

ADOLESCENTS' EXPERIENCES OF AND STRATEGIES IN COPING WITH PARENTAL SUBSTANCE ADDICTION IN A RURAL FARMING COMMUNITY

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ABSTRACT

South African legislation and policy documents provide a framework that emphasises the need to protect and care for children of addicted parents. However, the literature and recent studies do not focus on how adolescents in rural communities experience dealing with an addicted parent or the type of services they need. This article is based on a qualitative research study that explored and described the experiences and coping strategies of adolescents in rural communities who are faced with their parents' addiction. The findings describe their perceptions of the nature of parental substance addiction, how it affects them, how they deal with it and their requests for support.

Keywords: adolescents' experiences; coping; parental substance abuse; rural farming community



INTRODUCTION

Various international studies focus on how parental substance addiction affects the child. A study by Jordan (2010, 340–346) focuses on the physical, mental and cognitive health effects which parental substance abuse disorders have on the developmental stages of children. Another study by Haggerty, Skinner, Fleming, Gainey and Catalano (2008, 3) focuses on the long-term effects of substance abuse disorders among children of parents in methadone treatment. The authors argue that family-based interventions should form part of treatment. Within the South African context, Toumbourou, Stockwell, Neighbors, Marlatt, Sturge and Rehm (2007, 1391–1401) found that a lack of services is experienced, in particular, by adolescents living in rural areas and by those from disadvantaged communities. The authors explain that many rural communities face poverty and unemployment, and that the sale of alcohol/other substances provides a sustainable income, benefiting the addicted parents. A study by Onya, Tessera, Myers and Flisher (2012, 352) identifies family addiction as one risk factor that contributes to adolescent substance abuse in rural areas. A specific lack of rich descriptions of adolescents' experiences and coping strategies in terms of parental substance addiction from a social work perspective was identified as a gap in the existing knowledge. It is important to consider that these adolescents are not likely to be the direct focus of intervention, and that indirect support is provided in that most interventions for addicted parents focus on how they may be assisted to support their children (Barnard and McKeganey 2004, 552). Greenberg, Bonifacio and Werner (2008, 3) note that extensive studies, knowledge and skills are needed to address the needs of adolescents who are exposed to parental substance addiction. This viewpoint is further supported by the National Youth Policy (RSA 2009, 17 and 27) that also emphasises the necessity for research regarding the needs of these adolescents and the development of services based on research findings.

This article is based on research that explored and described how adolescents in rural communities experience parental substance addiction and what strategies they devise to cope with the situation. A background discussion is presented first, followed by a description of the research methodology utilised to obtain the data that informed the findings. The findings are presented next, while the article concludes with recommendations for practice.

BACKGROUND

In South Africa, because substance abuse has increased so rapidly, it demands a comprehensive national response. To this end, the Prevention of and Treatment for Substance Abuse Act, No. 70 of 2008 (RSA 2008), was promulgated. In 2011, the South African President, Jacob Zuma, highlighted that the fight against substance abuse is the key aspect in promoting “social cohesion and stable communities” and the National Drug Master Plan, 2013–2017 (RSA 2011) came into effect. However, research in South

Africa has shown an alarming increase in substance-related problems, substance abuse and addiction since the late 1990s (Plüddemann, Dada, Parry, Bhana, Bachoo, Perreira, Nel, Mncwabe, Gerber and Freytag 2010, 6; Ramlagan, Peltzer and Matseke 2010, 1). Substance abuse and addiction are prevalent in seven per cent of peri-rural and 33 per cent of rural areas. In rural areas, substance abusers and their families are particularly susceptible to poverty, crime and domestic violence (Department of Social Development and the Central Drug Authority 2012, 8 and 13).

In the Western Cape province, where the study that informed this article was conducted, statistics from the South African Community Epidemiology Network on Drug Use (SACENDU) (Dada, Plüddeman, Parry, Vawda and Fourie 2012, 2) illuminate that substance addiction and the burden thereof are greater than in other provinces of South Africa. Alcohol abuse/addiction among farm workers in rural areas is furthermore specifically prevalent in this province (McLoughlin, Little, Mazok, Parry and London 2013, 879).

Focusing on rural areas, Dada, Burnhams, Erasmus, Parry, Bhana, Timol and Fourie (2015, 2) report that there is a need to explore treatment requirements in rural communities. In line with this report, Clay (2007) identified limited treatment options, poverty resulting in an inability to pay for treatment, and logistical difficulties (transport and access to service providers) as further barriers to the prevention and treatment of substance addiction in rural areas. Furthermore, 60 per cent of addicted persons and their families are not aware of the support services available to them (Department of Social Development and the Central Drug Authority 2012, 15).

Parental addiction impacts parenting skills negatively in the following ways:

- **Physical impact:** Addiction leads to various physical disorders and diseases, as well as physical weakness. This causes the addicted parent to underperform in his/her daily tasks.
- **Psychological impact:** Anxiety, stress and depression are some of the withdrawal symptoms experienced by an addicted individual when the addiction is not maintained. Addicted parents furthermore undergo personality and behavioural changes which cause them to withdraw from relationships, to experience difficulties in fulfilling tasks and to display aggressiveness and compulsiveness.
- **Cognitive impact:** The prolonged use of substances can impair the memory of an individual and cause problems on an occupational level. The inability to continue with work or dismissal for substance-related reasons causes financial problems for the family, and therefore impacts on the parent's ability to take care of children's physical needs.
- **Social impact:** Substance addiction causes the parent to withdraw from close relationships with family and friends. Such parents find it difficult to cope with

family expectations. This leads to conflict and violent behaviour in the family. The parent will often withdraw from the family. (Bezuidenhout 2008, 138–140)

The White Paper for Social Welfare in South Africa (RSA 1997, 71) describes children of addicted parents as “severely affected” and highlights that they are at risk and more likely to model the same behaviour. Such children’s families encounter challenges such as a lack of parenting, unemployment, stress and mental disorders, in addition to putting children at risk (Greenberg et al. 2008, 1–3). Addicted parents fail to fulfil their roles as parents and cause their children to exhibit antisocial behaviour (Fisher and Harrison 2013, 190). These children are exposed to a range of challenges, including foetal alcohol syndrome, a lack of parental involvement and guidance, neglect, abuse, trauma and the risk of substance use themselves (Greenberg et al. 2008, 3).

A recent study on alcohol risk factors among adolescents in rural South African high schools indicated that nearly 25 per cent of participants lived with substance abuse-related problems in their families (Onya et al. 2012, 353). These adolescents experienced behavioural, psychological, emotional and social problems (cf. Buddy 2011). Fisher and Harrison (2013, 220) state that adolescents with addicted parents “view themselves as worthless and unimportant as they are constantly rejected and feel responsible for their parents’ substance abuse”. Adolescents in such households may experience anxiety, low self-esteem and feelings of loneliness. As a result, learning and behavioural problems in school, withdrawal from society and suicide attempts could occur. A study by Trueger (2008, 131–136) confirms that addicted parents are incapable of parental involvement or fulfilling their responsibilities and acting as positive role models for their adolescents, who are often forced to assume the role of the parent in taking care of themselves. In support of this viewpoint, Arria, Mericle, Rallo, Moe, White, Winters and O’Connor (2013, 1–7) state that adolescents of addicted parents are at risk of a variety of negative outcomes that include early conduct problems, lower academic achievement, and adolescent drug involvement. Jenny (2011, 536) recognises the need for effective interventions to address the high-needs of adolescents. The author asserts that programmes for adolescent children of addicts should focus on their immediate, transitional and long-term needs and must be included in parents’ substance abuse treatment.

South African policies and legislation acknowledge the need to address the social problem of parental substance addiction. The Prevention of and Treatment for Substance Abuse Act (No. 70 of 2008) (RSA 2008) makes provision for prevention, early intervention, treatment, reintegration and aftercare services for those abusing substances and those affected, such as children. In accordance with this act, the guiding principles for providing such services to families include promoting the participation of service users and persons affected by substance abuse in decision-making processes related to their needs and requirements. The latter principle emphasises the need to develop an understanding of the experiences of adolescents who are affected by their

parents' addiction. Strategies to address the harm caused by addiction should, in terms of family members of addicted persons, focus on

measures aimed at skills development for individuals, families and communities to enable them to enjoy a better quality of life; anticipatory actions to reduce the likelihood of undesirable conditions which may expose people to substance abuse; and early intervention that provides for the identification of risky behaviour that is associated with and predisposes people to substance abuse. (RSA 2008)

The Reviewed Framework for Developmental Social Services (Department of Social Development 2012, 32–33) identifies youth as a vulnerable group, proposing that interventions “to individuals should be family-focused and community-based in line with family preservation and fostering relations with the broader community”. The Children’s Act, No. 38 of 2005 (RSA 2005) makes provision to care for and protect children who are exposed to any harm to their physical, emotional and social development. In addition, the act makes provision for helping and strengthening families. Adolescents who are exposed to parental addiction may be viewed as children in need of care and protection, as the addiction could lead to a situation where they are “living in or exposed to circumstances which may seriously harm their physical, mental or social well-being; in a state of physical or mental neglect and being maltreated, abused, deliberately neglected or degraded by a parent” (RSA 2005). To provide adolescents exposed to parental addiction with the required care and protection, it is important to identify what the best interests of those adolescents would be.

The theoretical framework that informed this research endeavour is discussed next.

THEORETICAL FRAMEWORK

The family systems theory was used as a theoretical framework in this research. Collins, Jordan and Coleman (2009, 47–48) describe a family system as family members who are interdependent, i.e. their behaviours cannot be understood in isolation from one another. The key aspect of this framework is based on the overall relationships within the family. Problems that arise within the family must be dealt with in that context. Fine and Fincham (2013, 439) refer to three principles that are relevant to this framework, namely “the family as a whole is the unit of analysis; the family is composed of subsystems (for example, individual, sibling, parent, child) defined by internal boundaries, and these subsystems are organised hierarchically; the family has external boundaries that differentiate it from the social world”. Haggerty et al. (2008, 4), however, point out that treatment for substance addiction often focuses primarily on the addicted person, not specifically on family members. A distinction is made between substance addiction treatment and family therapy, despite the interrelatedness of these two disciplines. It has to be considered that the behaviour of different family members occurs “through a process of circular causality”, which implies that the behaviour of

one person will have specific consequences for adolescent children (Fisher and Harrison 2013, 190–191; Perkinson 2008, 242–247).

Family systems theory is related to ecological systems theory, which is based on the relations of individuals with other humans and systems in the environment, and the influence that individuals and systems have on one another. Each system is characterised as unique and has its own way of interacting with other systems. Two concepts of the ecological systems theory that are relevant to social work practice are “habitat” and “niche”: Habitat refers to the physical and social environments of humans within particular cultural contexts, while niche refers to the status of members in a community (Hepworth, Rooney, Rooney, Strom-Gottfried and Larsen, 2009, 15; Langer and Lietz 2015, 29–30). Woolfolk (2007, 73) illustrates this theory as different layers in which a person functions (i.e. his/her environment). Within this theory, adolescents of substance-addicted parents should be supported in accordance with their needs within each layer. The adolescent lives within a micro system, inside a meso system, both of which form part of the macro system.

Within this framework, and in an effort to identify and describe the experiences and coping strategies of adolescents faced with parental substance addiction, the research question that informed this study was: What are adolescents’ experiences of, and strategies in coping with, parental substance addiction in a rural community? The research methodology implemented to address this question is discussed next.

RESEARCH METHODOLOGY

The qualitative research approach was used to develop a more comprehensive understanding of adolescents’ experiences of dealing with their parents’ addiction through an “intensive study of a few people” (Fouché and De Vos 2011, 91). Contextual design was used to inform the selection of the population, sampling method and sampling techniques (Monette, Sullivan and DeJong 2010, 219), while narrative design directed the choice of method of data collection, to “gain insight into the lived experiences” of individuals (Roller and Lavrakas 2015, 298).

The non-probability sampling method, together with the purposive and snowball techniques, was utilised. The criteria for inclusion were adolescents aged between 12 and 18 years, who spoke Afrikaans, English or isiXhosa, had experience coping with a parent’s substance addiction and lived on farms in the Grabouw community in the Overberg District of the Western Cape. The sample size was determined by data saturation, which was identified after 16 interviews.

Permission to conduct the study was obtained from social services organisations in the area in which the research was conducted. The purpose and format of the research were explained to social workers who were asked to act as gatekeepers, making contact with the parents of adolescents who met the criteria for inclusion. It entailed that parents/caregivers had to be provided with all the relevant information. Based on an

awareness that the parents might feel threatened or judged, it was specifically explained that they were not being judged and that the aim was not to evaluate their parenting skills. The research goal and format of the data collection process, as well as ethical aspects, were discussed with them. Once the parents had agreed that their adolescents could participate, the same information was given to the adolescents. Informed consent forms were completed by both parties.

A narrative method of data collection was used. Semi-structured interviews were conducted according to Creswell's (2006, 54) proposed framework to capture "the detailed stories or life experiences of a single life or the lives of a small number of individuals" (in this case, the stories of adolescents' experiences of, and coping strategies employed in dealing with, substance-addicted parents in rural communities). Data were recorded by means of audiotapes and field notes that were transcribed directly after the interviews (Creswell 2014, 183). Once all the data had been collected, Tesch's eight steps for the analysis of qualitative data, as described in Creswell (2014, 186), were followed.

The qualitative data were verified in terms of the following components: Credibility/authenticity (i.e. interview schedule, interviewing techniques, method of data collection and an independent coder), transferability (i.e. method and techniques of sampling, thick description of research methodology and a literature control), dependability (i.e. thick description of research methodology and method of data analysis), and conformability (i.e. interviewing techniques, method of data recording and an independent coder) (Schurink, Fouché and De Vos 2011, 420).

Ethical considerations in this study focused on protection from harm of the gatekeepers, participants and their parents/caregivers, informed consent and voluntary participation, anonymity (that included confidentiality and privacy) and the management of information (Babbie 2007, 27 and 64; Gravetter and Forzano 2010, 60; Strydom 2011, 119).

The findings are presented according to the themes that emanated from the data analysis process.

RESEARCH FINDINGS

Six of the participants were female, ten were male. Their ages ranged from 12 to 18 years. The 16 participants all represented the coloured ethnic group. This aspect is supported by the Sustainability Institute (2010), which confirmed that the population of farm workers in the Western Cape is mostly coloured.

Alcohol abuse/addiction among farm workers in the Western Cape is a historical concern. During the apartheid era, the "dop system" had been established as part of farm workers' pay package. While this system has been abolished, alcohol abuse/addiction remains rife in the aforementioned area (Lindoor 2011, 2). Although alcohol is historically viewed as the substance of choice among farm workers, the demographic

data gathered for this study highlighted a variety and combination of substances that are abused by addicted parents. One father abused alcohol, methamphetamine and cannabis, while another abused alcohol and cannabis. Four fathers abused Mandrax and cannabis. Twelve mothers abused only alcohol, while one stepfather and five fathers abused alcohol. A concerning factor is that four participants themselves were using alcohol, while five participants were abusing substances. In line with this, various research studies have verified that adolescents who are exposed to parental substance addiction are more likely to abuse substances and develop substance abuse disorders (Chen, Storr, Liu, Chen, Chen and Lin 2011, 94; Fisher and Harrison 2013, 223). Newman and Newman (2012, 381) furthermore emphasise that alcohol or substance use among adolescents occurs when they are exposed to a complex social environment. The authors explain that the risk of adolescent substance abuse is linked to adolescents 1) being exposed to alcohol users, 2) having close relationships with those who encourage drinking, and 3) being exposed to stressful events that may harm them. In addition, parental substance addiction and family conflict are seen as major contributing factors to adolescent alcohol abuse.

The four themes below describe the collective story of the participants.

Theme 1: Descriptions of Parents' Substance Addiction

Reference was made to regular and long-term substance abuse: "They drink every weekend. There is no weekend where they are not drinking." The participants referred thus to the nature of the abuse: "They [both parents] drink in front of us, and then they start to fight" and "My father never smokes in front of me, but I know he does it." Sheafor and Horesji (2010, 532–533) note that prolonged substance use leads to family and relationship problems. In this regard, Fisher and Harrison (2013, 16) explain that substance addiction is "the continued use of alcohol and/or other drugs in spite of adverse consequences in one or more areas of an individual's life".

The study participants became aware of their parents' substance addiction at different ages: "I remember when I was still small, they brought the wine to the house and drank it. Then they started fighting", "I was still in primary school. Then my parents and grandparents, also my aunt and sisters, started drinking", "I was about 15 when my father sent me to the place where they bought drugs. He did not even hide it that he used it", and "I remember, when I was eight my grandmother hit my mother because she was drunk. I asked her why she hits my mother. Then she told me 'because she is a mother and she is drunk'." Bromfield, Lamont, Parker and Horsfall (2010, 15) explain that addicted parents believe that their children have a limited awareness of the problem, while Hill (2011, 2) argues that children with the average age of between four and five years have a detailed picture of their parents' problems. In addition, children are able to piece together fragments related to precise events. Barnard and Barlow (2003, 55) explain that children (including adolescents) feel trapped and find it difficult to express their knowledge of

their parents' substance addiction to others, therefore they remain "weighed down by silent knowledge". Dawe, Frye, Best, Moss, Atkinson, Evans, Lynch and Harnett (2007) link this silent knowledge to violent parental behaviour towards others. The adolescent will therefore not talk about parental substance addiction for fear that the parents will become violent when confronted with this information. The participants in this study referred to parents engaging in fights and violence with members of the community. "She fights with the people and hits everyone that comes by", "When my father comes home and there is no wine, he starts to shout", "She threw things through the window, she breaks the things in the house", and "Other people come here and then they all make trouble." Sue, Sue and Sue (2010, 236) confirm these descriptions and explain that intoxication results in family conflict or violent behaviour, while Kroll (2003, 132–135) warns that parental violent behaviour towards others can traumatise adolescents. The author explains that those adolescents maintain "a conspiracy of silence" and isolate themselves from family members and the community, as they feel ashamed. This affects the potential support and resilience of adolescents.

In this study, the behaviour of substance-addicted parents also led them to feel judged by the farming community: "Some people look at our house, when my mother drinks and then she plays loud music. I do not like that." Abrams (2012) notes that such judgement and stigmatisation have a negative influence on an adolescent's ability to obtain a positive sense of self.

Some participants mentioned that their parents had tried to stop abusing substances in the past: "They left it [alcohol] for a while, but then they started again until now", "My mother once did not drink for three weeks", "When he does not have money, he does not drink", "My uncle told my father to stop. So for about three weeks he just sat with my uncle and did not drink, but then he started again", and "My mother stopped drinking, but he [father] hits her, so then she just drinks again." These descriptions point to parental efforts to enter recovery. Explaining the perceived lack of success, White (2012, 3) and McLellan (2014, 2) refer to relapses as an ongoing reality for the addict in recovery.

The next theme unpacks the impact of parental addiction on the participants.

Theme 2: How Parental Substance Addiction affects Adolescents

The participating adolescents described the influence of the addiction on their relationship with their parent(s) as follows: "When my father drinks he always has a problem with me", "When he is drunk it is like I am not his child. He throws me away", "He shouts and says 'why don't you fuck out of here'", and "Sometimes I become nervous when my father comes home and he is drunk." Wicks-Nelson and Israel (2009, 56) and Horgan (2011, 21) report that substance-addicted parents are more authoritarian and less interactive, engaging in fewer positive interactions with adolescents and enforcing coercive and negative discipline techniques on them.

The addicted parents were also described as absent from the home: “I cannot really say anything about him, because he is never here” and “He has never been here for me.” Horgan (2011, 21–31) asserts that addicted parents spend all their time and money on maintaining their addiction, which results in them being physically absent.

In this study, the participants highlighted domestic violence, child abuse and child neglect as consequences of parental substance addiction. Hill (2011, 28) explains that the substance abuse is of less concern to the adolescents – instead, they are concerned about and deeply affected by the disharmony and rejection they associate with the addiction. The following statements support this viewpoint: “When my mother does not give my father money for drugs he hits her”, “The room was wet, because he threw the children’s [siblings] bath water out on the floor to get money for drugs”, “I will ask my mother for money for toiletries, but then she says ‘no, the money is for your father so that he can be calm”, and “He throws her [mother] with tables and chairs.” Bragg (2003, 9–15) refers to children (including adolescents) who are exposed to domestic violence as secondary victims who suffer a variety of consequences.

The participants described how they are the primary victims of abuse and neglect, referring to physical abuse as follows: “She [mother] hits me all over my body with a ‘sambok’ [whip]”, “When I lie on my bed I bother nobody, then she comes and she chokes me and so on”, and “My father hit me in my face with his fist last Saturday.” The following statements refer to neglect in terms of financial and/or material aspects: “Sometimes my father buys wine and I ask him to leave some money at the house, or else he comes home with an empty purse. But then he sleeps and wakes up and shouts until I give him the money”, “One month she will give me my all pay [children’s grant], but the next month she will take it for her to drink. The wine comes first and then food”, and “If I ask for money she has nothing, but she always has money for wine. It hurts me so much.” Dawe et al. (2007) assert that parental substance addiction directly influences parenting and that it often leads to the physical, emotional or sexual abuse of children (i.e. adolescents). The authors specifically refer to the financial implications for the family, as addicted parents do not buy food or clothes and do not pay bills, in order to maintain their substance addiction.

The participants also referred to exposure to drug merchants: “He has asked me a lot of times to go buy the stuff [drugs] from those people [drug dealers].” Atkinson, Anderson, Hughes, Bellis, Sumnall and Syed (2009, 8) warn that exposure to drug merchants or unsafe environments results in adolescents carrying weapons and learning behaviour patterns such as aggression and violence through observation. The participants also reported that they worry about their safety and that it is difficult for them to deal with this aspect: “I cannot handle it. For instance, what if someone comes into the house when me and my little brother is asleep? What if she is drunk and they kill us?” and “Every night when they are drunk I cannot sleep, because I am afraid.”

The participating adolescents found it difficult to describe their emotions: “It does not feel okay”, “It does not feel nice”, and “It bothers me, it is difficult when they make trouble.” Perkinson (2008, 244) explains that adolescents living with addicts experience pain and find it difficult to express their feelings as they are separated from reality. These adolescents have learned to hide their feelings. The participants expressed the painful emotions they experienced through the following statements: “To suffer ... when your parents use drugs and other people get hurt”, “It makes me very sad, because when I come home from school and my mother is drunk, she shouts at me in front of other people”, and “Some people say bad things about them [parents], and it is bad because she gave birth to me.” Kroll (2003, 133–135) describes the painful emotions experienced by adolescents of addicted parents in terms of pervasive losses – the loss of feelings of being loved, of parental attachment, of confidence and self-esteem, and of a normal lifestyle. Some participants reported suicidal ideation as a result of parental substance addiction: “I go into my room and I cry when I think about what they [parents under the influence] said to me. And then I think: ‘You will see, one day I will kill myself’” and “I told my friend, if you cannot find me one day, I drowned myself.” Newman and Newman (2012, 365) note that adolescent suicidal ideation is characterised by events such as “a shameful or a humiliating experience, a notable failure and rejection by a parent”.

Following the descriptions of how parental addiction affects them, the participants also reflected on their coping strategies.

Theme 3: How Participants deal with Parental Substance Addiction

Some participants reported that they had started to use/abuse substances themselves: “Sometimes I just feel I can take anything, like pills or ‘dagga’ [marijuana] to get rid of all these problems”, “Then I also do what they do [referring to substance abuse]”, “People cannot tell me it is wrong, they do not know why I have to use it”, and “He [father] cannot tell me what to do, because he showed it to me.” Cleaver, Unell and Aldgate (2011, 162–163) found that adolescent children of addicts are more likely to abuse substances than those with non-addicted parents. In addition, such parents make adolescents more susceptible to peer influence, which can result in substance abuse.

The participating adolescents reported having tried to help their parents in the following ways: “I bring my mother home when I see she is drunk and then I play her some music. If she does not want to listen I put her in bed to know that she is safe”, “If my mother is maybe at the wrong place, I go fetch her”, and “Sometimes I ignore her and other times I call my grandmother to help me calm her down.” Perkinson (2008, 242–245) explains that adolescents of addicted parents may become co-dependent. A characteristic of these adolescents is that they focus on the needs of the addict, rather than their own. The addicted parent then becomes the focus of attention in the family.

This aspect is also discussed by Fisher and Harrison (2013, 194), who explain that adolescents take on different roles as they seek survival and stability in their own lives and stability in the family.

Another coping strategy used by the participants was avoidance: “Sometimes I just go to my room and listen to music, because I cannot listen to the fighting anymore”, “I go to the forest and talk to myself”, and “I will sit in my room or go to my friends.” Fisher and Harrison (2013, 194) refer to adolescents who cope with parental substance addiction through avoidance as “lost children”. This could lead to a lack of resilience and result in relationship difficulties later in life (Velleman and Templeton 2007, 19). Instead of using avoidance as a strategy, some participants reported having asked their parents to stop abusing substances, or to avoid abusing substances in front of them. However, they reported that these requests did not result in positive outcomes: “Then I will ask her not to drink at the house where the little children [siblings] can see her, but she does not listen”, “My father does not want to listen when I say he must not do these things”, and “I have spoken to them, my aunty also did, and other people did. But they do not listen.”

The narratives also point to the fact that the participants reached out to the school (teachers), immediate and extended family members, friends and other services: “I tell my teachers what is going on at the house”, “I take my little brother to my aunt when they are drunk, or we go to my father’s cousin. Then we sleep there”, “I will talk to my mother [non-addicted parent]. Then she says ‘I do not have advice for you’”, “I go to my grandparents”, “I become upset and then I go to my friends”, and “I do not tell them [peers] about my mother, but I just go there and pretend as if nothing happened.” Hill (2011, 41) found that adolescents primarily seek support from their mothers (if the father is the addicted parent), followed by grandparents, aunts, uncles and siblings, friends, fathers (if the mother is the addict) and professionals. It was interesting to note that, while describing the support systems they use, the participants did not refer to social workers. The final theme describes what the participants indicated they need in terms of support.

Theme 4: Support Needed to be Able to Deal with Parental Substance Addiction

Although the participants indicated that they needed support, some expressed uncertainty as to how and by whom they could be assisted: “I do not know what can happen so that they stop drinking”, “I do not know which way anymore”, and “I cannot say who can help me.” These descriptions relate to Horgan’s (2011, 65) statement that adolescents tend not to seek help, as they are not aware of the formal services available to them. Also, they have concerns about the stigma of parental substance addiction. Kroll and Taylor (2003) mention that adolescents might find it difficult to confide in a social worker based on loyalty to their family members, fear of others’ reactions, shame and stigma.

Although the participants did not refer to social workers as existing support, they indicated that these professionals are needed: “I think the social workers can maybe help me to get out of this problem”, “I want the social worker to talk to them [addicted parents]”, “They can take the ‘all pay’ money and make sure that my things are bought and not drugs”, and “To send them away for help.” Fisher and Harrison (2013, 5) emphasise that social work services should focus on the psychological and physical impact of parental substance addiction on adolescents.

The participating adolescents referred to sober parents, extended family members and people living on the farms as possible support systems: “I would like to rather stay with my aunt”; “My father can help”, “The other people on the farm”, and “My sisters and my aunt and uncle, because they do not drink.” In a study by Moor, Noble-Carr and McArthur (2010), children of addicted parents also expressed a need for positive interaction and support from family, friends and the community.

Some participants identified the church leaders and spiritual support they needed as follows: “Maybe the pastor ... and Jesus could help me”, “They [church leaders] can pray for me or take me away from this place”, “They can pray for my mother and help her”, and “The people at the church can maybe also help.” Abrams (2012) explains that members of the community are likely to share their problems with local congregations or church leaders. Hence, local churches or congregants are an important source of support in decreasing the social cost of addiction.

The participants mainly focused on the support needed to assist with parental substance addiction. However, as part of their narratives about using substances themselves, they requested support: “All the things I do [referring to substance use] ... I know I can stop if someone can just help me with my problems.”

Based on the research findings, the article concludes with recommendations for services to rural-based adolescents who are exposed to parental substance addiction.

CONCLUSION

The conclusions are drawn by means of a comparison between the findings and the theoretical frameworks, and are presented in terms of recommendations for practice.

On a micro level, adolescents facing parental substance abuse are exposed to certain risks that need to be assessed to ensure that they (adolescents) are not in physical and/or emotional danger. Protection services should be rendered and may include statutory interventions in cases where domestic violence, child abuse and neglect have been identified. Intervention should include all the family members – the substance-abusing parent, siblings, extended family and the adolescent. The narratives of the participating adolescents furthermore pointed to a need for services focusing on the following aspects:

- Spiritual support for adolescents and their addicted parents;
- Development of a positive self-image, and assistance in expressing their emotions and developing skills and attitudes that contribute to resilience;
- Encouragement of relationships with family members, in particular non-substance-abusing parents and extended family members.

On a meso level, adolescents with addicted parents need access to positive and supportive relationships. These adolescents need support to identify role models and build relationships which offer them a sense of safety and security. Service providers could encourage significant role players in the adolescents' lives to become involved by making them aware of their ability to support the children of addicted parents, thereby preventing judgement and stigmatisation. The findings in this article point to the following support systems to be mobilised on a meso level of intervention: the non-addicted parent, grandparents (especially grandmothers), aunts and uncles and other extended family members, neighbours, church leaders and teachers.

On a macro level, the availability and accessibility of services should receive attention, as limited access to services increases the vulnerability of such adolescents. The narratives highlight the need for preventive services to be made available to adolescents living on farms, to help put a stop to their substance abuse. This could include recreational activities and opportunities to help them develop life skills. It was noted that the participating adolescents provided limited suggestions for support. It is therefore recommended that a needs assessment be done in farming communities, to identify the challenges experienced with substance abuse as well as the services needed to address potential risks in the communities. Lastly, it is recommended that policy documents related to social services include an emphasis on the development of more accessible treatment interventions for adolescents and substance-addicted parents in rural areas, harm reduction efforts and selected prevention measures in reducing problems related to substance abuse, along with provision for educational programmes based on existing problems in rural communities.

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