Title Page

Title: Understanding the experiences of Adult Children of Alcoholics.

Leslie Keating

Student number: 103861571

Thesis presented as part of the requirements , for the Higher Diploma in Applied Psychology.

Supervisor: Dr. Sharon Lambert

May,2020.

I declare that the content of this assignment is all my own work. Where the work of others has been used to augment my assignment , it has been referenced accordingly.

Abstract

Introduction: Current national policy reinforces the notion that children's rights and health are of paramount importance to their development and wellbeing, yet the issue of parental alcohol misuse and its effects, remains largely hidden in Irish society. In recent years a range of Irish studies, reports and initiatives have begun to recognise the problem, also known as hidden harm. These existing studies are largely quantitative in nature, however there is a lack of rich data about lived experiences. The aim of this project to discover and highlight the unique challenges that adult children of alcoholics face in the context of mental health and wellbeing.

Method: Analysis of secondary data from 17 short stories of lived experience submitted via the 'Silent Voices' website. interviews with 7 adults who identify as Adult Children of Alcoholics. Data was analysed using thematic analysis

Analysis: Silent Voices shared voices emergent themes include 'Toxic Stress', and 'Lifelong impact across the developmental stages',

An overarching theme in the primary interviews was 'Toxic Stress'. There are several salient sub themes within this overall theme such as behavioural changes due to alcohol, exposure to: mental illness, physical & emotional abuse, physical & emotional neglect.

Conclusion Given the breadth of the impact that is experienced by Adult Children of Alcoholics (ACOAs), a timely and appropriate response is warranted and a number of recommendations have been suggested.

Keywords: *toxic stress, ACEs, substance misuse, lifelong impact, stigma, silence, hidden-harm, fear, anxiety, mental illness, therapy, resilience*.

Introduction

In Ireland today there are 400,000 adults who grew up with alcohol misuse and a further 200,000 children currently growing up with alcohol misuse. This equates to 600,000 children and adults directly affected by alcohol abuse in Ireland in a population of 4.9 million, that is 12.24% (Baird & Whelan, 2019). What is of particular significance with regard to these figures is the intensity and range of harm that substance misuse causes to children who have been exposed. The main negative consequences of chronic exposure to parental alcohol misuse have been researched, summarised and updated by Velleman & Templeton (2016) These effects include, emotional and mental health problems, possible development of substance misuse problems that begin in adolescence, early sexual relationships and relationship difficulties in early life., academic underachievement, and conduct and behavioural problems.(Harwin, 2010) in Velleman & Templeton,(2016)

Hope, Barry, & Byrne (2018) in an Irish survey on alcohol's harm to others, found that 3 in every 5 people (61%) reported having a heavy drinker in their life or someone who drinks a lot sometimes. These results suggest that almost two thirds people are affected by a problem drinker in their lives. These findings become even more worrying when children are affected. One in ten participants reported that children for whom they had parental responsibility experienced harm because of someone else's drinking. Harms to children included physical and verbal abuse, being left in unsafe situations, and exposure to serious violence. (Hope, 2014) in (Hope, Barry & Byrne, 2018) In a scoping review of parental drinking and adverse outcomes in children, researchers found that parental drinking was statistically significant in its outcome measure of harm in two out of every three published associations that they examined. (Rossow, Felix, Keating, & McCambridge, 2016)
"In communities and societies across the world, the harmful use of alcohol causes an array of health and social problems not only to those that drink alcohol , but also to those around them." (Laslett, Room, Waleewong, Stanesby, & Callinan, 2019, p.v)

Taylor & Kroll (2003) discuss the impact of exposure to substance misuse with regard to age, developmental level and factors that affect vulnerabilities and resiliencies. “The effects on children of any type of behaviour to which they are exposed will be influenced by their age, stage of development, degree of vulnerability or resilience and the risks that may be involved,” (Taylor & Kroll, 2003, p.2) Bronfenbrenners’s (1971) Ecological Systems Theory of Development, conveys the importance of the child’s interaction with the environment throughout development. This bio-ecological model of development takes into account the child’s home environment (microsystem), school and peer relationships (mesosystem) and also the societal and cultural beliefs that the child is exposed to, such as beliefs and judgements around alcohol misuse (macrosystem) (Darling, 2007)

In early childhood key early milestones such as secure attachment to a carer are impacted by parental substance misuse. Insecure attachment can take three forms, avoidant, ambivalent and disorganised. Ambivalent attachment may form in the context of contradictory and inconsistent parenting, for example when children experience a mixture of validation and invalidation from their parents. Disorganised attachment is the most severe and dysfunctional attachment form. It can occur when co regulation is not provided in early life. It is referred to as a “complex and severe type of disruption of all of the core biopsychosocial competencies” (Cook, Blaustein, Spinazzola, & Van der Kolk, 2003, p.8)

Other key developmental milestones in early childhood include social competence. The child who is socially competent has good interpersonal skills, emotional regulation, social cognition, positive communication and pro-social relationships with family members, friends and teachers. (Bornstein, Shin Han & Hayes, 2010) Several factors have been shown to affect the development of social competence in childhood. Eiden, Colder, Edwards,& Leonard (2009) examined the effect of parental warmth and sensitivity of substance misusing parents on the social competence of children over a four year period. Results revealed that both parents displayed less parental warmth and sensitivity in families with an alcohol dependent parent.

This led to lower social competence (examined through psychometric scales as rated by teachers) of the children. Children whose alcohol dependent fathers also suffered from depression as a comorbid condition, displayed poorer social competence outcomes. It was suggested that the resultant negative affect and withdrawal of the depressed parent acted as a poor model for social interactions for children. This is an important finding as mental illness and particularly depression is a substantial comorbid condition in substance dependency generally (Fitzgerald, Dawn, & Zucker,2002) in Eiden et al, (2009)

Cleaver, Unell & Aldgate, 2011, assert that the unpredictable and frightening behaviour of parental substance misuse can cause symptoms in children, similar to that of Post Traumatic Stress Disorder (PTSD) Children in early childhood have displayed reactions such as sleep disturbance, bed- wetting and rocking. (Holt et al,2008 in Cleaver et al,2011) Children of parents who suffer from a comorbid mental illness are at an increased risk of developing depression and anxiety disorders. (Turnard, 2004 in Cleaver at al, 2011) Cognitive development and education may be negatively affected by parental alcohol misuse. Children of chronic alcohol misusers can exhibit learning difficulties, reading problems, poor concentration and low performance in school. (Cleaver et al 2011) The emotional effects of exposure to alcohol misuse can adversely effect the child. These children may fret and worry about their parent's wellbeing and this affects their ability to concentrate and learn in school. (Cleaver et al, 2011)

There has been some conflicting evidence regarding higher levels of interpersonal problems among primary school aged child of substance misusing parents. Research suggests that these children tend to experience higher levels of fighting, teasing, irritability and anger (Covell & Howe, 2009) in Cleaver at al 2011) However some children do not exhibit any behavioural problems at school. (Cleaver et al, 2007) in Cleaver et al, 2011) School can act as a safe haven for children who are being exposed to parental substance misuse at home. Joseph et al, 2006, asserts that school can be an escape for some children. Academic accomplishment in school can give children a sense of accomplishment.

However studies have indicated that children of parents who suffer from comorbid illness such as mental health issues are more vulnerable to behavioural problems in school. (Nicholas & Rasmuasen, 2006, Cleaver et al,2007) in Cleaver et al, 2011)

Children who are exposed to parental alcohol misuse often experience varying forms of neglect. Chronic neglect and lack of supervision can be very damaging to a child's self esteem and sense of self. When a child's needs are chronically ignored, they may adapt to this through caring for the parent or taking responsibility for household chores. Parentification is a coping strategy developed by a child who is being severely neglected, in order to minimise the stress that she is enduring due to parental neglect. (Tedgard, Rastam & Wirtberg, 2018) The term is defined as "..a functional and/or emotional role reversal, in which a child , in response to an adult's abdication of parental responsibility, reacts by sacrificing his or her needs for attention, comfort and guidance, in order to care for the logistical, emotional and self-esteem needs of a parent" (Chase, Deming, & Wells, 1998 in Tedgard et al 2018, p.225).

It has two variants referred to as "logistical/instrumental parentification" , which is the practical application of the parent's household role, and " emotional parentification", this involves the child in taking responsibility for her parents feelings, by becoming a friend, getting involved in marital disagreements and protecting the parent (Tedgard et al, 2018).While both forms are the result of severe and prolonged neglect, it is thought that emotional parentification is more damaging long-term for the child. In the case of emotional parentification the child can either be scapegoated by the parent as a cause for all ills or become the perfect child, who never causes any trouble. Both variants can cause difficulties for the child in areas of differentiation of self, self regulation and relational impulses of separateness and togetherness. (Tedgard et al, 2018) The research suggests that emotional parentification grows out of a severe form of neglect in which "the child's basic physical and emotional and psychological needs of care and affirmation are poorly recognised and certainly not satisfied." (Hooper, 2007) in Tedgard, 2018, p.225)

The effects of parents' alcohol misuse on children may be hidden for years, whilst children try to cope with the impact on them and manage the consequences for their families." (Adamson & Templeton, 2012). Barnard & Barlow, (2003) conducted a qualitative study on parental drug use. They interviewed both children and adults about their perceptions and lived experience living with substance misuse. The authors discuss the environment of secrecy and denial in which the child may be aware of the parent's problems but remain silent. "What seemed to obtain in most households was a situation where parents did not openly acknowledge the fact of their drug use to the child, even whilst it was frequently a central organising feature of the household," (Barnard & Barlow, 2003, p.48).

The data from interviews conveyed a level of awareness of parental substance misuse that varied according to age of child. For example, one participant claims to have had an awareness at age 4. This knowledge was more vague than specific however. There was a knowing that something was 'going on', that there was some problem that the parent had, however, participants at a young age were largely unaware of specific drug use. Generally, participants conveyed an awareness of specific substance misuse at age 10 or 11 years old. Although children were aware of the problem, they rarely acknowledged this to their parents. There was no acknowledgement and outright denial on the part of parents about their substance abuse to their children also. This can be very confusing for the child's perception of reality and can cause children to lose confidence in their own perceptions. For a child sees and knows that substance abuse is occurring at home and yet there is no acknowledgement of this within or without the home.

These children implicitly know that this information is to be kept a secret also, while also being instructed explicitly by substance misusing parents not to tell anyone outside of the family. This can create huge tension and stress for the child. Crawford & Moore (2000) describe this as "denial knowledge", where the "private him" knows about his parental substance misuse but the "public him" has to deny any knowledge.

Another reason for the maintenance of secrecy was fear of being separated from their parents. Children had an awareness that disclosure could result in their parents being taken away from them. This knowledge, parental instruction and a sometimes diffuse level of awareness are barriers to disclosure of harm for these children. Barnard & Barlow (2003) describe the world of a child in a substance misusing home as "a world of mirrors", where nothing is as it seems. The authors were struck by "..the depth of their understanding of parental drug use and the careful nurturing of this family secret" (Barnard & Barlow, 2003, p.52). However, the tragedy is that they are forced to carry the burden of this alone. (Barnard & Barlow, 2003)

The research has shown that children of alcohol dependent parents often face multiple adversity (Cook et al, 2003, Cleaver et al, 2008). There is a common prevalence of comorbid conditions and several coexisting factors in the child's environment that can lead to chronic abuse and neglect. These additional adversities increase the risk of poor outcomes for the child (Velleman & Templeton, 2016). Adversities such as aggression, violence and disharmony (Velleman, 2008, Bernays, 2011) and problematic parenting or the absence of a stable figure. Ongoing environmental factors that increase risk for this cohort as reviewed in the literature include; exposure to multiple problems (violence and physical abuse in particular), both parents have problems, greater length and severity of problems (the intensity and chronicity of difficulties both adversely affect children), a "fall out" as a result of family problems within or outside the family, such as family disharmony or involvement with the criminal justice system (Velleman & Templeton, 2016).

A cumulative stressors model proposes that under conditions of severe stress, positive functioning may not be possible, even for those children who possess considerable individual strengths, for example, above average IQ and easy going temperament (Repetti, Taylor, & Seeman, 2002; Rutter, 1979; Seifer, Sameroff, Baldwin, & Baldwin, 1992). For example, Sameroff and colleagues (1998) showed that personal protective factors appeared to have no effect on children's competence when children were exposed to high numbers of environmental risk factors .(Jaffee et al, 2007)

"Having a parent with substance abuse problems decreased the likelihood of being resilient rather than non- resilient, but none of the other family characteristics distinguished resilient from non-resilient children," (Jaffee et al, 2007, p.10). This is an important finding which suggests that the adversity engendered through parental substance abuse is such that it substantially lowers the child's ability to successfully compensate and overcome the negative effects of their maltreatment. In this study the other "family characteristics" that were examined included, maternal warmth, social deprivation, parental mental illness, domestic violence and sibling warmth (Jaffee et al, 2007). The cumulative stressor model is echoed throughout the literature on childhood adversity.

Felitti et al's,(1998) seminal study on Adverse Childhood experiences provides a strong scientific basis for the relationship between the trauma exposure and negative later outcomes.. The research examined the effect of adverse childhood experiences (ACEs) on health outcomes in later life. ACEs were identified in three groups, abuse (verbal, physical & sexual), neglect (physical & emotional) and household dysfunction (substance abuse, mental illness, domestic violence, parental separation and incarceration of a relative) Following a survey of 17,000 US adults on adverse childhood experiences, health status and behaviours, it was found that ACEs were quite common in society, however only one in 5 (US citizens) were reported to have 3 or more ACEs. What is of particular relevance in regard to the impact of exposure to parental alcohol misuse, is that those with 4 or more ACEs were found to be at greater risk of long-term effects on health, leading to poorer outcomes in later life, while exposure to substance misuse is considered an ACE in it's own right also. (Ferris et al, 2011)

The biology of trauma scientifically explains how exposure to adversity affects the brain and causes long-lasting damage. (Cook et al, 2003, p.10) assert, "neurobiological development follows genetically hardwired programs that are modified by external stimuli." In their research on complex trauma they describe how extreme levels of stimulation (stress) are thought to trigger adaptive adjustments in the brain. These adjustments remain unchanged and therefore can lead to chronic low stress tolerance over time.

Childhood trauma interferes with the integration of left and right hemisphere brain functioning such that traumatized children can lose their analytic capacities (left brain) under stress and the emotional schemas (right brain) take over to cause uncontrolled and helpless reactionary behaviours in those affected. (Cook et al, 2003)

The literature on Toxic Stress echoes these findings. Childhood Toxic Stress may be defined as ".. severe, prolonged, or repetitive adversity with a lack of the necessary nurturance or support of a caregiver to prevent an abnormal stress response." (Sipler, Templeton, & Brewer, 2019, p.1) Franke (2014) conveys the deleterious effects of toxic stress as he compares it with normal everyday stresses and even tolerable stresses such as bereavement or marital dissolution. What makes this form of stress toxic, is both the prolonged and severe nature of exposure and the absence of a comforting caregiver response, that would aid in acting as a buffer against the toxicity of the stress. Examples of toxic stress are those that are also characterised as Adverse Childhood Experiences, such as, abuse, neglect, household dysfunction (including substance abuse) and violence. (Franke, 2014) As described in regard to complex trauma, the abnormal stress response that the toxic stress exposure creates has critically negative effects on the lifelong health of the child. "The toxic stress response affects the neuro endocrine immune network and the response leads to a prolonged and abnormal cortisol response." (Franke, 2014, p.393) Long term effects include, depression, substance misuse, heart disease, obesity, behavioural dysregulation and PTSD. (Franke, 2014)

Having looked at risk factors that increase vulnerabilities, it is important to discuss the importance of protective factors that promote resilience also. Velleman & Templeton, (2017) assert that there has been an advancement in our understanding of the importance of protective factors on childhood outcomes in the past decade (2007-2017) Citing works by three researchers (Moe, 2007, Ronel, 2011, and Backett-Milburn et al, 2008) they summarise key protective factors in their paper. Protective factors are divided into different categories, individual factors, family factors, community/environmental factors. The relationship between protective factors and resilience is such that protective factors can lead to resilience.

The specific relationship is highlighted in the literature (Velleman & Templeton, 2017). Important individual protective factors include, an internal locus of control, active agency (in adopting strategies, seeking support and choosing what to share about their circumstances and with whom), personal qualities & social skills, self monitoring skills & self control and coping and problem solving skills.

Notable familial protective factors include the existence of a supporting and trusting relationship with a stable (non substance misusing adult, early and compensatory experiences and a good relationship with primary carer(s) in the first years of life, parental self-efficacy and good parental self-esteem, openness and good communication within the family, and strong family norms and morality. Within familial protective factors those specific to substance abusing parents include, that parental problems are of mild intensity and shorter duration, the existence of one parent who does not have substance abuse problems, and that the substance abusing parent is receiving treatment. These specific factors point to the salience of the particular intensity and duration of abuse and also the importance of having one stable and reliable parent.

The literature also looks at appropriate service delivery for children who have been exposed to parental alcohol misuse. The most notable and current service model for this cohort is that of Trauma Informed Care. (Bartlett & Steber,2019) "A trauma informed service is one that understands the underlying psychological impact that trauma may have on an individual and incorporates this understanding and awareness into their practices and every aspect of the service delivery." (SAMHSA, 2014) in (Lambert, Gill-Emerson, Horan, & Naughton, 2017, p.5) This mode of service delivery is unique in its sensitivity and understanding of the level of adversity that the child or adolescent has endured and is tailored in evidence based best practice response to meet the needs of the child. Trauma Informed Care advocates usage of the 4 r's in responding to the needs of traumatised children. 1.Realise the widespread impact of trauma and understand potential paths to recovery. 2. Recognise the signs and symptoms of trauma in clients, families, staff and others involved with the system.

3. Respond by fully integrating knowledge about trauma into policies, procedures, and practices. 4. Resist re-traumatization of children, as well as adults who care for them. (SAMHSA, 2014 in Bartlett & Steber, 2019) Important principles of its application are that of safety and trust, peer support & mutual self-help and empowerment & choice. (Lambert et al, 2017)

Several gaps have been found in the research on substance misuse with regard to its impact. For example, attention to the effects of exposure to alcohol dependency have historically been in the context of the impact on the substance dependent person. Very few if any studies have looked at the impact more widely and from a developmental perspective. Hope et al, (2018, p.11) asserts that, "It is only in the last decade that research has begun to pay systematic attention to the whole range of interpersonal harms from others' drinking." This claim has been echoed by others such as Rossow et al (2011)

Also, of significance was the paucity of research that address the myriad of outcomes that children of substance dependent parents face. The majority of studies on adverse outcomes in children of alcohol dependent parents have focused on alcohol and substance use and related outcomes only. This trend seems to indicate and reinforce a negatively biased view and the stigmatisation of this cohort. Kroll &Taylor (2003, p.8) assert, The link between parental substance misuse and childhood transmission is complex and most offspring do not become problem drinkers or drug users".

A clear and unbiased elucidation of the effects of alcohol related harm and the many and varied myriad of difficulties is what is needed for this cohort.

Ireland has published several policy documents in the context of alcohol misuse, such as "Leading Change: a society free from alcohol harm – Strategic Plan 2020-2024." There has also been the notable passing of the Public Health Alcohol Act,2018. While these initiatives are welcomed there are still many gaps in appropriate service provision for children who have been exposed to parental substance misuse . There are no dedicated services for children or adults who have grown up in a substance misusing home and the societal awareness of the impact of parental alcohol misuse is disappointingly low. Silent Voices was set up by members of Alcohol Action Ireland to advocate

on behalf of this cohort. They strive to push for service provision, research, education and public health campaigns in the areas of stigma, prevalence and impact. With their support, this research aims along with the primary data, to show the extent and chronic nature of the impact of exposure to parental alcohol misuse. It hopes to give an experiential account of the lived experience of the child growing up in the substance misusing home and the adult who is now still coping with the impact of same.

Method

The current study used two sources of data in order to address the research question 'what is the impact of parental alcohol misuse on children in childhood and beyond?'. Silent voices is an organisation that advocates for the needs of children and adults impacted by parental alcohol dependence. Members of the public have submitted their experiences of this through a call for stories, titled 'Shared Stories'. This data was analysed and formed a foundation on which to construct an interview schedule for primary data collection by way of interviews.

Participants

Part A - Thematic analysis of secondary data, 'Shared Stories', submitted via the Silent Voices website. Submissions have been made anonymously by 5 adult males and 12 adult females who have had an alcoholic parent(s) growing up.

Part B – 6 females and 1 male who identify as Adult Children of Alcoholics (ACOA) participated in semi-structured interviews. Interviews ranged from 30 to 60 mins in direction with an average of 35 minutes. Participant's age ranged from 21 to 50 years. Participants were recruited through purposive sampling and via online means. Following Covid 19, the consent form and information sheet were converted into an online format through Qualtrics software.

Materials

The data corpus consisted of 17 "stories" from the Silent Voices website and 7 transcripts from primary interviews. Both data sets were analysed by thematic analysis. (Braun & Clarke, 2006).

Design

Secondary data. Inductive thematic analysis was used on both data sets. This allowed me to focus primarily on the data itself without the distraction of theoretical concepts. The secondary data was read as an entire data set several times. Initial notes were made, then line by line coding commenced.

Codes were clustered into themes and themes were clustered into superordinate themes. All the while going back and forth between the data and the coding and rechecking for validation.

Interviews. The themes that emerged from the secondary data informed the design of the interview schedule (Appendix 1) All interviews were recorded using a digital voice recorder. The first 3 interviews took place at a location convenient to the participant. However, after the social distancing measures were enforced all subsequent interviews had to take place remotely. Interview 4, 5 and 7 were conducted online while interview 6 was conducted over the telephone (at the participant's request).

A qualitative semi-structured interview asked 5 broad questions, several probes to assist the interviewee if required, were also included. At the outset, all interviewees were thanked for their participation and given a brief overview of the design of the interview. The main purpose of this interview design was to facilitate rich, experiential data, it was therefore decided to allow the participant space to take as much or as little time as they wanted to answer any specific question and to elaborate as desired, while also being directed back to the main area of questioning when ready. After the interview, each participant was debriefed, they were thanked and informed about the research and about the Silent Voices website. I also asked each participant how they felt afterwards, due to the sensitivity of the subject matter and pointed to the resources at the end of the information sheet.

Procedure

Part A (Silent Voices, Shared Stories) and Part B (interview data) were both analysed using thematic analysis and identical processes were followed for both sets of data;

Step 1. Reading and rereading of data, organising data for coding.

The data set containing all 17 stories was copied from the website and pasted onto a word document. This was then read through in full several times to become familiar with the data. Following this, the text in each story was arranged to allow for two coding columns on the right.

Step 2. Line by line coding of data and the generation of preliminary themes. Braun & Clarke, 2006 assert that coding aids in organising data into meaningful groups. The code itself attempts to capture the essence of what is being portrayed by the participant.

Step 3. Theme development – themes were studied in a focused manner and the relationships between codes and themes were re examined. Following this, themes were categorised into global themes and sub themes. Thematic maps were used as a tool to aid clarity at this stage.

Step.4: Theme refinement – All major themes were selected, and all salient sub themes were ascribed. Global themes were named as follows, unsafe home environment, impact of exposure to substance misuse as a child, and stigma. Some themes were refined on closer inspection. For example, several small themes were amalgamated into one broad theme. Major themes were checked for internal and external coherency. The data set was looked at again to ensure that the major themes were adequately representative of the text.

Step 5. Suitable extracts from each theme and sub theme were selected for accurate representation of the essence of the analysis. Literature was revisited to aid in analysis of extracts.

Ethical Considerations

All submissions from the public to the silent voices website were completed via survey monkey. Participants granted consent for the publication of their abstracts (see Appendix 4) which were fully anonymised. .https://www.surveymonkey.com/r/X5DLZJL An ethics application was put forward to the UCC School of Applied Psychology Ethics Committee for review, and Ethics was granted for this research. All participants were informed with regard to confidentiality and asked for their consent for publication of extracts (Appendices 3 & 4) All data was anonymised. Ethics guidelines as per PSI ethical code were adhered to at all times during data collection. (The Psychological Society of Ireland,2010)

Analysis

Part A: 'Shared stories' from Silent Voices website.

Deductive analysis of the secondary data elucidated three global themes. (Tables 1 & 2) However, due to constraints in word count I am going to focus on Toxic Stress and Stigma only.

1. Toxic Stress

2. Lifelong Impact

3. Stigma

Toxics Stress is defined as ".. severe, prolonged, or repetitive adversity with a lack of the necessary nurturance or support of a caregiver to prevent an abnormal stress response." (Sipler, Templeton, & Brewer, 2019, p.1) Features of toxic stress exposure include violence, abuse, neglect and household dysfunction (including parental alcohol misuse) Chronic stress is experienced as toxic when there is no caregiver response to act as buffer to the emotional responses of the child.

The theme of ***Toxic Stress*** relates to the traumatic exposures that children in substance misusing homes endure. Home life is experienced as chaotic, unpredictable and frightening. Children are exposed to behavioural changes due to alcohol and some report frequently suffering multiple abuses.

Over a third of participants who submitted personal stories, reported being exposed to domestic violence. This is regarded as very damaging, particularly it's co-occurrence with alcohol abuse. Over one fifth of subjects were physically abused themselves also.

"Dad could be violent when he drank. I have two younger siblings. I would tell them that everything was going to be ok, while downstairs dad was beating our mum." Ian

In the above extract, the participant describes witnessing the behavioural changes of his father due to alcohol. His father would become violent and physically abuse his mother. Witnessing domestic abuse of this kind is extremely damaging to children and can lead to long term negative effects.

"My mother was a violent alcoholic. She beat me for reasons best known to herself. I told her that I loved her in the hope that this would defuse her rage but it never did. I was about 6 years old at this time." Debbie

"Debbie" describes her mother's violent behaviour while drinking. In addition to being exposed to parental alcohol misuse, she was physically abused by her mother when she was intoxicated. She describes her mother's rage, and how she tried defuse her anger by telling her that she loved her. This extract conveys the innocent helplessness and vulnerability of the child in a substance misusing home. The child does not understand why her mother is behaving the way she is and only wants her to stop and love her.

While exposure to violence and physical abuse can be frightening, horrifying and damaging to children, emotional abuse of a child can have a long lasting psychological impact on the child. This abuse has a deleterious effect on the child's self esteem, self-confidence, sense of security and emotional stability. (Velleman & Templeton,2007) In the extract below, we see the abusive and domineering way that "Lucy's" mother used treat her. She was put down, insulted and abused by her mother who simultaneously derogated her actions and expected attention and care from her daughter.

"She called me silly and boring and I was expected every day to sit and listen to her for hours whilst she aired every imagined grievance she had with the world. I was not allowed speak as I was boring and my friends were boring." Lucy

"Niamh" conveys the damaging nature of the emotional abuse that she suffered at the hands of her alcohol dependent father, and the stress and distress that it caused her.

"For me its the subtle comments, the ongoing negative words that hurt the most.. Being physically hit seems insignificant to the ongoing torture of the mental stress I endured. " Niamh

From the data, we can see that the ***Toxic Stress*** caused by parental alcohol misuse is severe and chronic in the life of the child.

Whether the abuse or neglect is physical or emotional, one thing that remains constant is the suffering of the child in this unloving and stressful environment. Sadly, many children as described in the data, suffer multiple abuses and these rarely occur in isolation. Also, underlying these abuses is the severely damaging parental alcohol abuse, this engenders behaviours that are confusing and frequently frightening for the child, who does not understand and therefore blames himself for the parent's behaviour.

Part A – Silent Voices

Table 1. Breakdown of Categories

	Category	No. of Themes Per Category
1	Toxic Stress	3
2	Lifelong Impact	7
3	Stigma	4

Table 2. Emergent Themes in Each Category

	TOXIC STRESS
1	Behavioural changes due to alcohol
2	Exposure to violence
3	Exposure to abuse and neglect
	LIFELONG IMPACT
1	Thoughts & Feelings
2	Actions & Reactions
3	Parentification
4	Mental Illness
5	Mental & Emotional Health Issues
6	Impact on Parenting
7	Needs of the ACOA
	STIGMA
1	Sworn to Secrecy
2	No Acknowledgement
3	Normalising Problem Drinking
4	Keeping Up Appearances

A second global theme to emerge from the Shared Voices was that of ***Stigma***. Due to a combination of stigma, secrecy, silence and shame these children rarely disclose the trauma that they are suffering to others. Children who grow up in substance misusing homes are oftentimes instructed not to disclose or talk about what goes on behind closed doors to others. These children are in an extremely vulnerable position, and unlikely to be able to speak out about their experiences. The people whom they love and trust have told them not to say anything compounded by the fact that they are likely to be experiencing ongoing anxiety and low self esteem also. They therefore often simply do not have the resources developmentally or emotionally to come forward.

Sworn to Secrecy. "*Growing up, my siblings and I were taught that what happens at home stays at home. The inner workings of your family and its dysfunction are not for public consumption*." Emma

What compounds these young children's vulnerabilities is the stigma around alcohol abuse that is omnipresent in Irish society. This societal norm externalises the child's internally felt sense of shame and intense fear. At home they may be experiencing a conspiracy of silence around the issue. Several contributors have attested that they have not spoken about it with their siblings or parents. They therefore have no model for speaking out, and need to be supported every step of the way.

No acknowledgement. "*To this day, no one in our family has acknowledged how horrific it was to grow up this way. Ignoring our experiences adds to the confusion and pain we are still dealing with."* Ciara

Normalisation of alcohol abuse in Irish society, and the anecdotal manner in which people approach substance abuse and problem drinking, grossly minimises the pain and suffering endured by the family of the substance misuser. It serves to perpetuate the denial of the issue and the suffering of its victims.

Normalising problem drinking. "*Your dad's a great man for the drink" or "tell your dad he owes me a tenner – he borrowed it from me the other night cos he was out of money" – uninvited comments from bartender friends of a boyfriend in my adolescence, looking for a means to "slag" me or put me in my place, would leave me hot with shame*." Emma

Keeping up Appearances. "*Her verbal abuse of me was hidden from her family. To them, we had to present a perfect image*." Lucy

"Lucy" describes the hidden harm that she was suffering at the hands of her mother. The stigma that exists in society around alcohol misuse, ensures that parental alcohol misuse is brushed under carpet. Oftentimes families put on a false façade of normality to cover up the harm and abuse that is going on behind closed doors.

Part B.

Deductive analysis of the primary data elucidated three global themes. (Tables 3 & 4)

1. Toxic Stress

2. Lifelong Impact Across Developmental Stages

3. Lived Experience Recommendations for Services

Thematic analysis of the interview data, has evoked three global themes in the context of understanding the experiences of Adult Children of Alcoholics. Due to constraints in wordcount I can only convey an analysis on the two most pertinent themes with regard to the research question. The two main themes that I will be focusing on are ***Lifelong Impact Across the Developmental Stages*** and ***Lived Experience Recommendations for Services***. Lifelong Impact across the development stages Was developed through close connection with the data as a whole. It was discovered that the impact of parental alcohol misuse was felt from childhood through to adulthood and beyond. This theme analyses the different life stages and the participant's levels of coping throughout. This theme seeks to convey the gravity of the problem of chronic exposure to parental substance misuse. Lived experience recommendations, shares the unique and valuable insights of the participants into what is needed to support children and adults impacted by parental substance misuse going forward.

Lifelong impact across the developmental stages. There are developmental differences in how thoughts and feelings are expressed and reacted to from childhood to adolescence through to adulthood. A bio-ecological model of development (Bronfenbrenner, 1971) takes into account the persons home environment (microsystem), school and peer relationships (mesosystem) and also the societal and cultural beliefs that the child is exposed to, such as beliefs and judgements around alcohol abuse (macrosystem).(Franke, 2014) As we are looking at lifelong impact, I will also be analysing the data relating to the participant's wellbeing as adults, in college and work, and as parents, with a final analysis of their current

wellbeing. It is therefore illustrative of the lifelong process that ACOAs experience to convey the impact experienced in this way. As such I am presenting, what the psycho-social effects of exposure were across the lifespan in different settings. The first sub-theme describes the home environment where one is with one's parents and siblings only. However, as one goes out into the world to engage with societal norms and conventions, this is where the stigma of substance dependence is felt, and where the secrecy of parental abuse and the shame of knowing it, come to the forefront. How do these issues affect our participant's interaction with the world? How do they behave, cope and feel as children, adolescents, adults and parents themselves?

Thoughts, feelings and perceptions of home environment.

Participants describe feeling frightened, unsure and confused because of the unpredictable nature of the environment. This unsafe and unstable environment has been described by interviewees as chaotic, frightening and very stressful. The child feels unsafe and is therefore chronically anxious and apprehensive in their own home.

"*frightening..eh.because it's unpredictable, confusing because eh in my case I used to have to keep secrets..so .. there was fear...and confusion and..guilt*.." Alicia P.

"difficult,chaotic,yeah very chaotic." Tracy S.

"I was always on edge really? You know, I didn't really…know what to expect..was someone going to come home drunk." Ellen W.

School and developmental level of awareness. When children leave an unstable home environment and attend school, they carry these thoughts and feelings with them. A combination of secrecy, loyalty to parents and the child's developmental stage of understanding, result in the child being unable to fully comprehend and articulate what is going on in their home. As participants have suggested, they do not know any different and they do not indeed know that their situation is unique.

"*I just..I didn't think there was an issue, I thought that everybody's family was like that..and as I said like, we were told never to talk about family stuff in school."*..Ellen W.

"Even when I was a kid,I was like ok, "it's a drinking problem".but you don't really fully understand the implications I think" Tracy S.

Actions and Reactions- Coping with the situation. As children enter secondary school, they become more aware of themselves in relation to others. As they become more developmentally advanced, they gain greater awareness and understanding of their environment. This sub- theme describes how these adolescents react and cope with their environment through the teenage years.

Varying strategies are employed by our participants, from rebellion to apathy to industriousness. All strategies had the common goal of escapism and avoidance of a painful reality. Two of our participants coping strategies was that of rebellion against parents through drug and alcohol use. These strategies were employed as methods of escapism and avoidance of the situation. It also allowed them to spend time away from their home environment and avoid confrontation.

"I think it impacted my..I did..I rebelled a lot against them."..Ellen W.

"but we both did really just take a lot of drugs.." Ellen W.

Others took on a lot of extra curricular activities as a means of distraction away from their toxic environment.

"in secondary school..I would have done karate, and boxing and running and..training every evening..and then I'd work at the weekends..I'd just..I'd be so busy that all I'd do is sleep." Lisa H.

Some exhibited externalising difficulties with disruptive behaviour in school;

"I was still in a lot of trouble for my behaviour.." Ellen W.

"..all of the focus was on your bad behaviour and "you're bold and you need to behave yourself" Alicia P.

Parentification. Chronic neglect and lack of supervision can be very damaging to a child's self esteem and sense of self. Parentification is a coping strategy developed by a child who is being severely neglected, in order to minimise the stress that she is enduring due to parental neglect. (Tedgard, Rastam, & Wirtberg, 2018) The term is defined as "..a functional and/or emotional role reversal, in which a child , in response to an adult's abdication of parental responsibility, reacts by sacrificing his or her needs for attention, comfort and guidance, in order to care for the logistical, emotional and self-esteem needs of a parent" (Chase, Deming, & Wells, 1998 in Tedgard et al 2018, p.225). Of the participants who have been interviewed, one participant displayed logistic/instrumental parentification. Whether emotional parentification was present is unknown in this case.

"I was pretty independent by about age 12 or 13; at that point, I started to run my own life in a lot of ways..like..mmm.. making appointments and registering myself at school…like basically anything that my dad legally did not have to be present for me to do, I did by myself!. ..he would even refuse to show up to things that he did ..have to be present for ..I remember that I was more than once in the awkward position of telling a doctor who couldn't see me without parental supervision that he would "be right there", when he definitely wouldn't be!" Tracy S.

This participant suffered severe and chronic neglect from her only caregiver and was forced to adapt by taking over the role of parent for herself. As she says, she felt very anxious and uneasy at times, having to rely on herself alone to manage her life without support from a young age.

A further three participants have conveyed forms of emotional parentification throughout the interviews. Patrick D., would listen to his mother air grievances late into the night and would also try to help in whatever way he could. He conveys how he felt guilt at leaving her concerns behind him somewhat as he went on to build a life of his own.

"when I began to adjust around my own life and not..take on the responsibility of mmm..fixing all my mother's problems..let's say not taking on all the guilt for that..was when I started to have a good relationship with "Yvonne" Patrick D.

"..anguish..because, there was a terrible problem and I didn't know how to fix it..and it was chronic..so, I think it eventually pushed me down..so far..that I had to step aside.." Patrick D.

Ellen W. would get involved in marital disputes between her parents, who later separated. She also rebelled against them as a teenager and felt that this brought a lot of anger down upon her, she reports feeling unloved and unliked by her parents during this time. This could be indicative of the scapegoat variant of emotional parentification.

"it definitely escalated when we went into the teens..and I witnessed a lot more and kind of ended getting drawn into things.." Ellen W.

"So I think it impacted my..I did..I rebelled a lot against them...which brought a lot of kind of anger down upon me and it was very much..I felt very mmm..like..unloved or disliked even.. it impacted that I wasn't really..I felt that they didn't like me." Ellen

Close peer relationships. Exposure to substance misuse also affected relationships with peers. Patrick D. claims that he didn't have many close friends as he wasn't very trusting. He and Alicia P. describe embarrassment at their parent's behaviour in front of peers and also issues with low self esteem.

"I could make friends..but no..not very many close friends..you know, I wasn't a very trusting person.". Patrick D.

"Coming back to it was a bit like playing Russian Roulette..because you wouldn't know what would appear through the door at any moment..and of course failing in school didn't really help the self esteem that much and I've been maintaining a facade for..mmm..for years." Patrick D.

"..during adolescence I probably would have been embarrassed when friends were over if he was really drunk and making a show of himself." Alicia P.

"Confidence and self- esteem yes" [were impacted] Alicia P.

Participants were typically drawn to form peer relationships with people of similar backgrounds. Close friends often also had a substance dependent parent or a similar family problem.

"I had a group of friends who were eh..in hindsight equally troubled right?..Mmm..and I don't any of us really understood the others problems but we did all..Yeah..we were very close." Ellen W.

"..in secondary school I made very good friends with a few different people actually who had alcoholic fathers aswell… whenever we'd meet up and talk we'd say, "what's your dad done this time?" Lisa H.

Mental Illness. Mental health may be defined as: "a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community", (WHO, 2019) The impact of chronic exposure to substance misuse on mental health has been well documented in the literature. (Velleman & Templeton, 2016, Fraser, 2009, Harwin, 2010, Hill, 2013, 2015) The most common forms of mental illness in this cohort are anxiety and depression.

Among the participants interviewed almost 45% /n=3, have been diagnosed with a clinical mental illness of either anxiety or depression or both. Further participants have been diagnosed with obsessive compulsive disorder, and a severe eating disorder. One participant appears to suffer with ADHD, but this has not been diagnosed. There is only one participant of the interviewees who has no known mental health issue. This participant however, describes issues of anxiety and emotional distress in the past.

Depression. "*Like my mental health..it always takes dips..it always does..but like when I was 19/20 is when I was very bad and I was on antidepressants for about 6 months , maybe more, and I went to counselling*". Lisa H.

Anxiety/Depression/Suicide attempts. "[I've had]..periods of very bad mental health. Suicide attempts, hospitalizations, really bad anxiety, really bad depression, medication." Alicia P.

Eating disorder. "Definitely a struggle [with anxiety]..I had an eating disorder last year of high school which through my first year of college was pretty..pretty severe..I was never hospitalized..mmm and I did out-patient therapy.mm..but I would say that, that was probably mm.. related in some way, you know, to it" Tracy S.

All participants have attended some form of counselling, most (over 70%) several times and two are currently attending therapy. Services attended included appointments with, psychiatrists, psychologists, doctors, psychotherapists, counsellors, family counselling (rehab) and Al Anon group meetings.

Impact on Mental and Emotional Wellbeing in Adulthood. As many of the participants entered third level (more than two thirds of this sample), some as mature students, several encountered emotional difficulties. Two participants left college in second year and went on to further employment. Further, participants overtly stated that they found college overwhelming at times and sought counselling. The stated that they felt that these difficulties were brought on by the impact of exposure to parental alcohol misuse. Tracy S. conveyed how as a result of poor and neglectful parenting she now finds it difficult to provide structure for herself and this along with other emotional issues affected her in college.

"*My first semester of college, between work and everything, I was just so overwhelmed that one day, I just went to my university therapist and I was just like "oh my god, ..I'm really having trouble getting myself to concentrate and like get things done and..".* . Tracy S.

"..my supervisor at undergrad..was lovely..she was very helpful but I got completely overwhelmed towards the end of the year and I remember just like bawling crying in her office one day and she just handed me a tissue". Lisa H.

For some participants, work was the arena that they found most difficult to navigate. The participant's emotional issues are played out in conversations with employers and others who worked above them. One participant felt that he was constantly covering for things, as he had always done. While another interviewee asserts that she was challenged in work by a superior. This encounter upset her greatly and she subsequently sought counselling.

"you know when you're used to covering up for stuff…it's hard to tell the truth. So you are always telling people what they want to hear or what you think they want to hear.. rather than being honest with them so..I had one boss once and he said to me , "Every time I talk to you..I end up loosing the train of what I am saying and heading off in another direction.". So.. [I have] the ability to avoid any sticky subjects. .or anything troublesome or anything that might cause pain or anguish or..or embarrassment even...so you're avoiding the issue basically..". Patrick D.

Ellen W. describes her overwhelming encounter at work that rocked her to her core.

"I felt that I was creating something that was safe and then and then I had this other unrelated..really terrible..situation in work like…where someone really challenged me mmm..kind of broke my wall down a bit like..yeah and it all like…that's when I became aware of really how fragile I was ….because…I wasn't really able to take anybody saying you know , I wasn't doing my job properly. I wasn't perfect like..and that was the time that I started doing counselling like.." Ellen W.

For these participants inherent vulnerabilities were played out in the work environment. Their emotional difficulties due to chronic exposure to parental substance dependence made coping with the stresses and strains of work-life more difficult for them.

Relationships. Several of our participants became involved in long or short term relationships with substance dependent partners. Of our interviewees, one participant had a short term relationship (first relationship) with a polydrug and alcohol misuser, a second participant was in a destructive long-term relationship with a substance abuser and a further two participants

were married to a substance misuser. These relationships followed a dysfunctional pattern following on from what they had learned as children, and perpetuated the cycle of dysfunction and abuse.

"mm..well I was in a really really really destructive relationship for 8 years..eh..with an alcoholic .Mmm..because I thought that he was so different from my dad and he was, but he also so similar mmm.. and that was really difficult like really difficult.. I just fell back into the same cycle.." Ellen W.

Of our interviewees, four are currently in healthy and supportive relationships and a further participant has been in a long-term relationship with a supportive partner throughout her life.

"I'm really lucky that I've been with the same person for years and years and years." Alicia P.

Parenting. The life changing event of becoming a parent is for many an emotional and transformative one. For Adult Children of Alcoholics, this process can bring back some painful memories and unmask certain emotional issues relating to their own childhood. Our participants describe a range of emotions from processing how different their own childhoods were, to feeling challenged by the responsibility of being a parent.

Ellen W. questions her abilities as a mother and makes the conscious decision to try and be a better parent to your own children than what you she may have experienced herself.

"So, like I think now, I have kids myself like ,what am I, how am I going to do this? How am I going to be as an adult?" Ellen W.

"With my own children, mmm.... I..I had decided a long time before I had kids that I wouldn't hit them..mmm..but I still find that..eh..like the transactional thing with my parents is are both my parents obviously are influential..like sometimes I can hear my parents voices coming out in me..." Ellen W.

Impact felt today. The ongoing emotional stress felt by the participants is evident in the data. All participants feel that they are still dealing with the emotional impact of their exposure to substance misuse on a daily basis. None have claimed to be "recovered" and all attest to the ongoing battle that unfolds as they travel through life.

".. there's always underlying tension that this is going on ..and I have to manage this..and really it's exhausting, you know? Sandra B.

"..it's like this never ending process..you never really ever stop processing it and just when you think you have one bit sorted like something else comes along.." Ellen W.

"..it took a long time and it still takes..it's still not something that is totally sorted out , but, it took a long time..for my self esteem to get built up…and I wouldn't say that I still have, you know, it still impacts me, even as an adult." Alicia P.

Part B – Analysis of Primary Data

Table 3. Breakdown of Categories

	Category	No. of Themes Per Category
1	Toxic Stress	4
2	Lifelong Impact across the Developmental Stages	10
3	Lived Experience Recommendations for Services	4

Table 4. Emergent Themes in Each Category

	TOXIC STRESS
1	Behavioural Changes due to alcohol
2	Exposure to mental illness
3	Exposure to violent arguments
4	Exposure to abuse and neglect
	LIFELONG IMPACT ACROSS DEVELOPMENTAL STAGES
1	Thoughts, feelings and perceptions of the home environment
2	School and developmental level of awareness
3	Actions and reactions – coping with the situation
4	Parentification
5	Close Peer Relationships
6	Mental Illness
7	Impact on mental & emotional wellbeing in adulthood
8	Relationships
9	Parenting
10	Impact felt today
	LIVED EXPERIENCE RECOMMENDATIONS FOR SERVICES
1	Services in Schools
2	Whole Family Approach
3	Trauma Informed Frontline Workers
4	Public Health Campaign

Lived experience recommendations for services. Each participant has experienced services or lack of, in school and public and private services and are acutely aware of societal prejudices around substance dependence from a first hand perspective. They were asked for their opinion on what needed to be established and improved upon in the delivery of services to children and adult children of substance misusers. All participants took the opportunity to give their opinion on recommendations for the future. These are detailed below and are divided into four sub-sections, school, whole family approach, trauma informed service and public policy.

Recommendations for supports in school. One participant describes her own experience in school, where no real intervention took place, despite apparent knowledge and concern regarding her substance dependent parent.

"I definitely think that there should be a better way of mm..like identifying children of alcoholics even..because you know..it never rose to the level of physical abuse, I think it was an "open secret" to at least the friends of my parents, probably, maybe not my teachers, but maybe mmm..and yet I felt like it was all on me..so I think a better way…"[of approaching it] Tracy S.

Tracy S. suggests that there should be a sensitive way of approaching the child so that they can be helped. It should not be left to the responsibility of the child to come forward. Other participants recommended the staffing of psychologists in schools and educational talks about alcohol.

"they should have a psychologist assigned to the school, who comes to the school, even just once a week and just do sessions if that's all... I think they need to ...in the moment of bravery, somewhere to go like..at least if that child is going to talk to somebody. It's more empowering for them." .Ellen W.

The importance of the immediate availability of someone to talk to when needed is highlighted here. Children need a place where they can feel safe to talk about their problems at home.

"..having a psychologist to come out to schools and have talks about alcohol..even to..ten year olds ..I think that would be really important.. that support.." Sandra B.

Sandra B.'s suggestion would increase openness around the issue of alcohol misuse among school aged children. This might help them to feel more comfortable in coming forward.

Education of Frontline Workers on Trauma Informed Care. Participants have expressed the need for early intervention, a whole family approach and the provision of a trauma informed frontline service. Trauma Informed Care is important in the treatment of children of substance misusers because it views the reactions of the child from within the context of the trauma that they have experienced and doing so is far more sensitive to their

needs. The education of all those who work with children in trauma informed care, would help to provide children with a space to talk to someone about how they are feeling and provide support and care for them that is much needed. Ellen W. discusses the importance of giving talks on Trauma Informed Care.

[Talks about] "*Trauma Informed Care and how to recognise a child who has experienced trauma…before teachers go out to schools and before prison wardens go in..you know.All of these people..because I think they need to know that!..you know..it should be on the curriculum..*" Ellen W.

Several participants have noted that awareness of alcohol related harm needs to be raised in society as a whole. There are several features around this. Stigma needs to be tackled to enable parents to get treatment and children to be looked after appropriately. In combination with this awareness campaign. One participant advocates the implementation of a public health campaign.

Public Health Campaign. *"I think one of the things that needs to be done is a public health campaign..to reduce the stigma in relation to addiction.."* Alicia P.

A reduction in societal stigma would ultimately be beneficial for all and needs to be addressed.

Discussion

Three global themes emerged in the secondary data, Toxic Stress, Lifelong Impact and Stigma. Thematic analysis of the primary data also yielded three global themes; Toxic Stress, Lifetime Impact across Developmental Stages and Lived Experience Recommendations for Services. Our research sought to examine the lived experiences of adult children of alcoholics. In doing so we hoped to ascertain salient themes that convey commonalities of experiences across the subject group.

Conducting analysis on two data sets has added weight to the overall picture of what it is like to grow up in a substance misusing home. Commonalities between both data sets, which were gathered in separate and different modes can act as a guide to the validity of global themes.

It is noteworthy that there was more prevalence of exposure to violence and domestic violence in the secondary data. This may be due in part to the sensitive nature of the subject matter. The written submission method (secondary data) is a useful and valid way of allowing people to express matters that they may find more difficult to convey during a face to face interview. Language in the written submissions and live interviews varies considerably and while the interviews glean a rich experiential account of lived encounters, the descriptive and emotive language from the secondary data evokes a depth, intensity and richness of great quality also.

The strengths of the interview process were that one had a certain amount of control over the data. While allowing the participant to elaborate on questions, one could always lead them back and also add follow up questions that were research led. Limitations included the compulsory changing of format of interviews due to Covid 19 restrictions. Interviews from participant 4 onwards had to be conducted via Skype, Zoom or phone. This added a layer of distance between the interviewer and interviewee that made it more difficult to discuss subject matter of a sensitive nature. Also, 86 % of participants were female. A more gender balanced sample in the future would be more representative of the population.

Analysis of the secondary data included the elucidation of the broad theme of Toxic Stress. Displaying exposure to parental alcohol abuse as exposure to toxic stress has allowed us to convey the deleterious and chronically damaging results of exposure. Childhood trauma changes neuro developmental pathways in the brain and can leads to multiple health issues in later life. It has been noted in the literature that substance misuse often coexists with multiple other problem behaviours for example violence and domestic violence have been found to co occur in substance misusing homes. (Hope, Barry, & Byrne, 2018, Velleman & Templeton, 2017, Adamson & Templeton, 2012) This may also be referred to as the exposure to multiple Adverse Childhood Experiences.

In this analysis domestic violence appeared as a prevalent subtheme with one third of participants overtly expressing exposure. This combined with physical abuse was evident in the data.

Neglect was the most prevalent of all, with emotional neglect featuring the most across the data set. Neglect is known as an effect on substance misuse. As the parent is consumed by alcohol dependence the needs of the child are neglected, emotionally and even physically in severe cases. (Velleman & Templeton, 2017) The impact of chronic neglect can be very damaging to the child and can lead to parentification or parent child role reversal, which has a lasting negative psychological impact throughout life.

The theme of Stigma emerged in the secondary data as a major theme with prevalence across all data. Sub themes such as sworn to secrecy, no acknowledgement, normalising problem drinking and keeping up appearances reinforce the sense of the lived experience of stigma among children of alcohol dependent parents. Stigma has profoundly negative repercussions for children of substance misusing parents. It acts as a barrier to support for the entire family. Children's thoughts and feelings go unheard and unacknowledged behind a veil of secrecy. Our data shows a low level of disclosure to people outside the family. This conveys the importance and urgency of the destigmatisation of substance abuse. It acts as a further harm against the child in perpetuating their suffering, due to non disclosure and inaction. This is a societal problem that needs to be tackled at government level. Education around substance misuse, the medicalisation of alcohol dependency and the obliteration of shame, need to be implemented as a matter of urgency.

Thematic analysis of the primary data yielded three global themes, although only two themes were presented. Lifetime Impact across Developmental Stages and Lived Experience Recommendations for Services. The first global theme looks at the impact of parental alcohol misuse across the lifespan. The data that was gleaned from the interviews was more nuanced with regard to school life, peers, college, work and so on. This enabled me to take a closer look at the impact across these stages more so than in the secondary data. Our data reveals gaps in current understandings of the impact of exposure to alcohol misuse on ACOAs. There is some recognition that the effects of trauma are long lasting, but there doesn't seem to be an explicit recognition of the impact of alcohol misuse exposure in particular.

Further exploration of the lifelong impact of exposure to parental alcohol misuse is needed. We know little about the many and varied ways in which exposure to alcohol misuse affects ACOAs throughout their life. The literature points to effects such as substance misuse and mental illness, however more detailed and extensive research is needed. This research can also inform services going forward, that can be tailored to meet the unique needs of this cohort.

The final theme recommends what services children who are exposed to parental alcohol misuse need going forward. Much of the recommendations are very practical and get to the heart of the problem. These participants know from their own experiences what they needed as children and are able to apply this very well to what today's children are in need of. A major theme among recommendations was that of education, the public need to be educated, frontline workers need to be educated, parents need to be educated and children need to be educated about the harms of alcohol misuse and the extent of the impact that is felt across a lifetime.

Having asked the research question at the outset of 'what is the impact of parental alcohol misuse on children and on adults in later life?' I feel that the answer to this question is that there are consistently co occurring features of the impact felt across the life span on those who have been exposed to parental alcohol misuse. These commonalities supersede the individual differences between different coping strategies and outcomes.

Increased vulnerabilities and adversities as it states in the literature does lead to more deleterious effects, however resilience via protective factors is also possible and has been shown by all of our participants throughout their lives to date. More research is needed on protective factors that promote resilience in children and this research needs to applied and facilitated to improve the lives of children and their chances of a positive outcome.

In keeping with recommendations in the literature it is vital that we provide Trauma Informed care to all those affected by alcohol misuse as a matter of urgency and educate society on the impact of alcohol misuse across the lifespan , while also working on destigmatising substance misuse in general, so that parents who have an addictions are encouraged to seek treatment and families are not afraid to step forward and talk to people who can help them. In this way we can enable families to move forward through the provision of appropriate services and the acknowledgement of the past harm that has been caused.

References

Adamson,J. & Templeton, L. (2012) Silent voices: Supporting children and young people affected by parental alcohol misuse. *Children's Commissioner.*

Aldridge J. & Baker,S. (2003*) Children caring for parents with mental illness: perspectives of young carers, parents and professionals*. The Policy Press. Bristol.

Baird,K. & Whelan,B. (2019) Growing up with parental alcohol misuse: impact on mental health.[video file] . Retrieved from https://youtube/BYmgPrlacZ0

Bartlett,J.D., & Steber,K. (2019) How to implement trauma-informed care to build resilience to childhood trauma. *Child Trends.* 1-13.

Braun V.& Clarke V.(2006) Using thematic analysis is psychology. *Qualitative Research in Psychology*. 3(2) 77-101.

Cook,A.,Blaustein,M. Spinazzola,J. & Van der Kolk, B. (2003) Complex trauma in children and adolescents: White paper. *National Child Traumatic Stress Network, Complex Trauma Taskforce.*

Chassin,L. Rogosch,F. & Barrera,M. (1991) Substance use and symptomology among adolescent children of alcoholics. *Journal of Abnormal Psychology.* 4. 449- 463.

Cleaver, 2007 "Child protection, domestic violence and parental substance misuse – family experiences and effective practices.

Darling, N. (2007) "Ecological systems theory: The person in the center of the circles." *Research in Human Development*. 4 (3-4), 203-217.

Dooley,B. & Fitzgerald,A. (2012) My World Survey, National study of youth mental health in Ireland. UCD School of Psychology, Dublin.

Dermody,A., Gardner,C., Davis,S.,Lambert,S.,Dermody,J. & Fein,M. (2018) Resilience in the face of trauma: Implications for service delivery. *Irish Probation Journal.* 15.161-178.

Education Scotland (2018) Nurture, adverse childhood experience and trauma informed practice: Making the links between these approaches..

Felitti,V.J., Anda,R.F., Nordenberg,D.,Williamson,D.F., Spitz,A.M., Edwards,V., Koss,M.P.& Marks,J.S. (1998) Relationship of childhood abuse and household dysfunction to many of leading causes of death in adults: The adverse childhood experiences (ACE) study.*American Journal of Preventative Medicine.* 14(4).

Franke, H.A. (2014) Toxic stress: effects, prevention and treatment. *Children.* 1(3) 390-402.

Ferris,J.A., Laslett,A., Livingston,M., Room,R. & Wilkinson,C. (2011) The impacts of others' drinking on mental health. *MJA*. 195 (3) 22-26.

Hill,L.(2015) Don't make us talk!: Listening to and learning from children and young people living with parental alcohol problems. *Children and Society.* 29 (5) 334-354.

Holmila,M., Beccaria,F. Ibanga,A. Graham,K.,Hettige,S., Magri,R., Munne,M., Plant, M., Rolando,S. & Nazarius, T. (2014) Gender, alcohol and intimate partner violence: Qualitative comparative study.*Drugs: Education,Prevention and Policy.* 21:5, 398-407.

Hope,A. (2011) Hidden Realities: Children's exposure to risks from parental drinking in Ireland. Letterkenny: *North West Alcohol Forum Ltd.*

Hope, A. (2014) Alcohol's harm to others in Ireland: *Health Service Executive.*

Hope,A., Barry,J. & Byrne,S.(2018) The untold story: Harms experienced in the Irish population due to others' drinking. Dublin: Health Service Executive.

Horgan,J. (2011) A family affair? Supporting children living with parental substance misuse: A report of a national conference held in Oct. 2011. National Advisory Committee on Drugs.

Hughes,K.,Bellis,M.A.Hardcastle,K.A.,Seithi,D.,Butchart,A.,Mikton,C.,Jones, L.,Dunne,M.P. (2017) The effect of multiple adverse childhood experiences

on health : a systematic review and meta- analysis. *Lancet Public Health.* 2 (8) 356-366.

ISPCC (2009) If they're getting loaded why can't I? : A large scale exploratory survey examining the behaviour and attitudes of young people in Ireland towards teen and parental alcohol use, and the effects of parental alcohol use on young people's lives. *National Children's Consultation.*

Iver,J. & Barry,J.(2018) An evaluation of the parents under pressure programme (PUP) at Coolmine. *Trinity College Dublin.*

Jaffee,S.R.,Caspi,A.,Moffitt,T.E., Polo-Tomas,M.& Taylor,A. (2007) Individual family and neighbourhood factors distinguish resilient from non resilient maltreated children: A cumulative stressors model. *Child Abuse and Neglect.* 31: 231-253.

Kennedy,S.(2019) Stigma, secrecy and schools: How can teachers support children of alcoholics.

Kroll,B. & Taylor, A. (2003) *Parental Substance Misuse and Child Welfare.* Jessica Kinglsey Publishers. London

Lambert,S., Gill-Emerson,G., Horan,A., & Naughton,A. (2017) Moving towards trauma informed care. A model of research and practice. Cork: *Cork Simon Community*. http://www.corksimon.ie/aces-at-cork-simon/

Laslett,A.M., Mugavin,J., Jiang,H., Manton,E., Callinan,S., McLean,S. & Room,R. (2015) The hidden harm: Alcohol's impact on children and families. Canberra: *Foundation for Alcohol Research and Education.*

Laslett, A.M., Room, R., Waleewong,O. Stanesby,O. & Callinan,S. (2019) Harm to others from drinking: Patterns in Nine Societies. Geneva :*World Health Organization*.

National Advisory Committee on Drugs (2011) Parental substance misuse: Addressing its impact: A review of the literature.

Park,S. & Schepp,K.G. (2015) A systematic review of research on children of alcoholics: Their inherent resilience and vulnerability. *Journal of Child and Family Studies.* 24: 1222-1231.

Rossow,I., Felix,L. Keating,P.& McCambridge,J. (2016)`Parental drinking and adverse outcomes in children: A scoping review of cohort studies. *Drug and Alcohol Review.* 35. 397-405.

Rubin,D.H.(2001) *Treating adult children of alcoholics: A behavioural approach*. California. Academic Press.

Sipler,E., Templeton,L. & Brewer,E. (2019) Steps to cope: Supporting young people affected by parental substance misuse and mental health issues in Northern Ireland. *Advances in Mental Health.* 1-10/

Tamutiene,I. & Jogaite,B. (2018) Disclosure of alcohol-related harm: Children's experiences. *Nordic Studies on Alcohol and Drugs.* 1-14.

Taylor,A. & Kroll,B. (2004) Working with parental alcohol misuse: Dilemmas for practice. *British Journal of Social Work.* 34 1115-1132.

Tedgard,E., Rastam,M., & Wirtberg,I. (2019) An upbringing with substance-abusing parents: Experiences of parentification and dysfunctional communication. *Nordic Studies on Alcohol and Drugs.* 36(3) 223-247.

Velleman,R. & Templeton,L. (2007) Understanding and modifying the impact of parents' substance misuse in children. *Advances in Psychiatric Treatment.* 13,79-89.

Velleman,R. & Templeton, L.J. (2016) Impact of parents' substance misuse on children: an update. *BJPsych Advances*. 22, 108- 117.

Wangesteen,T., Bramness,J.G., Halsa,A. (2018) Growing up with parental substance use disorder: The struggle with complex emotions, regulation of contact, and lack of professional support. *Child & Family Social Work*. 1-8.

Appendix 1. Interview Schedule

Interview Schedule

1. What was it like to live with an alcoholic parent? (Description of experience)

2. Do you feel that this impacted on you as a child? If yes, how? Childhood experience and impact on childhood (development, social skills, school, relationships, attachment, confidence, self esteem, mental health)

3. Do you feel that this impacted on you as an adult? If yes, how? (As a parent, in relationships, work, mental health, wellbeing)

4. What supports should be in place for children and for adults? (trauma informed care, mental health care, early intervention, school support, community support, public education, destigmatisation, resilience focused support.)

5. Is there anything else you'd like to add?

   Thank you for your participation!

Appendix 2 Information Sheet

Information Sheet

Thank you for considering participating in this research project. The purpose of this document is to explain to you what the work is about and what your participation would involve, so as to enable you to make an informed choice.

The purpose of this study is to inform our understanding of the impact on wellbeing for Adult Children of Alcoholics and to identify what supports are required. Should you choose to participate, you will be asked to complete an interview which will include questions on experiences of being an Adult Child of an Alcoholic. Interviews will take approx. 30 to 60 minutes.

Participation in this study is completely voluntary. There is no obligation to participate, and should you choose to do so you can refuse to answer specific questions, or decide to withdraw from the study. All information you provide will be confidential and your anonymity will be protected throughout the study. You should not participate if you are currently under the care of a professional for mental health or substance dependence issues.

You maintain the right to withdraw from the study at any stage up to two weeks after completion of the study by emailing me at 103861571@umail.ucc.ie or my supervisor at sharon.lambert@ucc.ie

The anonymous data will be stored on the University College Cork OneDrive system and subsequently on the UCC server. The information linking codes to participant names will be stored on an encrypted computer.

The data will be stored for a minimum of 10 years. The information you provide may contribute to research publications and/or conference presentations.

If you have a concern about how we have handled your personal data, you are entitled to raise this with the Data Protection Commission.

https://dataprotection.ie

If you have any queries about this research , you can contact me by email (as above) or my supervisor by email (as above).

Should you experience any distress as a result of participation you can contact my supervisor Dr Sharon Lambert at the email above or phone: 021 4904551.

Support is also available through Samaritans 24 hour helpline: 116 123 or email jo@samaritans.ie

If you agree to take part in this study, please sign the consent form overleaf.

Appendix 3 Consent Form

Consent Form

I……agree to participate in Leslie Keating's research study.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I give permission for my interview with [Leslie Keating] to be audio-recorded.

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating.

I understand that I can withdraw permission to use the data within two weeks of the interview, in which case the material will be deleted.

I understand that anonymity will be ensured in the write-up by disguising my identity.

I understand that disguised extracts from my interview may be quoted in the thesis and any subsequent publications if I give permission below:

(Please tick one box:)

I agree to quotation/publication of extracts from my interview ☐

I do not agree to quotation/publication of extracts from my interview ☐

Signed: …….. Date: ……..

PRINT NAME: ……..

Appendix 4 Coding of Primary Data

Coding of Primary Data – Interview 4- Ellen W. (Step 2)

Codes	Themes
Thought it was normal	Normalisation of experience/ignorance of harm
Not on the very far end of it	Minimising extent of…….
Blow ups	Exposure to verbal arguments
Sometimes were worse than others	Fluctuating exp..
Day to day normal (at times)	Normalisation
Massive big event	Exposure to aggressive argument
Screaming & roaring	Exposure to aggressive…..
Kind of normal	minimising extent….
Didn't realise until an adult	Ignorance of harm/extent
Always on edge	Feelings/Impact of exposure….
Apprehension/fear	Feelings/Impact of exposure
Father went out to drink, mother drank at home	Description of parent drinking
Mother would cry	Effect of alcohol on behaviour
Father would get aggressive	Effect of alcohol on behaviour
Mother would offload on them	Treating Children as Therapists
Heavy & difficult	Exp of exposure to behaviour
Unaware of alcoholism when young	Ignorance of harm
Was protected from it	Protection

Really big fights (parents) (young age)	Exp to aggressive arguments
Sub Mis beh worsened (teens)	Progression of Substance Misuse
Increased frequency of fights of exposure	Chronic and increased intensity
Got involved in arguments	involved children
Rebelled against them	Action/reaction (to exposure….)
Felt unliked/unloved relationships	Dysfunctional family
: : : : : : : : : : :	::::::::::;;::::::;: (as above)
Own beh was bad	Reaction to exp to ……
Binge drinking at 14 exp…	Early alcohol misuse/ impact of

Appendix 5 Ethics Application

University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Ref.No._____

ETHICS APPLICATION FORM

School of Applied Psychology UCC

(adapted from UCC Social Research Ethics Committee documentation)

Introduction

UCC academic staff and postgraduate research students who are seeking ethical approval should use this application form.

APPLICANT DETAILS

Name of applicant(s)	Leslie Keating	**Date**	6th November'19
Department/School/Unit, & Supervisor's Name	School of Applied Psychology	**Phone**	0892468241
Correspondence Address	86 Greenhills Court, South Douglas road, Cork	**Professional Email**	103861571@umail.ucc.ie

Title of Project	Understanding the experiences of adult children of alcoholics

Authorisation

Date when this research was considered by the Ethics Committee of the School of Applied Psychology

Result (please check one):

Approved
Approved with minor comments (resubmission is not required)
Approved pending clarification (a list of sections and required clarifications must be made below or appended)
Approved pending approval from external body (the body or bodies from which approval is pending must be specified)
Not approved
Referred to Social Research Ethics Committee (SREC)
Other

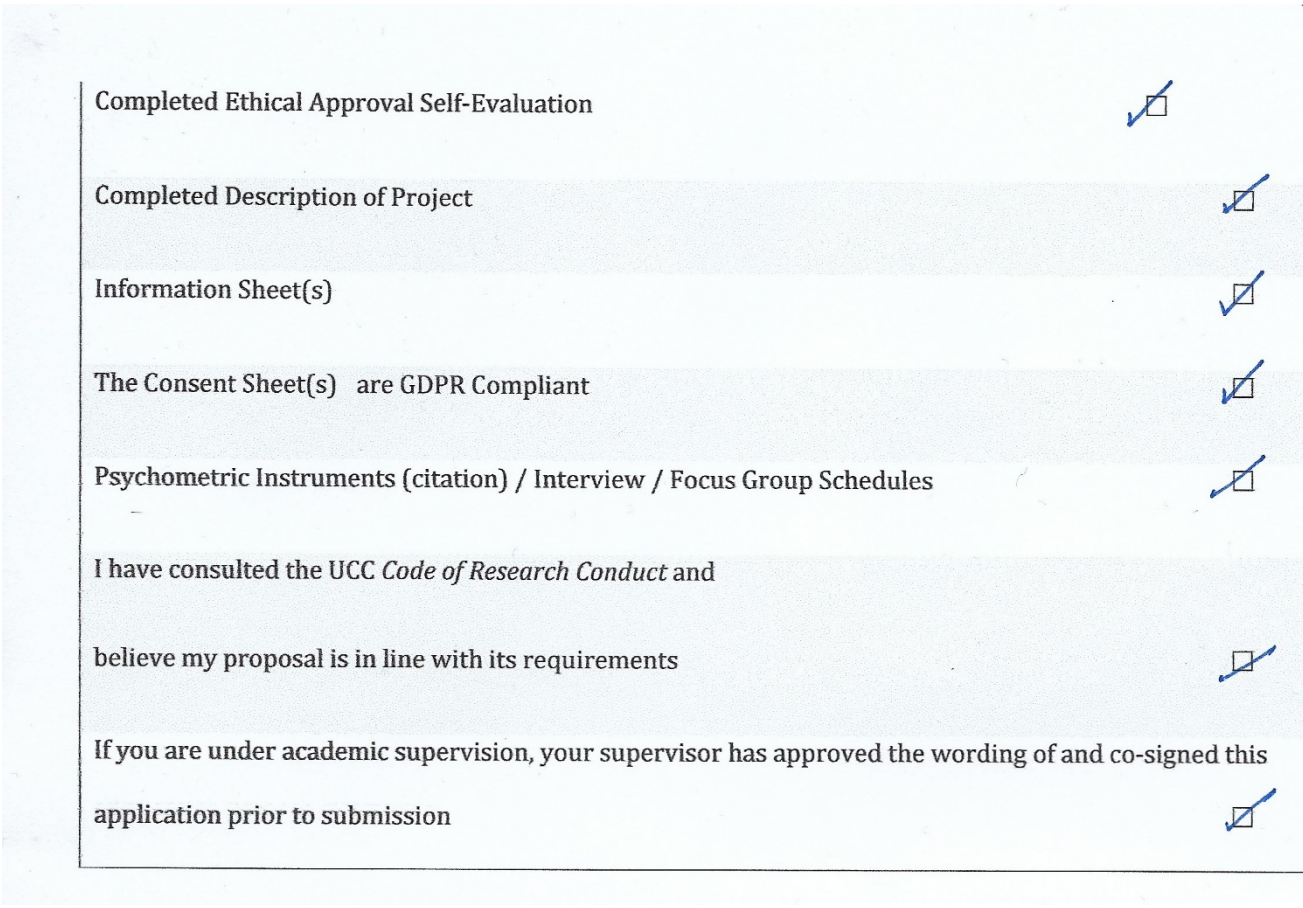
Feedback for the applicant:

Reviewers' signatures:

Date:

Application Checklist

This checklist includes all of the items that are required for an application to be deemed complete. In the event that any of these are not present, the application will be returned to the applicant without having been sent to review. Please ensure that your application includes all of these prior to submission. Thank you.



Completed Ethical Approval Self-Evaluation	☑
Completed Description of Project	☑
Information Sheet(s)	☑
The Consent Sheet(s) are GDPR Compliant	☑
Psychometric Instruments (citation) / Interview / Focus Group Schedules	☑
I have consulted the UCC *Code of Research Conduct* and	
believe my proposal is in line with its requirements	☑
If you are under academic supervision, your supervisor has approved the wording of and co-signed this application prior to submission	☑

CLINICAL RESEARCH SELF-EVALUATION

If the research project is clinical in nature, then it must be referred to the Research Ethics Committee of the Cork Teaching Hospitals (CREC).

The requirements of CREC are set out in the Committee's manual, which is freely available from the secretariat (crec@ucc.ie). In broad terms, prior approval is necessary where the research methodology involves:

		YES
1	Therapeutic interaction with a human participant	
2	A clinical trial of, inter alia, a medical device, medicinal product or clinical technique as stipulated under relevant legislation	

3	Development of diagnostic techniques using human participants	
4	Access to, or utilisation of, human tissue and body fluids	
4	Access to, or utilisation of, identifiable medical data concerning individuals (such as clinical records) by parties not directly concerned in the provision of care to these individuals	
5	Interaction with / observation of individuals in a healthcare contact or setting	
	If yes to any of the above, consider whether your ethical application needs to be referred to the CREC. If you judge that it falls under the jurisdiction of the School of Applied Psychology, please justify this decision http://www.ucc.ie/en/research/ethics/	

SECONDARY DATA ANALYSIS

If this data is not sensitive and there is minimum risk of disclosure of the identity individuals, then the data may be used without ethical clearance.

		YES
1	Do you consider that this data is sensitive and /or there is a risk of disclosure of the identity of individuals?	
2	Did the original study receive ethical approval, if YES, please attach documentation confirming that.	
3	Will the data provided to you will be completely anonymous?	X
4	Will it be impossible to identify participants from resulting reports?	
6	Will the use of the data not result in any damage or distress?	
7	Was consent secured for the original data collection and were participants asked if they were willing to have their data archived and made available?	X
8	Does the analysis focus on potentially sensitive personal data? Please specifiy the nature of the data to be analysed in the description of the research*	
9	Is the data protected by legislation or particular archival restrictions?	
10	Is your use of the data GDPR compliant?	X

*

This could include, but not be restricted to: ethnic or racial origin, political views or religious beliefs, membership of organisations, such as trade unions, physical or mental condition, family life, sexual life, offence history, legal proceedings.

Racial/ethnic origin of the participant

Political opinions

Religious or other beliefs

Physical or mental condition

Sexual or family life

Commission or alleged commission of any offence.

Any proceedings for any offence committed or alleged to have been

committed and the disposal of such proceedings or the sentence of any court in such proceedings.

ETHICAL APPROVAL SELF-EVALUATION

		YES
1	Do you consider that this project has significant ethical implications?	
2	Will you describe the main research procedures to participants in advance, so that they are informed about what to expect?	X
3	Will participation be voluntary?	X
4	Will you obtain informed consent in writing from participants?	X
5	Will you tell participants that they may withdraw from the research at any time and for any reason, and (where relevant) omit questionnaire items to which they do not wish to respond?	X
6	Will data be treated with full confidentiality / anonymity (as appropriate)?	X
7	Will data be securely held for a minimum period of ten years after the completion of a research project, in line with the University's Code of Research Conduct?	X
8	If results are published, will anonymity be maintained and participants not identified?	X
9	Will you debrief participants at the end of their participation (i.e. give them a brief explanation of the study)?	X
10	Will your project involve deliberately misleading participants in any way?	
11	Will your participants include children (under 18 years of age)?	

12	Will your participants include people with learning or communication difficulties?	
13	Will your participants include patients?	
14	Will your participants include people in custody?	
15	Will your participants include people engaged in illegal activities (e.g. drug taking; illegal Internet behaviour)?	
16	Is there a realistic risk of participants experiencing either physical or psychological distress?	
17	If yes to 16, has a proposed procedure, including the name of a contact person, been given? (see no 25)	
18	If yes to 11, is your research informed by the UCC Child Protection Policy? http://www.ucc.ie/en/ocla/policy/	
19	The Consent form(s) are GDPR compliant	X

DESCRIPTION OF THE PROJECT

19. Aims of the project (the research question being investigated)

Current national policy reinforces the notion that children's rights and health are of paramount importance to their development and well-being. Although the issue of parental alcohol misuse and its effects remains largely hidden in Irish society, in recent years a range of Irish studies, reports and initiatives have begun to recognise the problem, also known as hidden harm. These existing studies are largely quantitative in nature and capture the scope of the problem but there is a lack of rich data about experiences missing from the Irish context.

The aim of this project is to discover and highlight the unique challenges that adult children of alcoholics face in the context of mental health and wellbeing.

20. Brief description and justification of methods and measures to be used.

Firstly, I will be analyzing secondary data from short stories submitted via the 'Silent Voices' website. Silent Voices is a branch of Alcohol Action Ireland and works to advocate for policy and practice changes for people impacted by parental substance misuse. This information is publicly available on https://alcoholireland.ie/silent-voices/shared-voices/

The public can upload personal stories for inclusion on the 'shared voices' section of the Silent Voices website. They have to provide consent for this information to be used for the website and for research before they can submit their story. Silent Voices have endorsed this proposed project.

This will be conducted through thematic or discourse analysis.

Following the generation of recurring themes, I will then be devising an interview schedule to conduct 6-8 interviews with people who identify as adult children of alcoholics. This project will be conducted by me a mature student who is currently registered on the Higher Diploma and I have a range of experiences that are relevant i.e. ChildLine telephone counsellor, currently training for HSE crisis text line etc.

21. Participants: recruitment methods, number, age, gender, exclusion/inclusion criteria, detail permissions.

Part one – thematic or discursive analysis of secondary data i.e. 'Shared Stories' submitted via the Silent Voices website.

Submissions have been made anonymously by 5 adult males and 10 adult females who have had an alcoholic parent growing up.

Part two - interviews with adults who identify as ACOA (adult children of alcoholics). Participants will be recruited through purposive sampling and selected by my supervisor Dr Sharon Lambert. While the interview schedule will be informed by the analysis of the shared stories, the aim of the interview is to be non-directive and get participants views on

-what was it like to live with an alcoholic parent

- do you feel that this impacted on you as a child? If yes how?

- do you feel that this impacted on you as an adult? If yes how?

- what supports should be in place for children & for adults?

22. Concise statement of ethical issues raised by the project and how you intend to deal with them

Part 1 - Issues of confidentiality have already been dealt with by Silent Voices in relation to the analysis of secondary data. Members of the public submit personal stories via the silent voices website and these and then anonymised before being published onto the website in a section called shared voices. People who submit stories are asked via a survey monkey link by Silent Voices if they consent to the story being shared on their website and if they consent to the story being used for research and publication purposes. They cannot submit stories before first completing this stage.

Part 2- Information sheet and consent form for interview participants (Approx N =6 to 8).

See Appendices

Participants will be adults who identify as ACOA, must be over 18 and must not be under the care of an addiction or mental health service and not be in active addiction or taking psychotropic medication. Participants will be debriefed at the end of the interview and should they have experienced any distress contact will be made immediately with my supervisor Dr Sharon Lambert who will sign post them to relevant services. Participants will also be provided with a list of online and telephone services.

Interviewees will be informed that their contribution is anonymous unless they disclose a risk of harm to self or others. Data will be anonymized and audio recordings deleted once transcription has taken place.

Data from interviews will be recorded on a Dictaphone supplied by Applied Psychology. Audio recordings will be immediately transferred to an encrypted laptop and transcribing will occur. When the interview is transcribed the audio file will be deleted and the transcription will be stored on UCC One Drive for a minimum of ten years. Participants have the right to withdraw prior to the interview, during the interview and up to two weeks after the interview has taken place. Participants can withdraw their data by emailing me on 103861571@umail.ucc.ie or my supervisor at sharon.lambert@ucc.ie

23. Arrangements for informing participants about the nature of the study (cf. Question 3 above).

Information Sheet/ Part 2 of study

24. How you will obtain Informed Consent (cf. Question 4 above).

Shared Voices Consent Form and Interview Consent Form (Appendices)

25. Outline of debriefing process (cf. Question 9). If you answered YES to Question 16, give details here. State what you will advise participants to do if they should experience problems (e.g. who to contact for help).

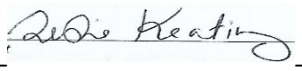
None required for study 1 as participants cannot be contacted we do not know their identity.

Part 2 participants will be asked at the end of the interview how they found the process.

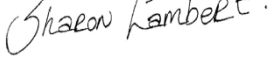
26. Positive Ethics: What are the benefits of this research: how will in contribute to theory and/or practice, how will it be disseminated, etc . This research aims to contribute to the improvement of mental health care for ACOAs. A summary of the main findings will be published on the Silent Voices website. Participants in part one, have given invaluable insights into their unique experiences as an adult child of an alcoholic and this data will aid in research based practice going forward and will be enhanced by the deeper rich data from study part 2.

27. Estimated start date and duration of project

November 14th 2019, duration 5 months approximately.

Signed _____  _____ Date 18/11/19_____

Applicant

Signed ____  _ Date _____18/11/2019__

Research Supervisor/Principal Investigator (if applicable)

Please submit this form and attachments to ethics.ap@ucc.ie, with the words ethics application (followed by your full name) in the subject line). Please include a scan of the signatures required. No hard copies are required.

This form is adapted from pp. 13-14 of Guidelines for Minimum Standards of Ethical Approval in Psychological Research (British Psychological Society, July, 2004)

Last update: March, 2019

GDPR Compliance

Participants own their data and they need to give explicit consent to as how their data is used. Participants h

legal recourse should the data be used in ways that they have not agreed to.

Any breaches of GDPR must be reported to the Data Controller.

Do your consent forms contain the following information?	**YES**
The contact details of the Data Controller.	✓
The contact details of the Data Protection Officer.	✓
Who is collecting the data? (e.g. School of Applied Psychology, UCC	✓
Why the data is being collected.	✓
Whether explicit participant consent being relied upon as the legal basis for processing the data?	✓
How the data will be processed.	✓
How long the data will be retained.	✓
Who the data will be disclosed to.	✓
The rights participants have in relation to their own data outlined.	✓
The right to lodge a complaint with the Data Protection Commission.	✓
The existence of study specific automated decision making (e.g. randomized allocation).	✓
Based on this, are all of the consent forms for this study GDPR compliant?	✓

APPENDIX 1.

If applicable, please attach research questions / copy of questionnaire / interview protocol / discussion guide / etc. materials which the Ethics Committee needs to examine in order to evaluate your application.

-what was it like to live with an alcoholic parent

- do you feel that this impacted on you as a child? If yes how?

- do you feel that this impacted on you as an adult? If yes how?

- what supports should be in place for children & for adults?

APPENDIX 2.

Information Sheet

Thank you for considering participating in this research project. The purpose of this document is to explain to you what the work is about and what your participation would involve, so as to enable you to make an informed choice.

The purpose of this study is to inform our understanding of the impact on wellbeing for Adult Children of Alcoholics and to identify what supports are required. Should you choose to participate, you will be asked to complete an interview which will include questions on experiences of being an Adult Child of an Alcoholic. Interviews will take approx. 30 to 60 minutes.

Participation in this study is completely voluntary. There is no obligation to participate, and should you choose to do so you can refuse to answer specific questions, or decide to withdraw from the study. All information you provide will be confidential and your anonymity will be protected throughout the study. You should not participate if you are currently under the care of a professional for mental health or substance dependence issues.

You maintain the right to withdraw from the study at any stage up to two weeks after completion of the study by emailing me at 103861571@umail.ucc.ie or my supervisor at sharon.lambert@ucc.ie

The anonymous data will be stored on the University College Cork OneDrive system and subsequently on the UCC server. The information linking codes to participant names will be stored on an encrypted computer.

The data will be stored for a minimum of 10 years. The information you provide may contribute to research publications and/or conference presentations.

If you have a concern about how we have handled your personal data, you are entitled to raise this with the Data Protection Commission.

https://dataprotection.ie

If you have any queries about this research , you can contact me by email (as above) or my supervisor by email (as above).

Should you experience any distress as a result of participation you can contact my supervisor Dr Sharon Lambert at the email above or phone: 021 4904551.

Support is also available through Samaritans 24 hour helpline: 116 123 or email jo@samaritans.ie

If you agree to take part in this study, please sign the consent form overleaf.

Consent Form

I……agree to participate in Leslie Keating's research study.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I give permission for my interview with [Leslie Keating] to be audio-recorded.

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating.

I understand that I can withdraw permission to use the data within two weeks of the interview, in which case the material will be deleted.

I understand that anonymity will be ensured in the write-up by disguising my identity.

I understand that disguised extracts from my interview may be quoted in the thesis and any subsequent publications if I give permission below:

(Please tick one box:)

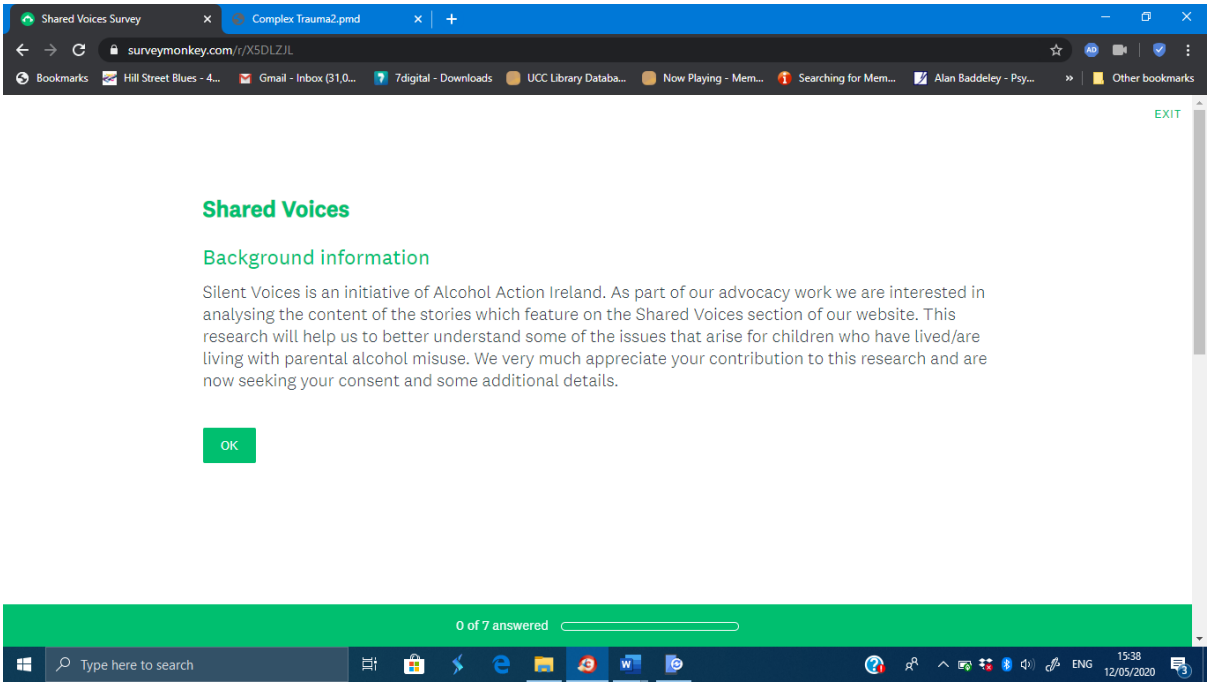
I agree to quotation/publication of extracts from my interview ☐

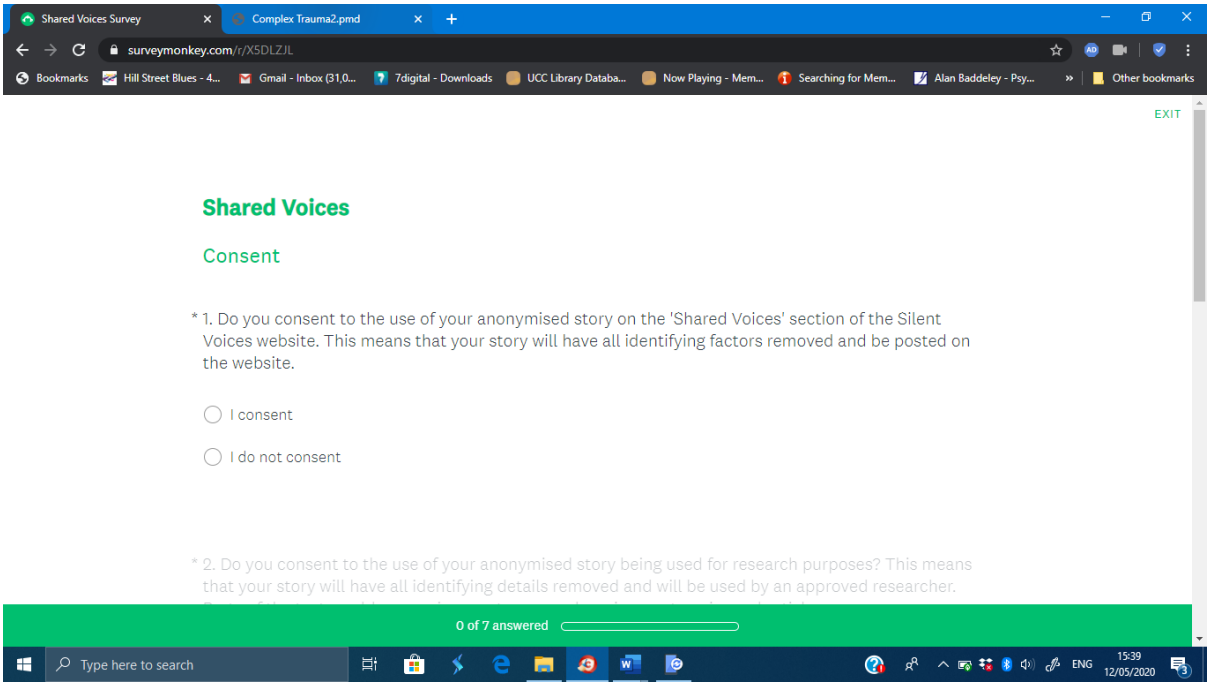
I do not agree to quotation/publication of extracts from my interview ☐

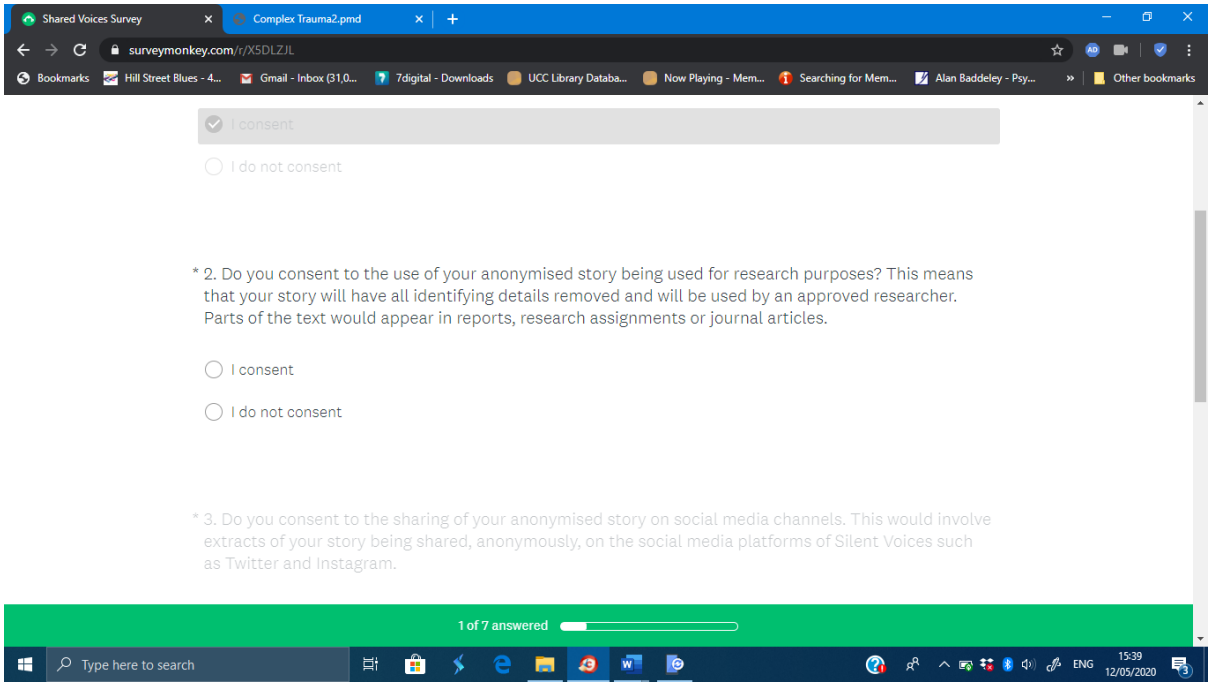
Signed: …….. Date: ……..

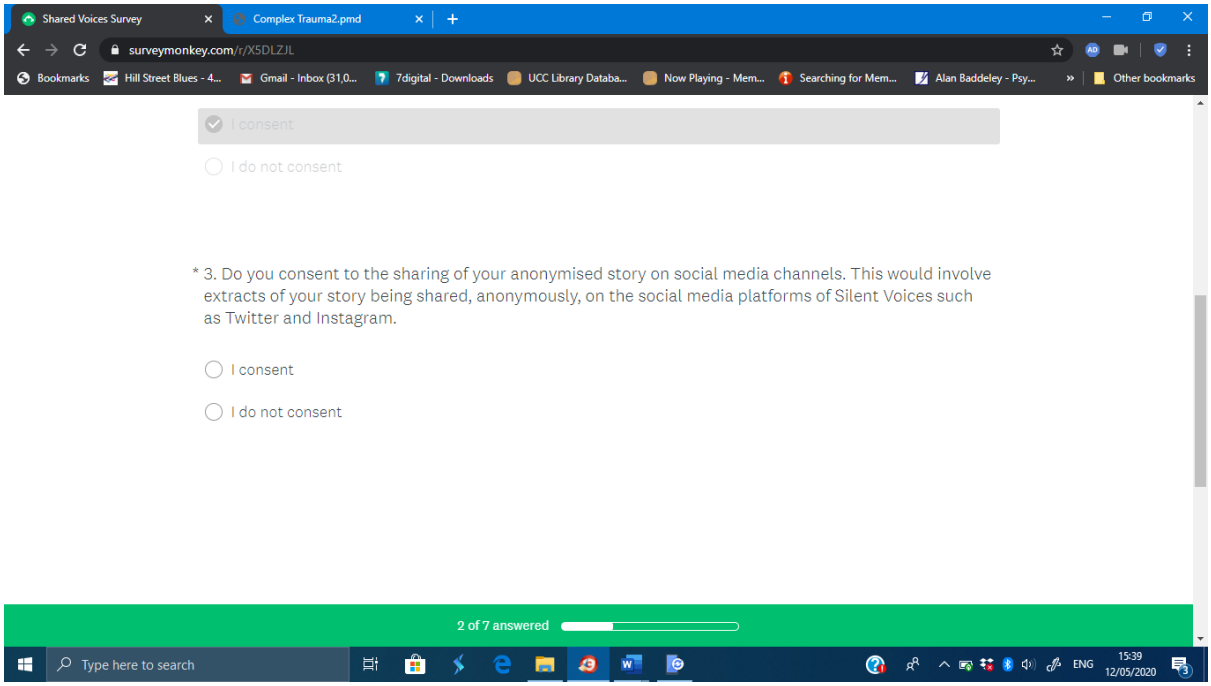
PRINT NAME: ……..

Appendix 6– Silent Voices Information Sheet and Consent Form






Shared Voices Survey
Complex Trauma2.pmd
surveymonkey.com/r/X5DLZJL
I consent
I do not consent
* 2. Do you consent to the use of your anonymised story being used for research purposes? This means that your story will have all identifying details removed and will be used by an approved researcher. Parts of the text would appear in reports, research assignments or journal articles.
I consent
I do not consent
* 3. Do you consent to the sharing of your anonymised story on social media channels. This would involve extracts of your story being shared, anonymously, on the social media platforms of Silent Voices such as Twitter and Instagram.
1 of 7 answered
Type here to search
ENG
15:39
12/05/2020


Shared Voices Survey
Complex Trauma2.pmd
surveymonkey.com/r/X5DLZJL
I consent
I do not consent
* 3. Do you consent to the sharing of your anonymised story on social media channels. This would involve extracts of your story being shared, anonymously, on the social media platforms of Silent Voices such as Twitter and Instagram.
I consent
I do not consent
2 of 7 answered
Type here to search
ENG
15:39
12/05/2020

Appendix 7 – Omitted Themes

(i) Part A – Lifelong Impact

The second theme; ***Lifelong impact*** describes the felt impact of parental alcohol misuse, from childhood through to adulthood. While ***Toxic Stress*** highlights the multiple adverse childhood experiences endured by children of substance misusing parents, ***Lifelong Impact*** focuses on the temporal aspect of the repercussions of that abuse, one that is felt across a lifetime for the Adult Children of Alcoholics (ACOAs). It contains subthemes such as thoughts and feelings, actions and reactions, parentification, mental illness, mental and emotional health issues, impact on parenting and needs of the Adult Children of Alcoholics (ACOAs) Some of the effects of childhood exposure to substance misuse as reported in Silent Voices extracts were, sleepless nights, feeling unsafe and unheard, worrying while in school and emotional distress. Siobhan describes the impact of parental alcohol msisue on children, in the extract below.

"It is hard to imagine from the outside, but parental alcohol misuse has a fundamental effect on every single aspect of the child's life. Children are at the mercy and will of their parents and when the parents are drunk, their children are the first people to be affected." Siobhan

<u>Thoughts and Feelings</u>:

Debbie describes the chronic stress and apprehension that she endured while at school, in fear that her mother may die due to alcohol misuse.

"I went to school and worried about my mother all day. Every knock on the class room door was, I believed, someone bringing news of my mother's death.." Debbie

The most prevalent feeling in the data across all participants subjects was that of fear. This is due to the felt sense of the parent being out of control due to alcohol misuse and the behavioural changes that occur in this context. The

child feels vulnerable and helpless in this situation and fear is a normal response to an abnormal situation.

"Overwhelming fear" Ciara *"worry, shame and fear"* Dawn

I lived in fear most of my early childhood. Ian

Actions and Reactions : Young children in a substance misusing home react to their environment with varying coping strategies. These can range from mood watching and hyper vigilance to protecting and caring for others. These coping methods were evident in the data.

"*..always busy figuring out moods, watching and waiting for signs of an imminent "binge", "skite", "session"..*" Frances

This hyper vigilant behaviour of the child is in response to the chaotic and unpredictable environment of a substance misusing home. The child seeks to gain some control over what may occur by increasing her attention and looking for changes in mood, anything that may indicate the foreboding of a future dangerous and unsafe situation for the child.

"From a very early age I kept a vigilant guard at my bedroom door slightly ajar awaiting an eruption." Frances

Guarding the door serves a dual function of protecting herself from oncoming intoxicated parents into the bedroom and also monitoring what is going on. This will assist in allowing the child sufficient time to react in order to protect herself.

"They were yelling and when we got home I sent my little brother straight to his room. I could hear screaming in the kitchen, lots of bangs.. I brought my little brother into my room, called my nanny, and refused to open the door until she got to the house. That was one of the worst nights I've ever had." Jenny

A common reaction in the data to the unsafe environment that ensues from parental alcohol misuse was, protecting their younger siblings physically and emotionally from any exposure. This indicates an awareness of danger on the part of the child and an intuitive desire to protect those more vulnerable than

oneself. Jenny displays competent coping skills in her reaction to an unsafe situation where she kept herself and her brother safe, called her grandmother and waited for her to arrive.

Parentification

As discussed in more detail in part b of the analysis, parentification can and often does occur in substance misusing homes. This process involves a parent -child role reversal, where the child looks after the parents emotional needs or takes over responsibility for household duties, sometimes both.

"When our parents drank, we were left to our own devices. From a very early age, we had to assume total responsibility to feed ourselves, manage finances, manage chaotic parents, get to school." Ciara

This level of responsibility a young age puts enormous pressure on the child's resources and essentially robs them of their childhood. Children who take over household roles in this manner often become mature before their time, in a development of what is termed in the literature as "precocious maturity". (Alderidge, Becker,& Saul,2003)

Mental Illness

Children who suffer toxic stress as children are at an increased risk of developing mental illness. This onset most frequently occurs during adolescence. Anxiety and depression are the often cited mental illnesses of Adult Children of Alcoholics. In the extract below, Jack describes how his experience of chronic stress, meant that during his development he learned only how to survive and not how to live.

"The world that I had been adapted to live in was one of alcoholism and total family dysfunction and I had fundamentally, no real idea, what living in the real world required. When I was in my late teens I developed anxiety/ depression. I remember telling the doctor, in detail, about what I was going through at home. He offered me medication and a referral to a social worker ." Jack

Mental & Emotional Wellbeing

As children who have been exposed to parental alcohol misuse develop into adulthood, the mental and emotional impact of their childhood experience stays with them and this impact is felt and experienced throughout adulthood. ACOAs often turn to therapy in an attempt to address their difficulties with everyday life and with emotional issues from their past. As Roisin suggests below, growing up in a dysfunctional household leaves one ill prepared emotionally and mentally for the nuances and challenges of the outside world.

" My 'normal' is not at all normal. I'm functioning on a shaky foundation of fear and self-loathing, but covering it up with the niceties of an education, job, relationship etc. A good counsellor is helping with all this. " Roisin

Adult Children are oftentimes excellent at masking their underlying feelings. They must use all of their resources to cover up and fit in to a world that is nothing like what they have experienced as children. This underlying emotional distress remains under the surface and as noted before is what leads Adult Children into therapy in order to cope with these ongoing issues.

Impact on Parenting

The parenting experience can bring up issues of their own childhood for children who grew up in a substance misusing home. They can see through the eyes of their own child while simultaneously seeing through the eyes of themselves as a parent. They now know what is like to feel love for your children and begin to ask themselves how could my parent have treated me in the way the way that they did.

"When I had children I wanted her nowhere near them, I didn't want her to touch them, I felt like she was going to infect them. I realised how utterly selfish she is and still do not understand how you could treat someone as she treated me. I want to help my children as much as I can . She didn't even try, she didn't do her best at all." Lucy

Needs of ACOA

In the secondary data there was a prevalent utterance of the need for acknowledgement. Having described the suffering that they have endured, they need closure. This is very difficult however if the parent is in denial and does not have the courage to acknowledge the harm that was caused by them. Sometimes, whole families remain in denial and this may cause the person to doubt the validity of thie own experience. Adult Children want to move on with their lives, but first there needs to be an acknowledgment on the part of their family and on the part of society of the impact of the detrimental and long lasting harm caused by exposure to parental alcohol misuse.

"*Children of parental alcohol misuse will likely spend most of their lives contending with the impacts that their experiences had on them and for that reason need to be acknowledged and supported*." Jack

Part B – Toxic Stress

Toxic Stress:

All of the participants that have grown up in substance misusing homes have been subject to chronic toxic stress due to their environment. Toxic Stress is defined as "..severe ,prolonged, or repetitive adversity with a lack of the necessary nurturance or support of a caregiver to prevent an abnormal stress response." (Sipler, Templeton & Brewer, 2019, p.1) Features of exposure to toxic stress include exposure to violent arguments, mental illness, emotional abuse, physical abuse, parentification, family disharmony and the loss of a parent due to marital breakdown.

Exposure to violent arguments:

Three out of seven participants described being exposed to violent outbursts and arguments between their parents on an ongoing basis. This exposure is extremely frightening and unsettling for the child, and damaging in the long-term.

" And they started screaming and roaring the house down and that kind of situation." Ellen W.

"There were arguments and..mmm..you know, drink-fuelled arguments and..a lot of aggression .". Patrick D.

Exposure to mental illness:

Almost half of the interviewees were exposed to a comorbid mental illness of the substance dependent parent. In all cases this was a major depressive disorder. Exposure to either a parental mental illness or substance dependence parent alone is considered an adverse childhood experience and is regarded as developmentally damaging.

Therefore, the existence of both issues together increases the vulnerability of the child substantially. It is indicative of increased prevalence of more harmful conditions in the child's environment. For example, increased prevalence, intensity and length of emotional and physical neglect, among other issues.

" my mam would have suffered from depression as well and there would have been periods where she wouldn't really have been. providing us with a school lunch or whatever. But you know, you just take money..and..so, it wasn't like I was starving!.." Ellen W.

Emotional Abuse:

From the data 5 participants reported incidences of emotional abuse. Emotional abuse may be defined as "..any type of abuse that involves the continual emotional mistreatment of a child." (NSPCC,2020) Forms of emotional abuse that were prevalent in the data were, blaming and scapegoating, exposing a child to upsetting events or situations, manipulating a child, being absent and persistently ignoring them. Emotional abuse can lead to emotional, behavioural and mental health problems. (NSPCC, 2020)

Patrick D. describes a manipulative form of emotional abuse that he was exposed to.

"..it would go..that she was hard done by and she was always drawing you in by saying I'm not telling you half the story.so, there is worse, but I can't tell you. And so then that's left up to your imagination,. how bad were things really, if this is what she was telling me how bad it was? oh yeah.. so I mean you were left to make up your own mind." Patrick D.

Poor and Neglectful Parenting:

Several interviewees reported that they were often unsupervised or left alone for extended periods of time. This was either as a direct result of parental substance dependence or as a secondary feature, where the sober parent became unwell due to stress.

“ I was really..undependably supervised as a kid I think, like there was never anybody making sure that I was doing , what I was supposed to be doing.” (And I was smart, so I got away with it a lot) Tracy S.

Parentification

Chronic neglect and lack of supervision can be very damaging to a child’s self esteem and sense of self . Parentification is a coping strategy developed by a child who is being severely neglected, in order to minimise the stress that she is enduring due to parental neglect. (Tedgard, Rastam & Wirtberg,2018) The term is defined as “..a functional and/or emotional role reversal, in which a child , in response to an adult’s abdication of parental responsibility, reacts by sacrificing his or her needs for attention, comfort and guidance, in order to care for the logistical, emotional and self-esteem needs of a parent” (Chase, Deming & Wells,1998 in Tedgard et al 2018, p.225). It has two variants referred to as “logistical/instrumental parentification” , which is the practical application of the parents household role, and “ emotional parentification”, this involves the child in taking responsibility for her parents feelings, by becoming a friend, getting involved in marital disagreements and protecting the parent (Tedgard et al, 2018).

While both forms are the result of severe and prolonged neglect, it is thought that emotional parentification is more damaging long-term for the child. In the case of emotional parentification the child can either be scapegoated by the parent as a cause for all ills or become the perfect child , who never causes any trouble. Both variants can cause difficulties for the child in areas of differentiation of self, self regulation and relational impulses of separateness and togetherness. (Tedgard et al,2018) The research suggests that emotional parentification grows out of a severe form of neglect in which “the child’s basic physical and emotional and psychological needs of care and affirmation are poorly recognised and certainly not satisfied.” (Hooper,2007) in Tedgard,2018,p.225)

Of the participants who have been interviewed, one participant displayed logistic/instrumental parentification. Whether emotional parentification was present is unknown in this case.

“I was pretty independent by about age 12 or 13; at that point, I started to run my own life in a lot of ways..like..mmm.. making appointments and registering myself at school…like basically anything that my dad legally did not have to be present for me to do, I did by myself!. ..he would even refuse to show up to things that he did ..have to be present for ..I remember that I was more than once in the awkward position of telling a doctor who couldn't see me without parental supervision that he would "be right there", when he definitely wouldn’t be!” Tracy S.

This participant suffered severe and chronic neglect from her only caregiver and was forced to adapt by taking over the role of parent for herself. As she says, she felt very anxious and uneasy at times, having to rely on herself alone to manage her life without support from a young age.

A further three participants have conveyed forms of emotional parentification throughout the interviews. Patrick D., would listen to his mother air grievances late into the night and would also try to help in whatever way he could. He conveys how he felt guilt at leaving her concerns behind him somewhat as he went on to build a life of his own.

“when I began to adjust around my own life and not..take on the responsibility of mmm..fixing all my mother’s problems..let’s say not taking on all the guilt for that..was when I started to have a good relationship with “Yvonne” Patrick D.

“..anguish..because, there was a terrible problem and I didn’t know how to fix it..

and it was chronic..so, I think it eventually pushed me down..so far..that I had to step aside..” Patrick D.

Ellen W. would get involved in marital disputes between her parents, who later separated. She also rebelled against them as a teenager and felt that this brought a lot of anger down upon her, she reports feeling unloved and unliked by her parents during this time. This could be indicative of the scapegoat variant of emotional parentification.

“it definitely escalated when we went into the teens..and I witnessed a lot more and kind of ended getting drawn into things..” Ellen W.

“So I think it impacted my..I did..I rebelled a lot against them...which brought a lot of kind of anger down upon me and it was very much..I felt very mmm..like..unloved or disliked even.. it impacted that I wasn’t really..I felt that they didn’t like me.” Ellen W.

(iii) Resilience via Protective Factors

Protective factors increase the likelihood of resilience, while vulnerabilities decrease the likelihood of a positive outcome. Protective factors can related to individual strengths, social supports and buffers. Vulnerabilities in this context refer to multiple adversities, such as co- morbid mental illness of the substance misusing parent, exposure to violence, physical/sexual abuse, parental separation and having both parents substance dependent.

All of our participants have shown great resilience in the face of many and varied challenges. It is evident from the data, that resilient outcomes are the result of combined individual and social protective factors, support from others, really does make a difference.(ref Growing up in Ireland study)

Resilience

Ellen W.’s decision to bury herself in school work was she says " a bit of a saviour”. Her individual strength of high intelligence aided her ability to do well in school. This was also encouraged strongly by her parents at the time.

This enabled her to have options later on. Having had problems with substance misuse in the past, she left this behind and went back to college as a mature student and is now completing her Masters .

Protective Factors: individual strengths, positive reinforcement of values and capabilities.

Vulnerabilities/Adversities: Both parents substance misusing and one parent comorbid mental illness.

“Even though I was still in a lot of trouble for my behaviour…I was always able to get good marks..And I knew I wanted to do well in my Leaving Cert and so it was easy for me to bury myself..in my work.” Ellen W.

“I always had this message all the time as a child, that you could do whatever you wanted..you could be a doctor you could be a scientist whatever.. so, I had that positive affirmation all the time.. so I think even, when things got bad for me..mmm..I would have always had that idea in my head like that, sure look at any stage like I can stop this..I can go back to college and I can sort my life out..and I think that sort of saved me..because I always had that belief!”

Resilience:

Alicia P.s high aptitude at school enabled her to attend third level as a mature student. In the midst of poor mental health (anxiety and depression) she graduated and went onto Masters level.

Protective Factors: Supportive long-term relationship and therapeutic support.

Vulnerabilites/adversities: mental illness and parental separation

“Interestingly though during all of that I still managed to go to college..I went to college as a mature student..but my mental health during college was very bad.I managed to do it..I don't know how I got through it.”

Alicia P. cites long-term partner as a protective factor contributing to success and wellbeing today .

“ I'm really lucky that I've been with the same person for years and years and years.. and..I suppose..mm..he would have put up with alot in terms of having to manage my mental health.” Alicia P.

Also, finding a psychologist that she clicked with having gone to various counsellors over the years..

“Mmmm..I think i was 28?..when I went to the psychologist who I found really good. And that probably gave me the skills to say ok this is why you respond this way to this.” Alicia P.

“I went and I did a lot of counselling..and that worked really well.” Alicia P.

Resilience

Lisa H. developed a coping strategy of keeping herself busy in school and outside of school. This meant that she gained excellent social and academic skills. She went onto third level and became heavily involved in several college societies. She also graduated at Masters level, having suffered a depressive episode at 19.

Protective Factors: Individual strengths, supportive peer relationships, in residence with mother during the week (limited exposure to substance misuse)

Vulnerabilities/adversities: Parental separation, mental illness.

”I made myself so busy that I didn’t have time to think or time to stop.. like I had a lot of hobbies...Eh..like in secondary school..I would have done karate, and boxing and running and training every evening..and then I’d work at the weekends..I’d just..I’d be so busy that all I’d do is sleep..”. Lisa H.

. “I kind of always did really well in school..but mmm..my mom would have been very academically smart..there was a lot of indirect pressure to do well in school but..like..she never outwardly ..gave out to me to do better. There was always an expectation there..do you know” Lisa H.

“..In school like, I had a pretty good group of friends through primary and secondary school..mmm.. one of my friends who I was still with in secondary school made a joke that, me and two other people that we used to hang out with had the divorced parents club.” Lisa H.

".. in secondary school I made very good friends with a few different people actually who had alcoholic fathers aswell.. and mmm..one girl, who I'd be very close with, we had always kind of said we were more like sisters, so..whenever we'd meet up and talk we'd say, "what's your dad done this time?" Lisa H.

Resilience: Coping with mental illness and attending therapy.

"my mental health is kind of ..it always takes dips..it always does..but like..when I was kind of 19 ..20..is when I was very bad, and I was on antidepressants for about 6 months..maybe more..and I went to counselling.." Lisa H.

"Last Summer..I did go back to counselling again...like my mental health does take dips and dives it does for sure..but I kind of ..I have the resources..whereas I didn't as a teenager.." Lisa H.

Tracy S's father was a single parent, she pretty much raised herself from 12 or 13 she reports. She chose not to disclose her father's substance misuse to her friends as a teenager and used to lie about why she couldn't attend certain events. She would be "dealing" with her father instead, helping him, as he aired his grievances. She was very proactive in school and did a lot of extra curricular activities, she focused on school and getting into college. She is now graduating college and is starting a Masters in September. She suffered from an eating disorder from 17 to 19 years old, but managed to overcome it and with the support of a college supervisor and counselling. Tracy S. cites the support of family and positive mentors as important factors in her overall success.

Protective Factors : Individual strengths , support of older siblings, friends, friends parents, teachers and mentors.

Vulnerabilites/Adversities: Death of a parent, single parent family, mental health disorder.

"Mmm.. I think that I was really lucky to have mmm..lots of other positive mentors outside of the house..yeah so I had lots of teachers and friends ..so my college professors eh especially like my supervisor, has been a huge source of support throughout college…ah..so I think that that made a big difference for me..yeah..I was lucky..I have other family, who've been really great mmm.. so my brother and sister when I was growing up , my brother and I are really close now, eh..and so I think that we really helped each other.." .. "So I was a baby mmm.. my older sister was 5 years older than me and my brother was 8 years older that me..mm.. and so they were really like..they would like triage like..I really..I didn't have to deal with my dad as much as they did." Tracy S.

".. I don't think my friends parents knew..but mm..they kind of did..so they always kind of stepped ..I was always getting I would have you know..several day sleep overs in my best friends house when I was in elementary school mm.. they would take me and do things ..so yeah..I definitely had people filling that role for me.."

School as a protective factor

"That's where I really sought out the positive reinforcement I couldn't get at home. I definitely helped my dad a lot, too... I was always making my own doctors' appointments, figuring out logistics for everything…getting myself places,…even from a very young age. My dad wasn't exactly the type to help with a school project…" (Parentification)

Protective factors- hobbies & extra curricular:

" I was a competitive runner from age 5 through 16…I did piano lessons and painting…mmm..I was captain of my school's science bowl team…I was on the trivia team…..mmm.. Oh..I did Model UN and I was on the student council …I competed in Statewide English competitions "

"I think getting out of the house was a big motivation to always be doing something and a big reason to feel a lot of pressure to get into a good college…I felt like I needed to prove to people around me that I'm not doomed to follow in my family's footsteps".

From the data, it is evident that our participants struggled with adversity, but were also supported by protective elements. Their unique strengths combined with external supports enabled them all to be resilient and successful in spite of adversity.

Appendix 8 Student Congress Poster

Understanding the experiences of adult children of alcoholics

Leslie Keating & Dr. Sharon Lambert, School of Applied Psychology, UCC.

Context: Current national policy reinforces the notion that children's rights and health are of paramount importance to their development and wellbeing, yet the issue of parental alcohol misuse and its effects, remains largely hidden in Irish society. In recent years a range of Irish studies, reports and initiatives have begun to recognise the problem, also known as hidden harm. These existing studies are largely quantitative in nature and capture the scope of the problem, however there is a lack of rich data about experiences missing from the Irish context. The aim of this project to discover and highlight the unique challenges that adult children of alcoholics face in the context of mental health and wellbeing.

Methods: Qualitative approach in 2 streams;

1. Analysis of secondary data from 16 short stories of lived experience submitted via the 'Silent Voices' website.
2. Primary data collection interviews with 7 adults (6 F, 1M) who identify as Adult Children of Alcoholics. Interviews were approx 30 to 60.

Data was analysed using thematic analysis (Braun & Clarke, 2008)

Results:

A. Silent Voices shared voices. Emergent themes include " Unsafe home environment." , the experience of the child growing up in a substance misusing home. A second theme of "Impact of exposure to parental alcoholism", sub themes included, mental illness, emotional issues, substance abuse, and lifelong impact. "Lifelong impact" is a novel finding that asserts the persistence and chronic nature of the impact of exposure to parental alcohol abuse throughout the lifespan. A large proportion of the submissions noted the continual nature of their struggle.

B: Interviews. Interviews have been coded and broad themes have emerged. An overarching theme is "exposure to trauma". There are several salient sub themes within this overall theme such as exposure to: alcohol misuse, violence, emotional abuse, emotional and physical neglect and mental illness.

Recommendations for the future: Given the prevalence and breadth of the impact that is experienced by Adult Children of Alcoholics (ACOA's , a timely and appropriate response is warranted. We divided recommendations into three main areas:

1.School- psychology service and education about alcohol use.
2.Services- All frontline workers should be trauma informed .
3.Policy - A Public health campaign destigmatising substance abuse in Irish society.

Recommendations for the future

School — "...more education, for parents around the impact that it could have on kids.."

Services — "...getting in therequicker, identifying it, knowing it's a problem so. and then, supporting the whole family"

Policy — "I think one of the things that needs to be done is a public health campaign to reduce the stigma in relation to addiction"

Theme: Unsafe Home Environment

- Homelife is often unpredictable and frightening.
- Behavioural changes of substance abusing parent are experienced as terrifying for the child.

Sub-theme: Coping with the situation

- Child adapts to this environment by protecting younger siblings, guarding the door, mood- watching and trying to help other parent.

"I would wake up in the morning afraid to go into rooms because he might be there. You would never know what kind of mood he would be in but it usually wasn't good."

"Life was very unpredictable and we didn't know when the next hurricane would hit."

"Dad could be violent when he drank. I have 2 younger siblings. I would tell them that everything was going to be ok, while downstairs dad was beating our mum."

Theme: Exposure to trauma

- Mental illness is also prevalent among substance abusers.
- ACOAs often suffer exposure to this comorbid condition.
- Other key traumas experienced include:

Exposure to : violence & verbal arguments
physical & emotional abuse
physical & emotional neglect

"my mam would my suffered from depression aswell, and ... she wouldn't really have been providing us with a school lunch"

"..it would go..that she was hard done by and she was always drawing you in by saying I'm not telling you half the story..there is worse, but I can't tell you.."

"My caregiver was both the source of the trauma and the only place I knew to turn for safety from the trauma"

Theme: Impact of exposure to trauma

- Mental Illness such as anxiety and depression
- Substance abuse issues
- Emotional issues requiring therapy

"I was a heavy drinker by 14 and was taking drugs, cannabis..at 14 or15 and then onto more heavy stuff by 16 or 17"

"[I had]...periods of very bad mental health. Suicide attempts, hospitalizations. Really bad anxiety, really bad depression, medication."

Why is this so important? → **THIS IS A LIFELONG IMPACT**

"I think it's ..more difficult for me to grow up a little bit..learning how to have healthy relationships, learning how to impose structure on my life has been..more difficult for me I think than most people.."

"..and I mean I'm sure when I have kids it's going to be, that's going to be something mmm..it will come up AGAIN!" (laughs)

"I'm still not anywhere near..where I need to be you know..it's going to take time"

"..it still impacts in that way in that sometimes in moments of what should be a really happy time for my family, I actually feel really sad because I feel sad for the child in me."

experienced by ACOA's from childhood to adulthood, across all data.

UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Applied Psychology UCC

Appendix 9 Interaction of Themes (Part B)