Parental alcohol use and resilience in young people:

A study of family, peer and school processes
'Hidden harm’ and prevalence

‘Hidden Harm’ –
‘children living in households where there is alcohol and drug misuse, including the misuse of over-the-counter and prescribed medication’
(DHSSPSNI, 2008)

Prevalence
• **EU** - 9 million youth live with a parent addicted to alcohol (Eurocare, 2012)
• **USA** - 7.5 million children <18 years = 10.5% (SAMHSA, 2012)
• **UK** -30% <16 years (3.3-3.5 million), binge drinker;
-22% (2.6 million), hazardous drinker,
 - 6% (705k), dependent drinker (Manning, 2009)
• **NI** - 40,000 children (DHSSPS, 2008)

Policy context
Impact on children

Impact on child wellbeing
• feelings of insecurity, shame and loneliness;
• unstable and chaotic home environments;
• exposure to crime or toxic substances;
• verbal, physical, emotional and sexual abuse;
• low self-esteem and lack of self-confidence;
• becoming homeless or socially marginalised and;
• taking on caring roles and responsibilities for siblings and parents.

Outcomes in adolescence/adulthood
• alcohol and drug problems;
• emotional and mental health problems including depression and anxiety disorders;
• conduct and behavioural problems;
• issues of trust and reliance on others; relationship difficulties;
• reduced academic attainment and employment opportunities.
Extant literature

- Lack of research on direct effects of caregiver substance use on child outcomes (Stanton-Tindall et al., 2013)

- Resilience theory (Rutter, 1979, 1987) & PYD framework

- Family – effects of mothers and fathers drinking; disruption to family functioning

- Peers- strong peer relationships or introspection/social isolation?

- Schools- academic performance and other stabilising activities
Why carry out this study?

..what impact does problem drinking by parents have on their children’s outcomes in adolescence and adulthood?

• Clinical studies of ‘alcoholic’ parents do not accurately reflect the ‘hidden’ nature of the problem;

• Little evidence on ‘hidden harm’ using community samples (such as BYDS);

• Broad range of alcohol use;

• Relatively few longitudinal studies;

• Outcomes in adolescence & young adulthood;

• Self-report data from parent and child.
Personal and Public Involvement (PPI)

- 23 children (aged 7-14) who attended the group work programme at Barnardo’s Pharos service.

PPI
(hypotheses, research questions)

Secondary analyses of the BYDS

PPI
(recommendations for policy and practice)
Personal and Public Involvement (PPI)

**Resilience** - ‘who or what can help children to be strong or cope or be happy.....?’

- Experiences of living with parental alcohol misuse

- Sources of social support

- Strategies for coping with a parent/carers drinking
Living with parental alcohol misuse

• ‘You have to be hard on them. They won’t listen if you’re soft’ (girl, age 10)

• ‘parents need to give themselves support’ (girl, age 10)

• they ‘should go to the doctor and ask for help’ (boy, age 12)
Sources of social support

• ‘When you talk to someone, then it feels good’ (girl, aged 10)

• Initial sources-school counsellors, teachers/principals, other family members

• Once problem identified- social workers, practitioners

• Hidden nature of the problem- ‘family members need to find out what’s happening’
Sources of social support

• Siblings- ‘an older brother or sibling might be able to help you but not younger ones. They wouldn’t understand’ (girl, aged 12)

• Neighbours- My neighbour lets me go to their house to do my research/homework.’

• ‘can help you to take your mind off things’

• Friends -‘friends can’t always be trusted. They tell other people your problems. You can only tell best friends.’ (girl, aged 12)
Support at school

• ‘there’s teachers in school that are trained especially to help’ (boy, age 12)

• ‘a teacher that you can talk to can really help’ (boy, age 12)

• ‘some teachers don’t really listen. You tell them but then the next time they’re like what? They don’t really listen to what you say.’ (girl, age 10)

• I went to see a counsellor in my old school (primary school). I used to go for six weeks at a time and it was really helpful and I could go back for more anytime I wanted to. The counsellor gave me loads of advice. She told me, when I’m angry, I should sit on my hands. I used to fill out a form every week with faces on it. When I started I picked a sad face but it changed every week. By the time I was finished, I didn’t have a smiley face but it was further up than a sad face. I don’t see a counsellor anymore ‘cause I’m at my new school now (girl, age 12).
Coping with a parents drinking

- ‘anger is like a volcano building up inside you. You just erupt!’ (boy, age 10)

- ‘I was really angry one day and ran upstairs and put a size five hole in the wall at the top of the stairs. It’s still there today’ (boy, age 12)

- ‘laughing out loud’ (boy, age 12)

- ‘not good having too much time thinking about things’ (girl, age 12)

- ‘PE at school, especially shot put. It helps you to let everything out, all the anger and stress and everything’ (boy, age 12)

- ‘art in school helps. It helps you to forget about social services and Barnardo’s and everything’ (boy, age 12).
The Belfast Youth Development Study (BYDS)

Belfast = 32

Sweep 1 (2001)
11-12 yrs
n=3,834

Sweep 2 (2002)
12-13 yrs
n=4,343

Sweep 3 (2003)
13-14 yrs
n=4,522

14-15 yrs
n=3,963

Sweep 5 (2005)
15-16 yrs
n=3,829

Sweep 6 (2006/07)
16-17 yrs
n=2,335

Sweep 7 (2010/11)
17-18 yrs
n=2,074

Ballymena = 6

5 extra schools joined

Downpatrick = 6

BYDS Family Survey
721 households
1,097 parents
211 siblings

Belfast = 32

EMERGING ADULTHOOD

ADOLESCENCE
The questionnaire

Adolescent drug use e.g. Alcohol intoxication

Personal characteristics e.g. Mental health

Family e.g. Parental attachment

Peers, School and Neighbourhood e.g. School friends

e.g. Educational aspirations

e.g. Neighbourhood control

Family e.g. Parental monitoring

e.g. Personality traits

e.g. Problem drug use
The Family Survey

- 2004 (sweep 4 of BYDS dataset)

- 1,097 parental interviews: 212 (older) sibling interviews (1,309 family members)

- 721 households
  - Single parent/caregivers=345 households
  - Both parents/caregivers=376 households (752 individual interviews)

- Main caregiver= 727

- Other caregiver= 370

Caregivers (n=1,097) – majority were female carers (n=679; 62%)
97% of sample-birth fathers (36%) or mothers (61%).
Parent, child & sibling measures

Measurement of alcohol use
- Alcohol use (AUDIT, Babor et al., 2001) - 10 item scale (0-40)
- Broad definition of ‘problem drinking’ to include hazardous, harmful, alcohol dependence and abuse (8-15=medium levels of alcohol problems; 16+ = high levels)

Parent & sibling measures
- Parental monitoring (Stattin & Kerr, 200)
- Family conflict
- Marital satisfaction (Blum & Mehrabian, 1999)

Child measures
- Parent-child attachment (IPPA, Armsden & Greenberg, 1987)
- Leisure activities,
- Peer problems (SDQ, Goodman, 1997)
- Disposable income
- School commitment, attachment, educational aspirations, school problem behaviour, teacher-pupil relationship; further education & employment
- Support seeking
- Depression- MFQ (Angold & Costello, 1987) & PHQ (Kroenke et al., 2001)
- Attachment related anxiety & avoidance (ECR-R, Fraley et al., 2000)
- Romantic relationships & sexual activity
Characteristics of problem drinking parents

- Among the 1,097 parents in our study, 84% of parents had consumed alcohol in previous 12 months (176 were abstainers);

- One fifth (n=164) were problem drinkers (mostly male);

- Problem drinkers- more separations/divorces, two or more serious relationships & child had lived with previous partners;

- Past financial difficulties, tended to be middle class, the chief income earner and in full-time employment.

- Child alcohol use across all age points (15, 16/17 & 20/21 years) was directly associated with exposure to parental drinking, aged 14.
Path model showing paths from male carer, female carer drinking to child’s drinking at 15 years old (via parent-child attachment and male and female carers monitoring) (n=721)
Alcohol use and family processes

• *Path models*- while the influence of a father’s drinking on the child’s drinking gradually increased over time, the impact of a mother’s drinking peaked when the child was 16/17 years old.

• Parental drinking reduced the likelihood of knowing a child’s whereabouts, who they spent time with and their activities. Where parents monitored their child’s activities, their children drank less at 15 and 16/17 years.

• Children who reported good relationships with their parents drank less from 15-21 years. They also reported less symptoms of depression at 15 and 20/21 years.

• Children with older male siblings who drank, had higher AUDIT scores at 15 and 20/21 years old
Resilience- friends, relationships & leisure

• Children of problem drinkers- engagement in activities & relationships outside the home

• 14 years: AUDIT → more evenings spent outside the home (fathers)

• 15 years: evenings spent at friends house & mothers drinking (boys)

• No association with peer problems

• AUDIT → hanging around on streets, going to cafes/shopping with friends, going to discos/parties and babysitting for family

• Less likely to attend youth clubs, afterschool/homework clubs or places of worship

• More likely to have a boy/girlfriend who used cannabis or cocaine (particularly girls, age 16/17)

• No association between parental drinking and anxiety/avoidance in relationships (age 16/17)
School and further education

• Parental drinking influenced children’s attachment and commitment to school at age 14.

• Children of problem drinkers were much less dedicated to their studies; had reduced educational aspirations and; they were less likely to engage in helpful behaviour at school (especially boys).

• A mother’s problem drinking appeared to negatively affect boys’ behaviour, feelings of safety, attachment and commitment to school more so than for girls’.

• Children of non-problem drinkers evidenced higher academic success however they were also more likely to drop out of a university course.
Policy and practice recommendations

• Young people affected by varying levels of parental alcohol abuse (including hazardous, binge drinking) should be supported;

• Development and evaluation of interventions is crucial-\textit{feasibility study of Pharos group work programme};

• Services need to target young people as they navigate transitions from dependent child to adolescent and young adult.
Policy and practice recommendations

• Parenting programmes-positive parent-child attachments, parental monitoring, involve older siblings;

• Schools- at least one trained professional;

• Teachers- track and encourage young people’s engagement in after school activities, contact with positive role models;

• Generic school based interventions to build resilience may be useful in targeting those exposed to lower levels of problem drinking.
Contact us:

Aisling McLaughlin  aisling.mclaughlin@qub.ac.uk
Tara O’Neill  tara.oneill@qub.ac.uk
Mark McCann  Mark.McCann@glasgow.ac.uk

Tweet @BYDS_ICCR
Facebook Belfast Youth Development Study (BYDS)
Web www.qub.ac.uk/YDS