adolescents who have grown up with parental substance use and its impact on family relationships/domestic abuse will need support and education around drugs, alcohol and their own relationships.

Implications for future research

* Research including comparison groups with children and young people from domestic violence services and a community 'no services' sample would help to determine if there are contrasting experiences, beliefs and responses about substance use, relationships and domestic abuse according to primary experience or service receipt.
* Research into the coping mechanisms of children and young people and how services and professionals can support them would be valuable to disseminate to all professions in contact with families affected by parental substance use and domestic abuse.
* Research is needed with larger groups of young people to explore if there are gender differences in experiences and beliefs and what the implications of this are for prevention and intervention.
* This research does not reflect a cultural mix and therefore research with children and young people from black and minority ethnic groups living with parental substance use remains a gap. It is hypothesised that BME young people may have differing/additional needs in terms of services and professional responses.
* Research into sibling differences would potentially shed light on resilience and protective factors as well as learned behaviours within the same family environment.

A broader implication of these findings is that the training of all health and social care staff that provide support to children and young people needs to include teaching on substance use and domestic abuse, and the links between the two. Policies informing health and social care education should mandate the teaching of substance use and domestic abuse on their curricula. However this will take coordination and joint working at Government department level given the range of departments and other bodies feeding in to the various curricula. Professionals need to be adequately equipped with the knowledge and skills to discuss these sensitive areas with children of all ages and parents/carers. In particular they should be able to build on pre-existing resilience factors, corroborating discussions about choice and responsibilities identified in this study, and build protective factors by working with both young people and parent/s, separately and together. Professionals also need to be able to disseminate accurate information regarding the relationship between substance use and domestic abuse. The first step however is to ensure they fully understand the relationship themselves.

Section 4 – Family Member Support Providers (FMSPs)

Findings

The uniqueness of this group of services and individuals working within them presented the first challenge for this research – how do we define them? Finding a name that adequately reflected their dual roles and at the same time highlighted the distinct nature of their work was difficult. Not all services were running groups, some had little or no funding, only some individuals had professional training, and the vast majority were there as a result of personal experience as a parent of a loved one with a substance problem. Family Member Support Providers (FMSPs) was finally agreed with the steering group and project coordinator. The following quote illustrates how it was not just this project which found the uniqueness of the group a challenge in terms of its identity:

> *I need professionals to see me as a professional, and not just a family member, because of attitudes and beliefs around that sometimes. But my family members, I need them to see me as a family member, but also a family member who knows, who's worked through the experience and come out through the other side and knows a little bit. So, yeah, it can be quite difficult sometimes.*

Sample profile

Twelve Family Member Support Providers (FMSPs) took part in the interviews. They were all aged over 45 yrs with four people in the 45-54 yrs age group, six in the 55-64 yrs age group and two in the 65-74 yrs age group. The majority of the group were women (n=10) and there were two men. All identified as white, one 'white other' and the rest 'white british'. All but one of the family members are parents of children with substance problems (n=11). The remaining woman had a partner with a substance problem. One of the 11 women had both a partner and child with substance problem.

The family members were all involved in providing family support of some kind to other adult family members. All of the participants became involved in family support as a result of their negative experiences as a parent or partner of someone with a drug or alcohol problem. Additional information was offered by eight people, four of whom stated they became involved because there was no support service for them when they needed it and they took the initiative to set something up and a further four became involved as a result of their membership of a family support group.

Six people had been providing family support for more than 10 years, five for 5-9 years, and one for two years. Four of the 12 family services were staffed by volunteers only, three had one or two paid staff (often an administrator and/or coordinator) but a majority of volunteer staff, and the remaining five had both paid workers and volunteers. Half the services had originated as informal mums' groups and one as an informal grandparents group. Three groups were still run out of people's homes with one of these being run by a couple. Others had an office or base in

the community. Three of the agencies were based in the south of England, nine were based in the north midlands or northern England.

Policies

Given the sensitive nature of the research topic, the participants were asked about their policies and practice. Eight of 11[3] FMSPs said they had child protection policies in place. Of the three that didn't have a child protection policy, one simply stated "no", another said they were in the process of writing it and had received training on it, and the third stated:

> *Well we don't really need it. Because we don't deal with children. But on the other hand, it's in an indirect way. We don't have a policy on this, but we have parents who've got people who are using drugs and whose partner is using drugs, and they have got a small child. Although it isn't in my remit to do anything about that, I will discuss with the grandparent, if you will, "Are things OK? Do you think everything's OK within the family? Are you concerned about anything?" So that I've got my eye on it, if you understand me, even though it isn't really part of what I do.*

Only five of 11 participants had adult protection policies. Two people stated they were planning to draw up a policy, one person was now going to look into it, and the others responded that while they didn't have formal policies they had confidentiality policies and ground rules for group work or individual work in place. It was clear that a number of people were not clear what an adult protection policy might entail.

Three people said they visited family members at home, four said they would if they had to but generally preferred to see people away from the home, five said they did not do home visits although one said it was a possibility if needed and another said they'd made an exception once for someone who had particular mental health difficulties which prevented them from meeting outside the home.

Most of the FMSPs offered a range of family support including individual work (telephone and face to face) and group work. They reported that the vast majority of family members who attended both the individual and group work were women and mothers. Several FMSPs reported men attending occasionally or having 1-2 men in their groups. There were two notable exceptions, as one participant ran a men's group and another ran a group that had a few more men attend. On the whole the format for the group work tended to be determined by the needs of the group and in this way was self-directed and informal with only 'light touch' facilitation.

Training and supervision

The FMSPs came from a range of professional and personal backgrounds and all had received training of some kind relevant to their work. Most often this was on various aspects of substance use, skills based training, eg. counselling skills, or related to the set up and running of

[3] The questions on child and adult protection policies were accidentally missed out for the remaining participant

a family support service, for example, charity law or running helplines. Three people mentioned receiving domestic abuse training of some kind and one mentioned training regarding vulnerable adults.

Most had supervision although peer support was most common. External supervision was offered on a monthly basis to half the group. Because of the nature of some of the smaller, home run services, the primary source of support was their partner or the support group they attended in their role as family member. One person sought supervision and advice from one of their group members who was trained in counselling.

Key themes

A number of key themes emerged from the interviews with the FMSPs. Some clearly echoed the questions asked while others were themes that emerged from a number of discussions during the data collection process.

Definition of domestic abuse

The FMSPs were provided with the Home Office (2009) definition of domestic abuse prior to the interviews starting (see pg 9). The first question related to this definition and how helpful it was. It was apparent from the responses that simply providing the definition of domestic abuse was educational. Without exception all the FMSPs said it was very useful. For some it was a reminder, for others it clearly raised their awareness of different forms of domestic abuse:

> *Yeah, [it] open[ed] my thinking up too, I think there's a lot of different types of abuse that we wouldn't class as domestic abuse. The emotional abuse, and the vulnerability of people, I think it was very useful actually.*

> *Yes, it was useful, and I think it may have changed a bit since I last looked into it. I looked into it all quite a long time ago now...That's why I wanted to know what domestic violence actually means, and if it's just about a husband and wife relationship, or is there protection for family members too?*

> *Very useful. There were a couple of things in there that we hadn't thought about as Domestic Violence. We've always been aware that Domestic Violence is not just physical, it can be psychological as well. But I'd never even thought about financial abuse - which is quite a common thing...*

> *That was very good. I've got it written down. I thought that was very good, that it doesn't have to be physical. It can be psychological, financial or emotional.*

A number of people clearly had more personal and/or professional experience of domestic abuse than others although greater awareness of domestic abuse did not always follow personal experiences of domestic abuse.

Dominance of child to parent domestic abuse

There were very few reports of domestic abuse by intimate partners in the work of this group of FMSPs. While they acknowledged that domestic abuse happened between partners their experience in delivering family member support services was that the abuse was far more likely to be directed at a parent by a substance using adolescent or adult child.

> *In my work, mainly child – parent, because that's the majority of the people we see, but I know it happens with partners.*

> *More child to parent I would say, that's where you hear it more, but I have had quite a few cases with partners. We work with more parents, so I get it more from parents about their children.*

> *Well in my work it tends to be child to parent, far more often, although we have had it between partners too*

> *There are quite a few children to parents, children abusing parents. For example, a 16 year old lad using drugs or alcohol and a single parent, they would be subject to a lot of abuse.*

> *For the group that I work with it's child to parent. Because when we say child, they are all older.*

> *With [this] project I would actually say it's most often with child-parent relationship; the intimidation stuff around money, but also the smashing up when that person's been drinking.*

While the family support services were open to all adults in need of support around a family member's substance use, the main users of these services tended to be parents of children with substance problems. Supporting the parents and the difficulties they were experiencing was therefore the main focus for most of the services.

Tolerance of domestic abuse

Given the predominance of child to parent domestic abuse it is not surprising that a theme that emerged was the perceived tolerance or 'acceptance' of domestic abuse by parents.

> *They would rather put up with what's happening. Especially when it's the emotional abuse or the financial abuse, they are resigned to it.*

> *Sometimes they just take it that that's what's happening, and they don't actually understand that it's not acceptable behaviour for them, or their children, or their loved ones to see them in this position.*

A lot of our clients have spent a great deal of time walking on eggshells, trying to avoid any kind of confrontation, in the hope that it will make things better, but often it doesn't.

Some of our families, there's no domestic abuse at all, because there's compliance, because everybody's compliant. But if that compliance is stopped, then I'm sure we'd have a lot more people telling us about abuse, either threatening behaviour, intimidation.

This tolerance of domestic abuse perpetrated by substance using children also emerged in responses to questions relating to disclosure of domestic abuse.

Barriers to disclosure

A number of factors were given as reasons why family members did not discuss domestic abuse more with the family support services. Four key reasons stood out however; three related to the family member's feelings and concerns, namely shame, guilt and fear of the perpetrator, the other to the need for a safe and trusting relationship between the family member and the FMSP.

Shame, guilt and fear

Well apart from the stigma, there's the fear that their child will find out, that you will send the police round, or that it will get worse. And it's shameful, isn't it, that you've been hit or abused by your own child. It's a hard thing to admit to anyone.

It's the same as with having a drug or alcohol user in the family. It's that stigma. And then there's the double stigma of admitting you're being abused as well. ... The other thing is that they are scared of what the person who's abusing them would do if they found out.

As I've said, because it's the shame of it, as though they've instigated it or it's something they've done wrong. And they feel that this child that they've brought up to being 35 or whatever, they are behaving in this abominable way towards their parents.

I think a lot of it initially... is fear. For instance, I've spoken with people on the phone and they say "If I put the phone down, it's because he's come in. I don't want him to know I'm talking to you. Because he'll be mad," so I think there's a definite fear in there.

Lack of trust

A very clear sense from the FMSPs was that disclosure of domestic abuse would not happen within their service until a trusting relationship had been built up:

It's about them feeling they can trust you, and it helps when they know that you've had experience of it yourself. I'm quite open about my story, so that can help.

Personally, I think you have to build a relationship with them first. They have to learn to trust you. You need to build up a bond. Then it's a lot easier.

When they've been coming long enough, most of our regular clients know it's a safe place to talk, and discuss what's going on. New people coming in need to gather, they need to find their own way, and they know when it's safe to speak.

Eventually, after a few sessions, when I've gained their trust and they know that nothing's going to happen, I will say "Do you ever feel unsafe?" …I'm not asking "Are you a victim of domestic violence?" – I'm asking if they feel unsafe, and sometimes they then disclose ...

It was also clear that FMSPs did not ask routine questions relating to domestic abuse at the start of the family member's contact with their service. FMSPs suggested people should disclose in their own time when they felt ready to do so.

Without exception the FMSPs stated that family members were more likely to disclose domestic abuse in an individual session than in a group. Some disclosures had been made in the group once they had discussed it on an individual level and/or felt safe within the group environment. Group members' responses were reported as supportive and empathic although not always helpful with questions such as 'why don't you just leave him?' being posed or other individuals recounting their own similar experiences rather than focussing on supporting the family member who had disclosed the abuse initially.

Conflict or domestic abuse

The extent to which the family member support providers can differentiate between conflict and domestic abuse is an important factor in determining appropriate and timely support. Most of the FMSPs said they were 'pretty confident' or 'fairly confident' in identifying the difference between conflict and abuse. One person acknowledged the need for "proper guidance". Two people stated they felt very confident. However the fine line between the two was acknowledged as were views on when the line is crossed:

It's hard to tell unless you can know a fair bit about what's happening, how often it's happening, how it makes the person feel, and you can only do that by getting to know someone, and getting to the stage where they can trust you, because it's not easy to talk about these things.

Well when it becomes threatening, that's when it starts to come out of the realms of a debate..., once somebody becomes threatening, or they can't accept to disagree about something, and they take it up to the next level. When

conflict's there and it doesn't stay as a disagreement, it's taken up an extra step and it becomes threatening.

We all have family arguments, that's normal, but when someone is being abused, it's like it's gone a step further, and usually it's when they feel powerless to do anything about it.

However the majority of FMSPs stated they would feel more confident with regular training and information. Two people said there weren't any training courses available while others had training from their local Women's Aid service or had good partnerships with domestic abuse services locally. Some people stated their confidence in discerning the difference between conflict and domestic abuse was gained through experience working with people and understanding the need to provide a safe environment for people to share their experiences of domestic abuse.

Frequency of conflict vs domestic abuse

All the FMSPs reported frequent conflict among the families they supported. This is unsurprising in families living with a person with an alcohol or other drug problem. Conflict was reported by many as a regular, if not daily, occurrence for the family members they supported:

Its part and parcel of the work we do, when you have a child using drugs or alcohol, family conflict is going to happen. Unless you are going along with everything that they want, but that can only happen up to a point.

I would say on a regular basis, yes, mostly every day.

Oh, god, the majority of the calls that come through the helpline are about conflict or a disagreement...so, probably every day you speak to somebody, every day within a working week.

Regularly. Very regularly. And a lot of those cases ... they need to deal with it there and then. It's like responding to crisis if you like.

If there's real horror, chaos going on, it can be every day that somebody would phone, and I'd be on for an hour with them.

On the other hand domestic abuse was disclosed less often with an inconsistent and varied rate of disclosure although some two FMSPs pointed out that some family members wouldn't recognise their experiences as domestic abuse nor would they be comfortable with the term 'domestic violence'.

Types of violence and abuse

In the experience of the FMSPs, financial, emotional and psychological abuse were the most commonly cited forms of abuse experienced by family members. Some FMSPs pointed out that physical abuse did occur in some cases but this was not so common.

> *A lot of it is emotional. But I mean we have had cases where it has been physical. Not just with partners neither. But where the son or daughter has been physical with the mother.*

> *There's a lot of emotional blackmail. There's a lot of financial issues. You get the two together as well. All sorts of pleas and threats to get money. Emotional blackmail, things like threatening to go out and harm themselves, or kill themselves.*

> *...it tends to be the emotional blackmail and the financial abuse. After that it's psychological, being scared, fearful, having such a low self-esteem, being shouted at and talked to like dirt all the time, constantly pestered for money, and then sometimes there can be a physical element as well.*

> *Definitely emotional – a drug using child is usually very good at manipulating a parent's emotions so that they can carry on using, and get money for it, no matter how terrible it makes that parent feel. Then there's financial, and in some cases, it will get physical.*

> *Mostly financial, emotional and psychological. Then sometimes you get the physical, but it's mostly those three.*

Sexual abuse was mentioned a few times but only to point out that it is a form of abuse that is never disclosed.

Responding to domestic abuse

There were a range of responses to domestic abuse as might be imagined given the varied levels of awareness indicated by the responses to the definition of domestic violence and abuse. There were examples of good practice and others that might raise some concerns. Among the good practice were responses that indicated active questioning, providing information and referrals, and skilled ways of exploring the subject:

> *Talking to that person, getting them to a stage where they feel they can tell me what's really going on. That's the only way really, if you think something's going on you can usually tell, well I can, by their demeanour, or how they are with you that day, and it's best to be really open about it and just ask, in a sensitive way, if there's anything they want to talk about, or anything that's upsetting them.*

It would be about speaking to them about Women's Aid, the more specialist domestic violence services and could they get in to collect any information that we may want to give them. Obviously we're not going to post out information to a house where there is domestic violence going on, because obviously it can create a worse situation if the partner opened that information. So it's about trying to get them into a safe place to have a 1-1 session. If they're not happy to do that, it's about giving them helpline numbers, out of hours numbers as well, telling them about police procedures.

Well, the most important thing is to try to react in a non-judgmental way and to listen to what is happening to the family member and how it is making them feel. Also to help them to understand, if they are being abused, that it is not their fault. And then, depending on the type of abuse, how serious it is, and if there is anything they feel they want to do about it, we can help them explore their options.

Among the approaches that might cause some concern were those that:
a) appeared overly directive, for example, telling people what to do and not do (and therefore replicating controlling behaviours of abusers)
b) involved working with couples without any prior exploration of domestic abuse in the partnership thus potentially increasing safety risks for victims
c) guaranteed confidentiality without the required caveats relating to harm to self, harm to others or where children are at risk
d) asking questions that imply the victim's responsibility for starting or stopping the abuse, for example, 'what they'd done to try to stop it'.

Relationship between substance use and domestic abuse

While there appeared to be reasonable awareness of domestic abuse there was far less knowledge about the relationship between substance use and domestic abuse. Everyone agreed there was a strong relationship between substance use and domestic abuse and/or that the prevalence of the co-existing behaviours was high. At the same time many people associated particular substances with particular types of abusive behaviour

A very strong relationship. You see it time and time again, where people do become abusive as a result of drinking or taking drugs. I would say it's especially bad with alcohol, but also with certain drugs, like crack, or if they want money for heroin.

Alcohol and domestic abuse is the one that's most prolific. ...And then you get the poly-use where you have drug and alcohol use, where you'll get the domestic abuse. Occasionally with drugs, you will get, but not as much as you will do with alcohol and poly-use.

I think there's quite a large relationship between alcohol and domestic abuse. From the drugs side, it's usually because they're after money. They're not being given it. That's when the aggression comes in usually.

Well there is a strong relationship. Especially with alcohol, where it's more the physical or verbally abusive side. With drugs, it tends to be related to needing money or keeping a certain lifestyle, it's more financial and emotional abuse, but it's still there

With drugs, it's more wanting money for drugs because they need them. And that spurs them on. It's the need for drugs that will spur them on to abuse, and you know, create, so they can get the money. I think it is more financial with drugs. I think with alcohol, it's the after effects of alcohol, and the violence that comes with that.

Given that these support providers were also family members it is perhaps unsurprising that some of them appeared to blame the substance for the loved one's abusive behaviour rather than assign responsibility to the person concerned.

It makes people behave in ways that they wouldn't normally, and it makes people do terrible things to the people they are supposed to love.

I think there's a big relationship between the lot. I think it certainly fuels it. It fuels people to go on and commit [domestic abuse]... it's a big part of it.

Finally the family member support providers were asked whether they felt their family members would be interested in further information on domestic abuse and substance use and whether there were any persistent questions that arose in their contact with family members that could help develop resources for them. There was general agreement that more information would be helpful although some comments suggested that not all family members would want it or that it would not be appropriate for everyone.

Key questions asked by family members are listed below and largely focus on questions about whether the victim has done something to cause the abuse, whether something triggers the violence and abuse and what they can do or where they can go for help, for themselves and for their family member.

- What have I done? Why can he change so quickly?
- Just about the relationship, and what they can do about it, and why it happens
- What can they do in a given situation
- What can they do to cope? "How can I make it stop?"
- When will it end? "Does anybody ever get better"
- There's always that same question, 'what triggers it'.
- Is it something I've done or not done?

- Coping strategies
- It's practical stuff, like where do I get help for him?
- What can I do in a crisis? Who can I ring? What should I do?
- Where can I go?

The FMSPs also asked for further information:

> *I would be interested in any statistics you've got about which drugs are more linked to it. And about domestic abuse towards parents. And the advice we can give a family member so they can cope with it, and keep themselves and the rest of the family, like other siblings, safe.*
>
> *I would be interested along the lines of what fuels it – Is Stella or Whisky more inclined to make someone violent, things like that.*

Discussion

The predominance of child to parent abuse in this study highlights an area of domestic violence and abuse which is far less researched and recognised than its adult counterpart, partner violence. While there is some recognition of child to parent abuse as part of teenage tantrums and struggles for independence, there is almost no recognition of domestic violence and abuse towards parents. Instead it is framed as a child protection issue, anti-social behaviour or conduct problems (Gallagher 2004a, Holt 2009). Yet at the extreme end of the spectrum it can result in the murder of a parent. The Metropolitan Police Service, in its review of domestic violence homicides in the financial year 2008-9, found that all five female non-partner/ex-partner victims were mothers murdered by sons, and that one of the two male victims was a father murdered by a son (MPS 2009). All six perpetrators "were either suffering from mental health problems or under the influence of alcohol and/or controlled drugs" (MPS 2009: 14). Cottrell (2001) argues that the resistance to recognising and naming parent abuse today mirrors the lack of recognition and minimisation of intimate partner violence in years gone by. Holt (2009) highlighted this lack of recognition in her work with parents involved in the youth justice system. Some mothers who were being abused by their children and were frightened of them were given parenting orders and offered no support to cope with their child's violence and abuse.

Child to parent domestic abuse challenges existing notions of domestic abuse and raises questions relating to the victim and/or perpetrator status of the child. Some research has clearly shown links between father's/partner's violence to mothers, and their children (usually sons) replicating that behaviour towards their parents (usually mothers) (Cottrell and Monk 2004, Gallagher 2004b, Stewart et al. 2007). What this study could not explore was the extent of substance use and domestic abuse among the parents using the family support services. It is possible that in the experiences reported by the Family Member Support Providers, one or both parents had substance use problems and/or perpetrated violence and abuse, both of which are common factors among young people who use substances themselves and who perpetrate

violence and abuse (Chalder et al. 2006, Fehon et al 2005; Kuntsche and Kuendig 2006). This is not to advocate for simplistic notions of intergenerational transmission nor excuse their behaviours using theories of socialisation and social learning, it simply raises the question about whether these older/adult children were both victims of child abuse and perpetrators of parent and partner abuse. It also raises questions about whether current interventions need to be responsive to these dual experiences for young people but importantly also for parents whose needs in these situations appear to be overlooked.

Gallagher (2007) and Eckstein (2004) point out how the minimising behaviour and perceived victim status of the young abuser is more likely to be heard by the authorities than the parent's reports of abuse. While child abuse claims must always be taken seriously and given priority, this does not mean overlooking the violence and abuse some older or adult children are clearly perpetrating towards a parent.

The impact of such abuse on parents has many parallels to the impact of partner domestic abuse on women who experience it, as can be seen in this study in the feelings of shame, stigma, fear, and self-blame. Parents report mental and physical health problems, social isolation, breakdown of trust, breakdown in family relationships to name a few (Cottrell 2001). Gallagher (2007) has compared "IPV" (intimate partner violence) with "CPV" (child to parent violence) based on clinical practice with 150 families and draws many similarities between the two. However, the additional component of the parent-child bond adds further heartbreak to the impact of domestic abuse on a parent. What is clear is that many parents were unable to believe that a child they bore and raised would behave towards them in that way – a finding that is supported elsewhere in the research evidence (Cottrell 2001, Cottrell and Monk 2004). This is qualitatively different from a partner's experience of abuse as the victim does not have the same genetic bond with a partner and the victim does not have responsibility for the perpetrator's upbringing. This is not to suggest that one form of abuse is worse than the other because of the identity of the perpetrator - such comparisons are unhelpful and need to be avoided - but what it does suggest is that there are some different considerations in relation to support and interventions for parents as opposed to partners.

The child to parent abuse highlighted in this study and others raises challenges for services that are set up to support women suffering domestic abuse or to intervene where children are at risk of harm. Without intervention or support for the parent their own health and wellbeing will suffer and, importantly for some child care professionals, their parenting will not improve which is usually the goal of mandated parenting interventions. Holt (2009) highlights how parents are often placed in the untenable position of being unable to leave their home to escape the abuse because of their parental responsibility for their child – a choice, albeit a difficult one, that is open for women experiencing abuse from partners. She also points out that children are usually socially and financially dependent on parents and this adds complexity to the power dynamics inherent in intimate partner violence and abuse. The violence and abuse suffered by some parents from their children and the fear this engenders clearly replicate the power and control dynamics in intimate domestic abuse. However in spite of the parent still

retaining some economic and social power over her child this appears to be inadequate in terms of achieving or regaining the balance of power in the face of ongoing violence and abuse.

The apparently high tolerance levels of abuse experienced by parents also appear to mirror those of victims of partner abuse. However it is possible that parents have an even higher tolerance level of bad behaviour with their children given they have parented their child through childhood and adolescence and lived with the demands this often places on tolerance levels. In situations of domestic abuse, however, the parent can experience additional feelings of failure as a parent and self-blame (Gallagher 2004a, Stewart et al. 2007, Walsh and Krienert 2007), often explicitly reinforced by the abusive behaviour of their child. What is not known is the longer term impact of domestic abuse towards parents and whether the parent/s remain fearful and damaged by their experiences once the abuse from their child stops or whether the nature of the relationship makes a difference to the longer term impact of the violence and abuse.

It is possible that the long term impact of domestic abuse by children towards a parent is affected by the extent and type of abuse they experienced. For example, financial abuse alone, if resolved relatively quickly, may have less impact than if it were combined with physical and emotional abuse. There also may be a greater investment for a parent to forgive and re-establish a healthy relationship with a child than with an abusive intimate partner.

The predominance of financial abuse, often with emotional and psychological abuse was also highlighted in the findings. This has implications for support and intervention as the FMSPs reported that physical violence was less often disclosed in their experience and sexual abuse rarely mentioned. This does not mean that it does not happen, simply that it was less often disclosed. However, it raises questions about whether there are different types of abuse associated more strongly with different types of intimate relationships and with particular types of substance use. There are parallels with elder abuse in the predominance of these financial and emotional abuse (O'Keeffe et al. 2007) and it is possible that learning can be gained from good practice in relation to elder abuse. Regardless of the form of abuse, however, good practice suggests interventions would still need to address the power and control dynamics and the role of gender within the child to parent relationship alongside any parallel interventions for the perpetrator's substance use.

What may give parents a head start in considering their responses to the abuse they suffer is the fact that they have experience of setting boundaries with their children which is different to the boundaries set within adult relationships. Drawing on this experience of when they were raising their children could be a potential way forward in terms of how to support them in responding to the abuse. However it can also be the wrong strategy as it may exacerbate the abuse, even temporarily (Gallagher 2004a). It may also be wholly inadequate in terms of overcoming fearfulness and concerns for their own safety and that of other children and family members. Interventions therefore need to be appropriate and make careful assessments about whether the abuse is unruly teenage behaviour that might benefit from parenting support or

whether it is domestic abuse with a parent living in fear of their child and require different interventions. This is clearly an area that requires extensive further research.

The relative lack of partner abuse in the services offered by Family Member Support Providers was surprising. However given the FMSPs were an older age group, and many of them had started out as informal mums' or grandparents' groups, it is not surprising that their work focussed on support for parents or grandparents predominantly. This raises a question about whether the family support services are able to offer support to all family members given the focus of these family support services was on parents/grandparents? This is not to say partners were excluded from these services as this was not the case but quite clearly the primary focus and experience of the FMSPs was dealing with older children's substance use and the abuse that was discussed and disclosed was more often than not abuse of the parent by the substance using child.

It is also possible that the parent focussed environment of these services mitigates against the disclosure of partner abuse. As the FMSPs acknowledged, disclosures tended only to happen if the family member felt safe to do so. A service that is clearly more focussed on the substance use of older children and the problems this raises for parents and grandparents is likely to send clear messages that supporting partners and their experiences are at the periphery of their work. This could be addressed through training and encouragement to run and promote partner support groups although the limited staffing and resources of most of these agencies may restrict their ability to do so. As the FMSPs responses showed they were more likely to refer to specialist agencies where partner domestic abuse arose and perhaps less likely to refer to domestic violence agencies when the violence and abuse was directed at parents.

The advice from specialist domestic abuse services is for health and social care staff to routinely screen for domestic abuse in a safe environment and providing they have the training to do so (Stella Project 2007). The message from the majority of service providers in this study is that their service is client led and informal and that only once trust had been established would people disclose because only then would they feel safe to do so. In other words, routine questioning about domestic violence appeared not part of the initial discussions. The concerns over establishing trust and not asking direct questions immediately are the same as those historically raised by staff within larger organisations and with formal assessment procedures. However as it is a difficult area for service users to discuss, direct questioning is advisable particularly if routine questioning of some kind already takes place through admissions or assessment procedures (Stella Project 2007). The challenge is if these family support services are so informal as to have no assessment process and/or operate more as a 'drop in' facility. In such cases, visible posters and contacts need to be available and individual staff need to be able to respond appropriately to any disclosure. For such services materials and resources need to be available to help facilitators raise the issue in the informal group sessions as well as through individual discussions. This is particularly important as evidence shows that victims of domestic violence and abuse will first discuss their experiences with family and friends (Walby and Allen 2004) and that the response they receive from them influences whether or not they seek formal help. It is therefore vital that family and friendship groups and networks recognise the

key role they play in supporting people living with domestic abuse either from partners or older children and that they are ideally placed to provide advice and information relating to domestic violence and abuse and its relationship, or not, with substance use.

While this discussion has focussed on older or adult children abusing their parents it is also important to recognise that a high proportion of substance using older/adult children will also be victims or perpetrators of domestic abuse in their own relationships, given the high prevalence among people with alcohol or other drug problems. It is therefore important that the family support services are confident and prepared to not only help the parents of these older or adult children, but also the victims and perpetrators themselves. To do this appropriately they will need to offer support and information for victims and perpetrators of abuse which adheres to good practice guidance.

Given the varied responses to disclosure of domestic abuse highlighted in this study, ranging from good to bad practice, further information and training would appear to be beneficial to family support services, particularly in light of the positive and awareness-raising responses to the definition of domestic abuse provided. Most of the respondents said it was helpful and that it reminded them of the various forms of abuse that comprise domestic abuse and/or expanded their awareness and understanding. This demonstrates how simple, straightforward information such as this can be effective. Given that the family support services were all known to Adfam and accessed its materials and training, it is clear that Adfam provides the perfect conduit for further information and training on domestic abuse and substance use. The information and training therefore needs to be tailored to the format and context of family support work, particularly with the smaller services many of which have are volunteer led or dominated.

Finally, it is worth restating that domestic abuse and family conflict are not the same. Some of the behaviours described in this study may have been family conflict rather than experiences of domestic abuse. The FMSPs reported feeling confident in recognising the differences between conflict and domestic abuse in spite of some of them speaking of their increased awareness of forms of domestic abuse prompted by the definition supplied by the research team. In addition some responses suggested that domestic abuse was still considered to be fear, or threats, of physical abuse.

There was considerably less confidence in understanding the relationship between domestic abuse and substance use with evidence of some erroneous beliefs about the relationship between the two. This is clearly an area to focus on for the dissemination of information and training.

To summarise, this group of Family Member Support Providers are an outstanding group of people. For many of them their own experience and passion to fill a service gap led to them developing a service for other family members. They appear to offer a very different type of support service than that provided by larger more established agencies. The strength of these individuals and the services they offer is also their weakness. For many of them the more

informal and personal service they offer is what keeps people attending for support and comfort. There are clearly parallels here with the self-help movements such as Alcoholics or Narcotics Anonymous and their related groups for family members, Al-Anon and Al-Ateen. Questions have been raised about the extent to which such global established self help groups are set up to respond appropriately and safely to members living with domestic abuse (Galvani and Grace 2009, 2010b). Yet in terms of responding to the overlapping issues of domestic abuse and substance use and other complex interlinking issues, these smaller family member support services do not have the same access to resources that larger agencies may have and they also do not all have the structures and processes to protect them and their service users. This is not insurmountable and Adfam has a leading role to play in supporting them, as well as the larger organisations, to develop their knowledge and skills particularly in relation to the overlapping issues of alcohol, other drugs and domestic abuse.

Limitations

This Family Member Support Providers interviewed for this study were all white and over the age of 45 yrs. A more diverse group ethnically and in terms of age may result in different findings, particularly as many of these family members developed their 'service' or support as a result of their own child's substance use. They were also selected from Adfam's database of support services and were from non statutory services. A different sampling process may result in different findings. However what was important for this research was to ensure that this hitherto under-recognised group of family support services were identified and that their experiences were highlighted along with the larger, more visible services. Future research with these groups also needs to ask about their assessment processes in more detail to determine more clearly whether and how domestic violence and abuse is explored at different stages. While this study suggests assessment processes were more informal for the majority of services which took part, it was not an explicit question and therefore no firm conclusions can be drawn.

Implications for policy

* Child to parent domestic abuse is an area that has not been recognised in policy at any level. It is clearly an area that needs further political attention, particularly given its implications for safety of all family members and the overlapping concerns relating to the protection of children and vulnerable adults.
* Work needs to be done on a definition of this area of abuse, including whether or not it can be called domestic abuse when the perpetrator is under the age of 18 years. Currently it does not fit neatly into any definition or wider policy framework, including legislation on the issue. This will be key to determining appropriate practice responses.
* In the meantime, this study and others have shown this is a growing area of concern and a common and regular experience for those providing family support services. Funding and resources need to be provided to ensure those currently providing family support are equipped to respond appropriately.

Implications for practice

* Resources and materials need to be developed to support FMSPs work with the following:
  - The relationship between substance use and domestic abuse

- Raising the issue of domestic abuse within group work in a safe and appropriate way
- How to include routine questions regarding violence and abuse in assessment processes
- Developing clear, consistent and safe responses to the disclosure of conflict and domestic abuse with clear referral pathways for victims and perpetrators of abuse and family members as well as joint working protocols with partner agencies.
- Materials to give family members suffering child to parent abuse, in particular answering the questions that were highlighted in this study
- Child protection issues broadly, but also specifically in relation to substance use and domestic abuse
- Support on understanding the reasons for, and developing, vulnerable adults policies
- Looking at ways of encouraging open dialogue around domestic abuse, e.g. posters in meeting areas and toilets.

* Training courses need to be developed for this group of service providers on the subjects of substance use, family conflict and domestic abuse.
* Domestic violence agencies need to be involved in developments and debate around child to parent domestic abuse and appropriate service provision. They may need to ensure their services acknowledge and make welcome parents abused by older children.
* Family support providers need to ensure their environment is also explicitly welcoming partners of people with substance problems and is an environment where partners as well as parents feel able to disclose domestic abuse
* Practice responses for Adult and children's social care need to be developed for child to parent abuse that recognise the needs of both adults and other children in the family as well as that of the child perpetrating the abuse.

Implications for future research

* There is clearly a need for a review of what evidence exists relating to child to parent abuse in the UK and beyond, both in terms of prevalence and incidence, but also identifying current theory and debate. This is a new area of research and one that does not fit neatly within either domestic violence or child protection fields. Given its potential impact on family safety and family dynamics it is vital that this issue is explored further.
* A national survey of family support services needed to determine the prevalence of child to parent abuse. It could also establish the range of awareness, understanding and responses of professionals working within the services.
* The findings of this small scale study with family support providers suggest further research is needed in this largely overlooked subject area. In particular the research should contain some key areas of focus that were not included in this study or were highlighted as weaknesses in our methodology or findings; i) greater ethnic diversity in relation to the sample selection, ii) more in-depth exploration of the assessment procedures in relation to violence and abuse within family support services, iii) greater exploration of family support service responses and what resources are currently being used to inform their practice.
* Research with family members of people using substances is also needed. In order to inform policy and practice more needs to be known about the conflict, violence and abuse itself and the circumstance and impact of its perpetration. For example, the age of the perpetrators is

key to theoretical development and the development of appropriate interventions. In this study the FMSPs referred to older or adult children but this was not specific and would be best explored with family members themselves.

* Research to explore current service provision for people suffering abuse from older or adult children and the extent to which existing domestic abuse services meet this need.
* Research with adult and children's social care that explores their understanding of child to parent abuse and their current practice responses.

Conclusion

This study set out to explore the views and experiences of adult and children family members affected by the substance use of a loved one. In particular it aimed to explore the views of family members on the impact of problematic alcohol and other drug use on intimate relationships and domestic violence and abuse. Two groups of family members are poorly represented in research on this topic, i) children and young people living with parental substance use and ii) family member support providers, the latter having dual roles as family members and as providers of family support services.

The findings of our work with **young people** demonstrated a range of awareness and understanding about components of happy/unhappy relationships and the impact of substances on them. There appeared to be some correlation with their age and their personal experience and while this is not surprising what is important is that services are flexible enough to respond appropriately to the individual needs of the young people. Some messages regarding healthy relationships and the dangers of alcohol and other drug use had clearly been heard by the young people who took part although there was a general lack of awareness about the potential vulnerability of people who use substances to abusive behaviour and more about the impact of drug and alcohol use on health and relationships more broadly. The relationship between alcohol and other drugs and its impact on relationships and domestic abuse was one less clearly understood and/or articulated and there is a risk of losing some clear messages they have learned about the separate issues by providing either no information or confusing messages about the relationship between substance use, relationships, violence and abusive behaviour.

One of the clearest messages from the young people was that *getting help for alcohol and drug problems does not necessarily improve relationships*. The understanding of many of these young people appears far beyond the understanding of some professionals in terms of the role alcohol or other drugs can play within relationships and the potential negative impact its cessation or removal can have. This is a loud and clear message for all those working with parents using substances or involved with children and families affected by it. Assumptions that all will be well once the substance use is reduced or stopped are clearly not the experiences of these young people who displayed a far more nuanced understanding of the challenges.

Finally the coping mechanisms the young people reported demonstrated the importance of finding an emotional release and/or someone to talk to. What needs to be recognised is the vital importance of providing both people and places for these young people to access and escape to. It is also important to notice that many of them expressed their emotion as anger, and needing to get it out. While most of them described healthy ways of doing this, ongoing support is vital as they grow to help them find appropriate ways to vent this anger and to understand healthy and unhealthy ways to deal with feelings of anger in relationships. The findings of this study suggest they will also need support in recognising the difference and relationship between anger and feelings of hurt.

The research with the adult family members, or **family member support providers**, took a very different path to the one expected. Given the high prevalence of domestic abuse among partners where there is an alcohol or other drug problem, we anticipated finding high levels of partner violence among the family members receiving support services. In fact what we found was the *predominance of child to parent abuse* and a perceived high frequency and tolerance of such abuse by parents in family services. In this study the abuse was being perpetrated by older or adult children and therefore the impact of such abuse was had many parallels with the long lasting impact of partner violence and abuse.

This finding raises a number of pressing and important issues in terms of policy and practice as well as the need for further research in this overlooked and potentially contentious area. Chief amongst these is the immediate need to provide support and resources to those experiencing this form of abuse through family support services as well as making it directly available to parents themselves. There is then a raft of implications for practitioners within alcohol and drug family support services, adult and children's social care, as well as domestic abuse services. In many ways it feels like the research has unearthed a chasm into which vulnerable adults and children have fallen and now needs to marshall, or at least call for, a speedy response. What makes it more of a challenge is that child to parent domestic abuse – if indeed it can be called that – does not sit comfortably within any service framework nor policy response. It therefore presents a real test of collaborative thinking and working and one which should not be underestimated. However what is essential is that those that suffer it, and those who perpetrate it, receive some safe and supportive interventions as appropriate rather than, as some research evidence has shown, punishing the parent victim for the behaviour of the child or ignoring the child's behaviour while focussing on what the parent should be doing.

However we must not ignore the other findings that suggest that the family support groups need support to follow good practice in terms of routine questioning and assessment of domestic abuse as well as resources to help them raise the issue safely in group situations. They are also not seeing the high prevalence of partner domestic abuse that is so common among people with drug and alcohol problems. This suggests that more information and training may help them understand more fully the relationship between substance use and domestic abuse as well as enhance their support of family members suffering or perpetrating domestic abuse in intimate relationships.

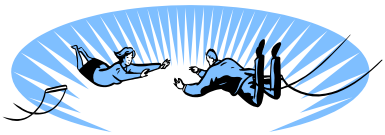
In sum, what this project has achieved is to further the understanding of the experiences of two groups of family members in relation to substance use, relationships and domestic abuse. It has highlighted areas of policy, practice and research that need to be developed in order to more fully meet the needs of family members living with a loved one's substance use.

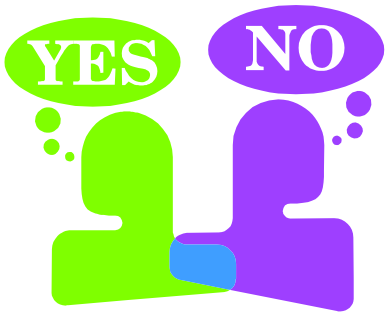
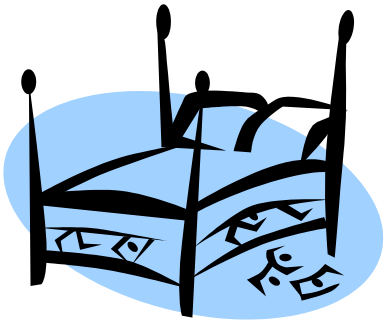
Appendices

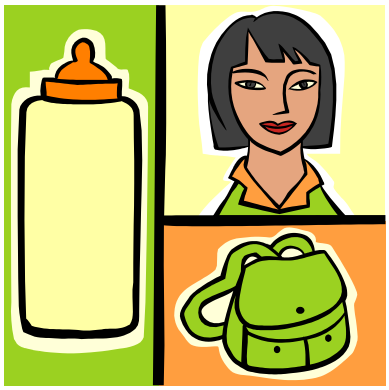
Appendix 1

Exercise 1 - Relationship Cards

Phoning or texting all the time 	**Meeting them from work every night** 
Buying presents 	**Telling them what to wear** 
Telling them they love them all the time 	**Wanting them to spend all their time together and not with friends** 

Talking about feelings 	**Honesty** 
Trust 	**Saying sorry** 
Buying drinks 	**Kissing** 
Feeling safe 	**Hurting them** 

Seeing each other every day 	**Being jealous** 
Feeling safe to say no if they do not want to do something 	**Respect** 
Having sex 	**Controlling who they can see** 

Calling them names 	**Supporting each other** 
Listening 	**Sharing childcare** 
Taking their money 	**Telling other people each other's secrets** 

Appendix 2

Exercise 2 – Statements for the Voting Game

1- When people drink alcohol they become violent or abusive.

2- When people take drugs they become violent or abusive.

3- People who drink a lot are more likely to get hurt in a relationship.

4- People who use drugs are more likely to get hurt in a relationship.

5- People in an unhappy relationship are more likely to use drugs or alcohol.

6- You can drink alcohol and still have a happy relationship.

7- You can use drugs and still have a happy relationship.

8- People who are drunk don't know what they are doing. It's the alcohol that makes them behave badly.

9- People who use drugs don't know what they are doing. It's the drugs that make them behave badly.

10- Getting help for an alcohol or drug problem makes a relationship happier.

Appendix 3

Interview schedule - FMSPs

Thanks again for agreeing to take part. I just want to stress there are no right or wrong answers to any of these questions we just really want to hear about your views and experiences. I'm going to start with a few basic questions about you and then ask about your role in supporting family members.

Background information

1. Age: 18-24 25-34 35-44 45-54 56-64 65-74 75+

2. Sex: Male Female

3. Ethnicity: White British Irish Other White Mixed White and Black Caribbean White and Black African White and Asian Other Mixed Asian or Asian British Indian Pakistani Bangladeshi Other Asian Black or Black British Caribbean African Other Black Chinese Other ethnic group

4. How long have you been supporting family members affected by someone else's substance use?
5. How did you get involved in providing this support?
6. Do you have personal experience of a loved one with an alcohol and/or drug problem? (if not already identified by asking q. 5)
7. (If yes, 'what is/was your relationship to them' (if not already identified in qu. 6)?
8. Who is the family support service for? (ie. are any limitations, eg. a lower age limit)
9. How do people find out about the service?
10. What types of support do you offer in your role, eg. face to face, telephone support, home visits, group work?
11. Where do you work from, eg. agency-based, your home, visits to other people's homes?
12. Does the agency offer any services to particular groups of people eg. women's or men's groups, or those aimed at minority ethnic people or people from LGBT communities?
13. How many people do you work with on average each day/week?
14. Does the family support service have child protection policies? How about adult protection policies?
15. I'd like to know a little more about the groups you run/have previously run. How many people attend on average?
16. What is the make-up of the group in terms of:
    i. men or women
    ii. parents or partners
    iii. children (young people, adult children or young children)

17. How are the groups structured, for example, do the groups have a particular topic for discussion or do you talk about whatever people want to?
18. As the group facilitator to what extent is it your role to respond to issues people raise in the group or is it more a shared responsibility?
19. Running a group and supporting people in other ways can be hard work at times, what support do you get for yourself?
20. What training have you received since working at the agency?

As you know, we also want to find out more about your experience of supporting people where family conflict and perhaps domestic abuse comes up in your work. This next set of questions is about that in particular. Again I just want to emphasise that there are no right or wrong answers we just want your views so we can work out how best to support you and others in your work with family members living with these issues.

<u>Living with family conflicts and/or domestic abuse</u>

1. I recently sent you a definition of domestic violence and abuse – how useful was it in helping you to understand the different types of behaviours that are classed as domestic violence or abuse?
2. Sometimes it can be difficult to know when family arguments and conflict become domestic violence and abuse. How confident do you feel in telling the difference between the two?
3. What do you think might help you feel more confident?
4. To what extent do you think people feel able to talk openly about domestic abuse in your work with them?
5. What do you think might be some reasons people may choose not talk about domestic violence and abuse?
6. In your experience, how often do people talk to you about family arguments and conflicts?
7. And how often do people talk about domestic abuse (…or do you find it difficult to tell the difference)?
8. How would you normally respond if people talk to you about family conflict or domestic abuse?
9. (if not already mentioned) How familiar are you with your local domestic violence agencies?
10. Would you know how to refer women to them if needed?
11. In your experience, are people more likely to raise the subject of family conflict in individual discussions or in a group? What about domestic abuse?
12. What types of conflict or domestic abuse do people mention most? (eg. physical, emotional, financial, sexual, psychological)
13. Who is it usually between, ie. child-parent, adult partners, siblings?
14. To what extent do you think people find it easier to talk to you about their experiences of family conflict or domestic abuse than say a social worker or health professional?
15. Has domestic abuse or family conflict been raised in any of the groups you've run?
16. How did other people in the group respond?

17. From your experience supporting family members what do you think is the relationship between alcohol, drugs and domestic abuse?
18. Do you think the family members you work with might want information about the relationship between alcohol, drugs and domestic abuse?
19. To help us provide the right information for you and the people you support, can you think of any questions that come up regularly about the alcohol/drugs and abusive behavior? If so, what are they?
20. Is there anything else you want to tell me about your work in this area that I've not asked about?
21. Is there anything you would like to ask me?

Thank you so much for your time. I really appreciate it. Would you like a copy of the report when it's done? If so I'd need to take your full name and address but they would be kept completely separately from the answers you've given so your answers will remain anonymous. When we write up the report we use a fictitious name.

Appendix 4

Information Sheet and Consent form (Adults)

This research is part of a joint project between the charity Adfam, the University of Bedfordshire and the Stella Project in London. It is being funded by Comic Relief. The research wants to find out about your experiences of supporting people where there are substance use problems in the family and also domestic violence or abuse. It hopes to find out how often this issue is raised by people you support and whether you have the information you need to be able to support them. Your experiences will help us develop resources to support people like yourself when dealing with these sensitive issues. There are no right or wrong answers – all we want is your views and experiences.

Before we start we would like to emphasise that:

- your participation is entirely voluntary
- you can refuse to answer any question
- you can stop the interview at any time.

With your permission we would like to record the interview. The interview data will be confidential. The only exception to this would be if anything you tell us suggests you, or others around you, are at risk of harm either from yourself or from other people. Recordings and any notes taken during the interview will be destroyed once the final report is complete. Excerpts from the interview may be made part of the final report, but under no circumstances will your name be included in the report. The findings of the research may also be used in articles and conference presentations but again no identifying information will be used.

If you have any further questions about the research please feel free to contact the Research Co-ordinator, Dr Sarah Galvani on 07884 007222 or sarah.galvani@beds.ac.uk. If you are unhappy with any element of the research process you are also entitled to contact an independent person at the University of Bedfordshire. The contact is Angus Duncan at angus.duncan@beds.ac.uk or 01582 743473.

Please sign this form to show you that you have read, or I have read to you, the contents of this information sheet and consent form and that you agree to take part in the research. Alternatively you can return this form electronically with an email stating you consent to take part.

_____ (signed)

_____ (printed)

_____ (date)

Return to: **Natalie Pallier, Adfam**
Via email: n.pallier@adfam.org.uk
Via fax: 0207 253 7991
Via post to: N. Pallier, Adfam, 25 Corsham Street, London N1 6DR

Appendix 5

Information Sheet and Consent form (Young People)

We are doing some research about what young people think make for happy relationships between adults. Other children and young people around the country are taking part. We don't know what young people think so we hope you will tell us your views on:

* what makes a relationship a good or bad one
* how a relationship might be affected by alcohol or drug problems
* what other young people need to know about the impact of alcohol and drugs on relationships with family and friends.

We want to do this by bringing small groups of young people together to discuss these issues. It's not just sitting around and talking though - there will be games and group exercises to help you think about it.

There are no right or wrong answers – all we want is your views to help us help other young people. You will not be expected to talk about your own personal experiences.

If you agree to take part you need to sign below. First we need to be clear that a) you don't have to take part if you don't want to, b) you don't have to talk in the group on anything you don't want to, and c) you are free to leave at any time.

With your permission we would like to record the group to make it easier to remember what was said. The recording will be confidential, in other words, nobody outside the research team will be able to hear it. The only exception to this would be if any of the things you or anyone else told us made us think you were intending to harm yourself or someone else, OR made us think someone was harming you. Once we've written the final report and written some articles on what we found, the recordings and any other notes will be destroyed. If we use words that you or other group members have said in the report or articles, your name will not be included.

Please sign this form to show you that you have read, or I have read to you, the contents of this information sheet and consent form and that you agree to take part in the research.

_____ (signed)

_____ (printed)

_____ (date)

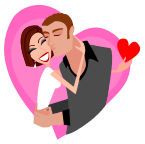
Return to: **Natalie Pallier, Adfam**
Via email: n.pallier@adfam.org.uk
Via fax: 0207 253 7991
Via post to: N. Pallier, Adfam, 25 Corsham Street, London N1 6DR

Appendix 6

Information Sheet and Consent form (Children)

We are writing a report (a bit like homework). It is about what children think make happy relationships between grown-ups. We don't know what children think so we hope you will tell us.





When you talk to Jo and Natalie there will be other children there too so that might make it easier. It's not a like a test with right or wrong answers, we will be playing games and doing fun activities and then talking about them. It should be fun!

If, when we are talking, you want to stop talking or go that's okay. If you don't want to answer any of the questions that's okay too. When we are talking we will put the tape on so that we can remember what everyone said for our report. But at anytime you can tell us to turn it off and we will. When we are writing the report we may write about some of the things that you have talked about but we will not use your name.

If you have any worries after the group you can come and talk to us. We will keep everything private but if we think that you might not be safe we might have to tell someone. We would tell you before we did this. .

Your parents have said its okay for us to talk with you, but it's your choice if you want to or not. We won't talk to you unless you say it's okay. You can ask us any questions you like before you say it's okay to talk to you.

* It's OK for Natalie and Jo to talk to me.
* It's OK for Natalie and Jo to use the tape recorder

(Write your name here if you are happy to join in).

YOUR N AME: .....

Thank you very much - Natalie and Jo

Appendix 7

Parental/Guardian Consent Form

Your child is invited to take part in a study funded by Comic Relief and carried out by the charity Adfam, the University of Bedfordshire and the Stella Project in London.

At XXXXX agency, we have agreed to take part in the study and are looking for children and young people who may be willing to take part, however, we need your agreement for your child to be involved.

Below is some information on the study. Please read it carefully and if you are happy for your child to take part, sign below and return it to XXXX in the envelope provided or hand it in to the agency. Without your consent we cannot involve your child, even if they want to.

The study: The research will ask groups of children and young people about their views on what makes healthy relationships and the impact that alcohol and drugs can have on relationships. It is important to find out this information so we know how best to support children and young people who may be affected by someone else's alcohol or drug use. Unless we ask children and young people we won't know.

How we do it: The children and young people will take part in groups. The groups are intended to be fun and we want the children and young people to enjoy taking part. They will be given questions and activities to help them think about relationships and what makes good and bad relationships. This may involve games, fun activities, group discussion etc. Although we want their views because of their involvement with XXXX, at no time will they be asked to talk about their personal experiences. However their views are very important because of their experience and we expect it will inform their responses. The group will last approximately 1 and a half hours plus a break for lunch (provided).

Support: The questions regarding relationships and alcohol and drugs may be considered sensitive. The two people running the groups are both experienced at working with children and young people and will be sensitive to how the children are feeling and offer support if necessary, however this is not expected as the groups will be asking general questions NOT personal ones. Each child participating in this study will also consent to take part and it will be made clear to them that they can leave the group at any time or not take part in any activity if they do not wish to.

Confidentiality: With your permission we would like to record the groups to help us remember what was said and ensure we don't miss anything. The interview data will be confidential to the two group facilitators (Jo and Natalie) and the research supervisor (Sarah). The only exception to this would be if anything the children or young people said suggested they were at risk of harm from others or were causing harm to others. Recordings and any notes taken

during the interview will be destroyed once the final report and related articles are complete. This will be no more than 12 months after the end of the study. Excerpts from the interview may be made part of the final report and articles, but under no circumstances will any names be included.

Voluntary nature/questions: Your decision whether or not to allow your child to take part will not affect your, or your child's, current or future relationship with XXXX. If you decide to allow your child to participate, you are free to withdraw your child at any time without affecting your relationship with XXXX.

If you have any further questions before you sign please contact Sarah on 07884 007222 or Natalie on XXXX XXXXX.

If you agree that your child can take part please write in your child's name and sign below

Name of child _____

Signature of Parent/Guardian _____

Date _____

Signature of Researcher _____

Date _____

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