Adolescents’ experiences and coping strategies
with parental substance addiction within
a rural farming community: A social work perspective

by

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DECLARATION

I declare that “Adolescents’ experiences and coping strategies with parental substance addiction within a rural farming community: A social work perspective” is my own work, and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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ABSTRACT

The abuse of and addiction to substances by parents of adolescents, especially in rural areas, is recognised as a major national and international social concern. South African legislation and policy documents provide a framework that emphasises the need to protect and care for children of addicted parents. Literature and recent studies, however, do not focus on how adolescents in rural communities experience dealing with an addicted parent. For this reason, this research study explored and described the experiences and coping strategies of adolescents in rural communities regarding the parents’ addiction. The study was based on a qualitative research approach and made use of the contextual, explorative, descriptive and narrative research designs. The findings illustrate the descriptions of participants’ perceptions and experiences related to living in a farming community, the nature of parental substance addiction, how it affects them, how they deal with it and their perceptions of support needed by them. Recommendations in terms of the micro, mezzo and macro levels serves as guidelines for social workers to assist adolescents of substance-addicted parents with the needed support, protection and care.

Key terms:
Addicted parents; adolescence; coping strategies; experiences; farming community; parent; rural community; social work intervention; social work perspective; substance addiction.
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CHAPTER 1

INTRODUCTION, PROBLEM FORMULATION AND RATIONALE FOR THE RESEARCH STUDY

More than six million children globally are living with a substance abusing parent. – Rockville, 2003

1.1 INTRODUCTION AND BACKGROUND INFORMATION

Substance abuse refers to the frequent use of substances over an extended period of time. The abuse leads to dysfunctional behaviours, as well as legal and safety problems. It is also characterised by continued use despite the knowledge that the abuse causes social, occupational, psychological and physical problems (Sue, Sue & Sue, 2010:234). Substance addiction occurs when an individual loses control over the intake of substances. It is characterised by increased tolerance levels and withdrawal symptoms (i.e. the need to maintain the continued use of substances). Substance abuse could lead to substance addiction, whereby the individual becomes psychologically and physically dependent on the substance (Weich, 2006:438). In the context of this research study, addicted parents were dependent on substances, which affected their parental skills and roles on different levels. Following from the distinction between substance abuse and substance addiction, the three classifications are discussed below.

1.1.1 The three classifications of substances

Substances that may lead to addiction can be classified as central nervous system stimulants and -depressants and cannabinoids (Fisher & Harrison, 2013:28-29). The accessibility of all three classifications and the abuse thereof are viewed as a major international concern (Bezuidenhout, 2008:131-141; Nevid, Rathus & Greene, 2006:286; Sue et al., 2010:233). The three mentioned classes are described in terms of prevalence and impact as follows:
- **Central nervous system depressants**: Alcohol and heroin are included in this classification. Consumption is associated with sedation and drowsiness on the one hand, while it causes a feeling of self-assurance and reduces inhibitions on the other hand (Fisher & Harrison, 2013:16-19). In the United States of America (USA), alcohol consumption is the third highest lifestyle-related cause of death and it is also associated with social, medical, physical and financial problems (Nevid et al., 2006:286). Specifically related to this research topic, Sue et al. (2010:236) asserted that risk factors for children of alcoholic parents have been a major concern in the USA. In Africa, the use of heroin and substance injection has increased while many substance injectors are living with HIV and Aids (Bisika, Konyani, Chamangwana & Khanyizira, 2008:81). With specific focus on South Africa, the World Health Organization (2011) noted that the consumption of alcohol per capita is among the highest rates in the world and that it is continuing to rise. Seggie (2012:ii) referred to South Africa as a “hard drinking country” and listed the following physical and social damages caused by alcohol abuse:
  - Crime (murder and assault, rape, robbery),
  - Interpersonal (including domestic) violence,
  - Sexual offences against children,
  - Reckless driving (or walking) accounting for road traffic deaths and injuries involving passengers and pedestrians,
  - Unsafe sex and sexual promiscuity accompanied by sexually transmitted diseases (STDs),
  - Foetal alcohol syndrome,
  - Child neglect and
  - School truancy

- **Central system stimulants**: Amphetamine-type substances (e.g. methamphetamine, known as *tik* in the Western Cape) are the second most widely used illegal substances (Onya & Flisher, 2008:71; World Drug Report, 2014). This category of substances is highly addictive, with a noticeable effect even when a small amount is consumed (Shrem & Halikitis, 2008:669-670). Clinical studies indicated that long-term abuse of
such stimulants may cause permanent neurological damage leading to the following (Fitzhugh, 2004:36):

- Changes in movement, thoughts and mood, as well as the ability to derive pleasure from normal day-to-day activities,
- Impaired speech,
- Loss of memory,
- Anxiety,
- Paranoia and
- Depression.

The social nature of the abuse of and addiction to stimulants exposes the user or addict to risky sexual practices and high levels of aggression, leading to involvement in violent encounters (Van der Westhuizen, 2010:109). Falkowski (2003:190) described addiction to methamphetamine (tik) in particular as addiction to a chemical substance that leads to “profound physical deterioration”.

- **Cannabinols**: Globally, cannabis (marijuana or, in Afrikaans, *dagga*) has been identified as the most widely used illicit substance (Onya & Flisher, 2008:71). The highest prevalence of cannabis use was observed in Africa, Asia, Europe, Australia and New Zealand. The use of cannabis remains common particularly among young people in South Africa (World Drug Report, 2014). Addiction leads to (Lennard-Brown, 2004:27):
  - Concentration problems,
  - Impaired memory,
  - Respiratory problems,
  - Mood fluctuation,
  - Damage to the immune system,
  - A rise in panic levels and
  - Anxiety attacks.

Following from the three classifications of substances, the theoretical background are discussed below.
1.1.2 Theoretical background of substance abuse

On a national level, “substance abuse in South Africa has increased rapidly and demands a comprehensive national response” (Prevention of and Treatment for Substance Abuse, No 70 of 2008). In 2011, the South African President Jacob Zuma highlighted in his opening address at the 2\textsuperscript{nd} Biennial Anti-Substance Abuse Summit the serious effects that substance abuse, in particular alcohol and cannabis, has on the South African communities. He stated that the fight against substance abuse is the key aspect in promoting “social cohesion and stable communities” (National Drug Master Plan, 2013-2017). Research in South Africa has shown an alarming increase in substance-related problems and substance abuse and addiction since the late 1990s (Plüddemann, Dada, Parry, Bhana, Bachoo, Perreira, Nel, Mncwabe, Gerber & Freytag, 2010:6; Ramaglan, Pelzer & Matseke, 2010:1). In the Western Cape Province, where this study was conducted, 23 treatment centres reported methamphetamine, alcohol, cannabis and heroin as primary substances of addiction among patients. The prevalence of methamphetamine in this province has shown an increased rate from 35\% in 2010 to 39\% in 2011. Statistics from the South African Community Epidemiology Network on Drug Use (2012) illuminated that substance addiction and the burden thereof are greater in the Western Cape compared to other provinces in South Africa.

In the rural context, substance abuse and addiction is identified as a problematic concern. Rural communities are characterised by homes, businesses and services that are situated far from each other and that have to deal with various challenges such as limited services (National Geographic Education, 2013; Van Gundy, 2006). On the local level, substance abuse and addiction is prevalent in 7\% of the peri-rural and 33\% of the rural areas. Substance abusers and their families (including their children) are susceptible to poverty, crime and domestic violence (Substance Use and Abuse in South Africa, 2012:8, 13). Substance abuse in rural areas in the Western Cape is specifically prevalent in terms of alcohol abuse and addiction among farm workers (Falletisch, 2008:61-62). In addition to the aforementioned limited services in rural areas, the South African Central Drug Authority asserts that 60\% of addicted persons and their families are not aware of support services...
available to them (Substance Use and Abuse in South Africa, 2012:15). In line with this statement, Clay (2007) identified limited treatment options, poverty resulting in an inability to pay for treatment and logistical difficulties such as transport and accessibility to service providers as further barriers to the prevention and treatment of substance addiction in rural areas. This aspect is also highlighted in the National Youth Policy (2009:17) where it is stated that “interventions should specifically address the situation of young people in rural areas in respect of access to services and creation of opportunities”.

In terms of the focus of this study, substance abuse is a major **contributor to dysfunctional family life.** The families of addicts experience financial pressure, emotional and psychological problems (National Drug Master Plan, 2013-2017). For the purpose of this study, the **family systems theory** will be used as a theoretical framework. Collins, Jordan and Coleman (2009:47-48) highlights within this framework, that “all families are social systems”. The authors define a family system as family members that are interdependent, while 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 the family context. In terms of this study, the family systems theory provides a framework to define the family relationships and to understand the problems within the family context. Fine and Fincham (2013:439) support this and further refers 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 (e.g. 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”.

Within this framework, addiction in the family is viewed as addiction within “a complex system that varies across cultures”. A family member’s substance addiction may affect the entire family (Fisher & Harrison, 2013:190-191). Perkinson (2008:242-247) supported this viewpoint and added that changes occur in the family system and structures when an addicted family member is present. The author described addiction as “a family disease” which needed to be treated as such and noted that each family member should be treated individually.
The family systems theory is related to the **ecological systems theory**, which will be included in the theoretical framework for this study. The ecological systems theory is based on the relations of individuals with other humans and other systems in the environment, and the influence that the individuals and systems have on one another. Within this framework, each system is characterised as unique and has its way of interacting with other systems. Two concepts of the ecological systems theory that are relevant to the social work practice are “habitat” and “niche”. Habitat refers to the physical and social environments of humans within particular cultural contexts. Niche refers to the status of members in a community (Hepworth, Rooney and Larsen, 2009:15; Langer and Lietz, 2015:29-30). Woolfolk (2007:73) illustrated this theory as different layers in which a person functions (i.e. his/her environment). Within this theory, adolescents of substance abusing parents should be supported according to their needs within each layer. The adolescent lives within a micro-system, inside a mezzo-system, embedded in an exo-system, all of which are a part of the macro-system. The fifth layer is the chrono-system (Santrock, 2006:52). Within the context of this research study, and with the understanding that the family as a system influences the other systems related to the adolescents' lives and vice versa, Bronfenbrenner (1994:39-41) explained these systems as follows:

- **Micro-system**: Face-to-face interactions, activities and social experiences within the family as a system
- **Mezzo-system**: Relationship between more than one setting of the adolescent's life (e.g. school and home)
- **Exo-system**: Relationship between one setting directly related to the adolescent’s life and another setting that indirectly influences the adolescent (e.g. school and the parent’s workplace)
- **Macro-system**: Culture, life-style, resources, etc. that have an influence on the adolescent's functioning
- **Chrono-system**: Changes over time that influence the adolescent. Such changes could refer to personal developmental changes, family structure changes (e.g. the loss of a parent) or environmental changes (e.g. socio-economic impacts).
1.1.3 The effect of substance abuse on the individual

In line with the description of the theoretical framework, substance addiction has various effects on the human life cycle in terms of the individual’s physical, emotional, social and cognitive abilities (Bezuidenhout, 2008:138). Based on the family systems theory, addiction can negatively impact the parenting skills of parents in the following ways:

- **Physical impact**: Addiction to substances leads to, among others, malnutrition, heart disease, neurological disorders, liver diseases and physical weakness. This causes the addicted parent to underperform in his/her daily tasks (Bezuidenhout, 2008:138; Nevid *et al.*, 2006:299-230).

- **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 (Bezuidenhout, 2008:139).

- **Cognitive impact**: The prolonged use of substances can impair the memory of an individual and cause problems on an occupational level (Bezuidenhout, 2008:140). The inability to continue with work or dismissal due to 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, 2008:139-140).

In terms of the effects that substance addiction has on the individual, it is important to note the following effects that parents’ substance addiction has on children.

1.1.4 The effect of parental substance abuse on children
**Children of addicts** suffer the most in the family and they may experience lifelong problems as a result of their parents' substance addiction (Buddy, 2011). The White Paper for Social Welfare in South Africa (1997:71) highlights that children of addicted parents are “severely affected” and 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, mental disorders and putting children at risk (Greenberg, Bonifacio & Werner, 2008:1-3; Morojele & Brook, 2006:1163; National Centre on Addiction and Substance Abuse at Columbia University, 2005). The addicted parents fail to fulfil their roles as parents and cause their children to exhibit antisocial behaviour (Fisher & Harrison, 2013:190). In summary, 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 for substance use themselves (Greenberg *et al.*, 2008:3).

In support of the above, a recent study on alcohol risk factors among **adolescents** in rural South African high schools indicated that nearly 25% of the participants lived with substance abuse related problems in their families (Onya, Tessera, Myers & Flisher, 2012:353). These adolescents are more likely to exhibit the same behaviour as addicted family members, as they view the substance abuse as acceptable (Gwinnel & Adamec, 2006:61). In addition, they experience behavioural, psychological, emotional and social problems (Buddy, 2011). Fisher and Harrison (2013:220) stated 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 feeling lonely. As a result, learning and behavioural problems in school, withdrawal from society and suicide attempts could occur (Fisher & Harrison, 2013:220).

It is important to note that adolescence is classified as the identity crisis developmental phase in the human life cycle. Adolescents seek for identity in their families, friends and those surrounding them (Louw, Van Ede & Louw, 2005:55). Therefore, the addiction of a parent can severely impact the adolescent’s ability to develop a positive sense of self (Brook, Marojele, Pahl & Brook, 2006:26-34).
1.1.5 South African policies and legislation of substance abuse

In response to the social problem of parental substance addiction, South African policies and legislation acknowledge the need to address this issue. The White Paper for Social Welfare (1997:70) recognises substance abuse and addiction as a major cause of health and social problems. This policy document identifies both youth and substance abuse and addiction as priority areas for social service delivery. Youth living in deprived conditions such as poverty, unemployment and social dysfunction are viewed by this policy document as at risk for school drop-out, high teenage parenthood, delinquency, crime and exposure to sexually transmitted diseases and violence (White Paper for Social Welfare in South Africa, 1997:71). In addition, services in rural communities are described as inadequate compared to urban areas (White Paper for Social Welfare, 1997:71-72). In 2011, the Draft Reviewed Framework for Developmental Social Services (Department of Social Development, 2011:32-33) identified youth as a vulnerable group. It was proposed that interventions “to individuals should be family focused and community based in line with family preservation and fostering relations with the broader community”. This description supports both the family systems and the ecological systems theories. The prevention of substance abuse and the care and support of those affected by substance abuse are regarded as priority areas in social service delivery.

The abovementioned theoretical frameworks is also relevant in terms of the Prevention of and Treatment for Substance Abuse Act (No. 70 of 2008) that makes provision for prevention, early intervention, treatment, reintegration and aftercare services for those abusing substances and those affected, such as children, youth, families and communities. According to this act, the guiding principles for the provision of such services to families (persons affected by the addiction) include the following:

- Recognising the educational, social, cultural, economic and physical needs of such persons,
Promoting respect for the person, human dignity and the privacy of service users and
Promoting the participation of service users and persons affected by substance abuse in decision-making processes regarding 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” (Prevention of and Treatment for Substance Abuse Act, 2008).

Considering the impact of parental addiction, as described earlier, the Children’s Act (No. 38 of 2005) makes provision to care for and protect children who are exposed to any harm to their physical, emotional and social development. The importance is to act in the best interest of the child and to provide structured services. In addition, the act also makes provision to help and strengthen 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” (Children’s Act, 2005). In order to provide adolescents exposed to parental addiction with the required care and protection, it is important to identify what the best interest of these adolescents would be.

1.1.6 Research studies and journal articles of parental substance abuse

Based on the mentioned need to develop an understanding of the best interest of the child and the focus of this study to explore the experiences of adolescents regarding dealing with an addicted parent, the researcher continued to search for recent
research studies and journal articles related to this topic with the specific focus on rural areas. Various international studies focused on how parental substance addiction affected the child. For instance, one study found that children of illicit substance-abusing fathers have shown more negative behaviours than those of alcohol-addicted fathers (Cooke, Kelley, Fals-Stewart & Golden, 2004:695). A study by Jordan (2010:340-346) focused on the effects of parental substance abuse disorders on the developmental stages of children, in particular their physical, mental and cognitive health. Another study by Haggerty, Skinner, Fleming, Gainey and Catalano (2008:3) focused on the long-term effects of substance abuse disorders among children of parents in methadone treatment. Focusing on support to family members, the authors argued in their article that family-based interventions should form part of the treatment of substance addiction. The authors noted that it is necessary to promote strong bonds between the children of addicts and their non-addicted family members, and to address the harm caused by the addiction of a parent.

Within the South African context, one study focused on the patterns of alcohol use among high school adolescents in the rural Mankweng District in Limpopo Province of South Africa. The district consists of many rural communities and large families living in deprived conditions such as poverty, inadequate services and unemployment (Onya et al., 2012:352). The study identified many risk factors among the rural adolescents and it was recommended that future studies should address personal, family, peer and school conduct risk factors to inform alcohol prevention strategies (Onya et al., 2012:352-357). In terms of the mentioned limited services in rural areas, Toumbourou, Stockwell, Neighbors, Marlatt, Sturge and Rehm (2007:1391-1401) asserted that, in South Africa, a lack of services is experienced, in particular, by adolescents living in rural areas and by those from disadvantaged communities. The authors explained that many rural communities face poverty and unemployment, and that the sale of alcohol or other substances provided a sustainable income.
Through the studies mentioned above, the researcher concluded that various studies focused on the risk factors and recognised parental substance addiction as a factor contributing to adolescent substance abuse. She also identified that such studies focused on the various effects of parental addiction on children, but not on adolescents in rural areas specifically. As a result, the researcher identified the specific lack of rich descriptions of adolescents’ experiences and coping strategies in terms of parental substance addiction from a social work perspective as a gap. 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 & McKeeganey, 2004:552).

Greenberg et al. (2008:3) confirmed this identified lack of information and asserted that extensive studies, knowledge and skills are needed in order to address the needs of adolescents who are exposed to parental substance addiction. In terms of the focus on adolescents in rural areas, the National Youth Policy (2009:17, 27) also emphasised the need for research regarding the needs of these adolescents and development of services based on research findings.

1.2 Problem formulation

The review of the literature, as described above, provided the framework for the identification of the research problem. In an attempt to clarify the focus of this research study, and to highlight the possible value of this focus, the research problem is described as follows:

The abuse of and addiction to substances by parents is recognised as a major social concern on both international and national levels. This concern is amplified in rural areas where the availability of services and service options are limited. South African legislation and policy documents provide guidelines and a framework that emphasise the need to protect and care for children of addicted parents. The specific impact of
addiction on the functioning of parents and the impact of parental addiction on adolescents furthermore highlight the need to become aware of the experiences and coping strategies of adolescents in rural communities with regard to parental substance addiction. However, literature and recent studies do not focus on this aspect specifically. For this reason, the research problem that guided this research study was an identified need to explore and describe how adolescents in rural communities experience parental substance addiction and what strategies they devise to cope with the situation.

1.3 Rationale for the research

The researcher is working as a social worker in a rural area in the Western Cape, South Africa. She has become aware of the high prevalence of parental addiction and witnessed the impact thereof on the addicted parents’ ability to care for their children. The effect of parental addiction on adolescents was also observed. Current literature and research provide information regarding the impact of parental addiction and possible focus areas for family treatment. This information is, however, not specifically focused on adolescents in rural areas and their experiences and coping strategies with parental substance addiction. The researcher envisaged that, through an exploration and description of the experiences and coping strategies with parental substance addiction of adolescents in rural communities, a contribution could be made towards the social work profession’s knowledge base. She hopes that, through the development of a better understanding of adolescents living with addicted parents in rural areas, social workers will be assisted to provide these adolescents with the needed support, protection and care.

The research problem discussed above provided the researcher with a platform from which to formulate the research question, primary research goal and the objectives of this research study.
1.4 THE RESEARCH QUESTION, PRIMARY GOAL AND OBJECTIVES OF THE RESEARCH

1.4.1 The research question

Creswell (2014:129) and Leedy and Ormrod (2013:4-5) pointed out that a research question in a qualitative research study is descriptive in nature. The value of a research question is that it guides and provides focus for a research study to develop insight into the research problem (Jansen, 2007:3; Leedy & Ormrod, 2013:54). The research problem above indicated the need for the exploration and description of the research topic, and guided the formulation of the research question for this research study (Bless, Higson-Smith & Sithole, 2013:21). Therefore, the research question to guide this research study is:

What are the experiences and coping strategies with parental substance addiction of adolescents in a rural community?

The research question led to the primary goal and objectives of the research study.

1.4.2 The research goal and objectives

The primary goal of a research study should be based on the identified research question, and should be formulated to provide a clear description of what the researcher wants to achieve through the study. The goal and objectives assist the researcher to address the research problem by answering the research question (Creswell, 2014:111-113; Rubin & Babbie, 2005:649). The research goal of this research study was formulated as follows:

To explore and describe the experiences and coping strategies with parental substance addiction of adolescents in a rural community in order to provide social workers with recommendations to provide these adolescents with the needed support, protection and care.
Fouché and De Vos (2011:94) explained that the formulation of **research objectives** is focused on a description of the specific steps to take in the effort to attain the research goal. The above research goal was attained through the following research objectives:

- To explore the experiences and coping strategies with parental substance addiction of adolescents in a rural community by means of a qualitative research inquiry.
- To describe the experiences and coping strategies with parental substance addiction of adolescents in a rural community based on qualitative research data.
- To conduct a literature control of the experiences and coping strategies with parental substance addiction of adolescents in a rural community based on the research findings of this study.
- To provide social workers with recommendations to provide these adolescents with appropriate support, protection and care.

The research objectives were operationalized by means of the research methodology that was chosen for this study. This will be described in the next section of this document.

### 1.5 RESEARCH METHODOLOGY

Rajasekar, Philominathan and Chinnathambi (2006) described the term **research methodology** as the science of utilising procedures and methods to address a research problem and to answer a research question. It includes (Grinnell & Unrau, 2008:413):

- The research approach,
- The research design,
- The population, including sampling techniques,
- Data-collection methods,
- Methods of data analysis,
- Methods to ensure the validity of the study and
• Ethical considerations.

The sections below provide a description of the choices made regarding the mentioned aspects related to the methodology for this research study.

1.5.1 Research approach

The quantitative research approach is a “positivist way of thinking” and makes use of numbers, counts and measures of things to collect and analyse data. The qualitative research approach, in contrast, refers to the “interpretive way of thinking” and involves data in the form of words, pictures, descriptions or narratives (Grinnell & Unrau, 2008:413; Miley, O’Melia & DuBois, 2009:439; Monette, Sullivan & DeJong, 2008:87). The abovementioned distinction led to the choice to follow a qualitative research approach for the purpose of this research study. This approach assisted the researcher to answer the research question and to develop a more comprehensive understanding of adolescents’ experiences of dealing with their parents’ addiction through an “intensive study of a few people” (Fouché & De Vos, 2011:91). It assisted the researcher to explore and describe the meaning that adolescents ascribe to their situations (Creswell, 2014:4). The characteristics of the qualitative research approach underpinning this study include the following:

• Research undertaken in a natural setting: The researcher explored the experiences of adolescents regarding dealing with addicted parents in the area in which the research problem was experienced, i.e. in a rural area.

• The researcher as key instrument: The researcher gathered information through conducting interviews with participants.

• Participants’ meanings: The researcher focused on learning the meanings that the participants attach to their situations.

• Interpretive study: The researcher described the data in order to interpret the information based on what she saw, heard and understood from the participants’ perspectives (Creswell, 2014:175).
The qualitative research approach was supported by the research designs discussed below.

1.5.2 Research design

A research design is a procedural plan that is implemented by the researcher to answer questions validly, objectively, accurately and economically (Kumar, 2005:84). Creswell (2014:12) explained that it is a plan of how to conduct research, which involves the intersection of philosophy, strategies of inquiry and specific methods. The researcher primarily worked within the framework of the contextual research design, with support from the exploratory, descriptive and narrative research designs in qualitative research.

- **Contextual research design**: This research design was chosen to inform the selection of the population, sampling method and sampling techniques. Krueger and Neuman (2006:159), as well as Monette, Sullivan and DeJong (2005:219), emphasised that research findings obtained within this research design will assist the researcher to explore and describe the research problem within the context in which the participants function (i.e. rural areas) and thereby contribute to a better understanding of the research problem.

- **Exploratory research design**: The explorative research design was viewed as suitable for this study as limited information was available on the research topic. The exploration of the research topic assisted the researcher to “gain insight into a situation, phenomenon, community or individual” (Wiles, Pain & Crow, 2010:34). This design enabled the researcher to encourage participants to participate in the collection of the data by means of “telling their stories” through a narrative method of data collection. Borum (2006:342) explained that the narrative method of inquiry provides a holistic picture of the participants’ experiences, while also ensuring ethical practice as it increases collaboration and thereby reduces risks to the participants. This research design was used to determine the choice of population as well as the method of data collection (Babbie, 2007:88; Fouché & De Vos, 2011:95).

- **Descriptive research design**: Krueger and Neuman (2006:23) described the descriptive research approach as a “picture of the specific details of a situation, social setting or relationship”. Supporting this viewpoint, Rubin and Babbie
asserted that this design involves a more intensive examination of phenomena and their deeper meanings, thus leading to a thicker description of the research topic. The descriptive research design therefore complemented the explorative research design in the present study. The use of this design informed the researcher’s choice regarding methods of data collection and analysis.

- **Narrative research design**: Roller and Lavrakas (2015:298) described the narrative research approach as the “lived experiences” of individuals. Clandinin, Pushor & Orr, 2007:22) support this and asserts that it assists the researcher to gain knowledge from the perspectives of individuals by means of a narrative method of inquiry. Within this framework, it is important to note what it means to “tell a story”, how the story is told and why the story is told in a certain way. The narrative research design accompanied the explorative research design and was used to provide the researcher to learn about the experiences of the participants’ stories.

The methods and techniques that were used within the framework of the mentioned research designs are described next.

### 1.5.3 Research method

The research method employed in this study entailed the following aspects that will be described in the sub-sections below:

- Population and sampling,
- Method of data collection,
- Method of data analysis,
- Method of data verification and
- Ethical considerations.
The reason behind the choices regarding each aspect is discussed in this chapter, while the implementation thereof will be discussed in Chapter 2 as part of data verification.

1.5.3.1 Population and sampling

Babbie (2007:111) described the population of a research study as a group of people about whom conclusions will be drawn when answering the research question. Kumar (2005:165) explained that this group of people represents the electorates from which the researcher selects participants for the research study. Based on the contextual and explorative research designs, the total population for this study was identified as follows:

- All adolescents with substance-addicted parents in rural communities of the Western Cape.

**Sampling** is the process of selecting participants from the population that will take part in the research study (Monette *et al.*, 2005:131). Unrau, Gabor and Grinnell (2007:279) explained that sampling assists the researcher to identify the subset of the population that will be considered for actual inclusion in the research study. The researcher made use of the non-probability sampling method. Unrau *et al.* (2007:280) asserted that all possible participants in the population do not have an equal chance to be included in the research study when this sampling method is used. According to Gravetter and Forzano (2010:118), this sampling method is characterised by the fact that the odds of selecting a particular individual is not known, because the researcher does not know the population size for the research study at the beginning of the study. The researcher chose the following two non-probability sampling techniques to draw the sample for this research study:

- **Purposive sampling technique**: Strydom and Delport (2011:392) argued that purposive sampling enables the researcher to purposefully select a particular participant based on a characteristic that is of interest to the researcher. Creswell (2009:125) added that it is relevant for qualitative research where participants
and sites are selected to purposefully inform an understanding of the research problem of the study. The researcher also took note of Rubin and Babbie (2005:247) and Kumar (2005:179) who argued that purposive sampling could also be called “judgemental sampling” as the researcher’s judgement is required to identify the criteria for inclusion. The researcher firstly made use of her own judgement regarding who were best suited to answer the research question, and then she continued to use the snowball sampling technique.

- **Snowball sampling technique**: This technique is the process of selecting a sample using networks (Kumar, 2005:179). It is helpful when the researcher is faced with “hard-to-reach” individuals (Strydom & Delport, 2011:392). The researcher planned to use this technique where she needed more data but was unaware of other possible participants who would comply with the criteria for inclusion. Hence, she would then ask participants to refer her to other possible participants.

Based on the contextual and explorative research designs, the researcher identified the criteria for inclusion in this research study as adolescents who:

- Are aged between 12 and 18 years,
- Speak Afrikaans, English or isiXhosa,
- Are experienced in coping with a parent’s substance addiction and
- Live on farms in the Grabouw community in the Overberg District of the Western Cape.

The reason for the selection of farms in the mentioned area is based on the researcher’s accessibility and awareness of possible adolescents residing with parents who abuse substances (alcohol, cannabis and methamphetamine). The age group was selected as they were able to understand the purpose of the study and the ethical implications better than younger age groups.
In qualitative research, in order to explore the diversity of the research topic, the researcher needs to reach a saturation point in terms of the findings obtained through the method of data collection. This means that data collection continues until no new information comes to the fore (Kumar, 2005:165). The sample size for this research study could therefore not be determined prior to the investigation as it was determined by data saturation during the investigation.

1.5.3.2 Method of data collection

Grinnell and Unrau (2005:80-81) referred to qualitative researchers as the “principal instruments” of data collection. In addition, Kumar (2005:118-141) distinguished between primary and secondary sources for collecting qualitative data. In primary sources, methods such as observation, interviews (structured, semi-structured or unstructured) and questionnaires can be used. Secondary sources refer to government or semi-government publications, earlier research, personal records and mass media. In this research study, the researcher’s primary data sources consisted of data collection while secondary data sources consisted of the literature control following the data collection.

In terms of the explorative and narrative research design, the researcher attempted to collect information about the experiences and coping strategies with parental substance addiction of adolescents in rural communities by means of a narrative method of data collection. Creswell (2006:56) explained this as the researcher obtaining individual stories from the participants’ personal experiences and contexts. According to Creswell, the term narrative can refer to texts or discourses (Creswell, 2006:54). Lewis-Beck, Bryman and Liao (2005) agreed and added that narrative inquiry could refer to an entire life story of brief topically specific stories. The latter is specifically appropriate for this study. In terms of using discourses to obtain the stories, Creswell (2006:55) mentioned that it begins with the experiences as expressed in the lived and told stories of individuals (in this case, adolescents with substance-addicted parents). Hence, the process below was followed when the
researcher made use of narrative inquiry based on Creswell’s (2006:55-57) description:

1. Base the choice of narrative inquiry on the research problem. It is especially relevant when the problem points to a need 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 and coping strategies with substance-addicted parents in rural communities).

2. Select the participants (sampling).

3. Collect information about the context of these stories (see discussion below).

4. Analyse the stories, and then “restory them into a framework that makes sense” (see discussion on method of data analysis below).

Based on the explorative and descriptive research designs, the researcher employed **individual semi-structured interviews** in order to gain a detailed picture of each participant’s beliefs about or the perceptions or accounts of the research topic. The participants were viewed as experts sharing and introducing their stories to the researcher. The researcher opted to not make use of focus groups due to the sensitive nature of the research topic. She had a set of predetermined questions and an interview schedule, and she allowed the interviews rather than the schedule to guide her (Greeff, 2011:351-352). Questions were open-ended to allow participants to fully explore the meaning they attributed to the questions (Marlow, 2011:164). The following predetermined questions were included in the **interview schedule**:

**Biographical information**

- Age
- Race/ethnic group
- Language
- Grade
- Parent/caregiver abusing substances (father and/or mother) (and types of substances)
• Use of substances by adolescent (and types of substances).

Empirical information

• Tell me the story of how you came to know about your parent’s addiction?
• Tell me what it is like for you to live with a parent who is addicted to substances?
• Tell me how do you cope with a parent who is addicted to substances?
• How would you like to be supported?

In order to ensure that the research topic was explored thoroughly and without guiding and influencing the responses of the participants, the researcher made use of the following research interviewing techniques, as described by Greeff (2011:345-346): minimum non-verbal responses, encouragement, reflective summaries and probing.

As part of a pilot study, the researcher did an initial interview with an adolescent who complied with the inclusion criteria. The pilot study provided her with assurance that the participants would be able to answer the questions.

Following approval from the University of South Africa’ Ethical Committee (see Annexure A), under whose auspices this study was conducted, the researcher obtained access to the participants from her caseload and through contact with social workers in the Department of Social Development in the area in which the research was conducted. Social workers of welfare organisations were not part of this study. The researcher explained the purpose and format of the research to them, and asked them to assist her to make contact with the parents of adolescents who comply with the criteria for inclusion. Subsequently, the social workers agreed to assist the researcher and linked her with the participants for this research study.

All the participants were under the age of 18. It therefore entailed that their parents/caregivers had to be provided with all the relevant information. The
researcher was aware of the fact that the parents might feel threatened or judged and therefore specifically explained that they were not being judged and that the aim was not to evaluate their parental skills. The research goal and the format of the data collection process, as well as ethical aspects were discussed with them (see Annexure B). Once the parents agreed that their adolescents may participate, the same information was given to the adolescents but in a language that they could understand. When both the parents and the participants indicated that they understood and when it was ensured that they had no further questions, the informed consent forms (see Annexures C and D) was completed by both parties. Next, arrangements were made to conduct the semi-structured interviews.

With regard to data recording, Creswell (2014:183) advised that the researcher must have a plan to record the data before entering the field. Greeff (2011:358) referred to the use of audiotape recordings to record qualitative data, while Creswell (2014:183) advised that field notes are valuable should the recording equipment fail. The researcher made use of field notes and audiotape recordings to record the data. Permission to record the data was obtained and participants were informed that only the researcher, her supervisor and the translator (if needed) would have access to the tape recordings and transcripts. The data was transcribed as soon as possible after the interviews took place. Once the transcripts were completed the researcher sent it to the independent coder who assisted her to identify when data saturation took place. It is important to note that no discussions took place during this time.

1.5.3.3 Method of data analysis

Data analysis in qualitative research could be viewed as a process of transformation (Gibbs, 2007:1). This process is described by Schwandt (2007:6) as “the activity in making sense of, interpreting and theorising data”. Schurink, Fouché and De Vos (2011:397) expanded on this description and referred to qualitative data analysis as the process of bringing order, structure and meaning to the quantity of collected data. In this qualitative research study, the researcher aimed to bring meaning and
an understanding of adolescents in a rural community’s experiences regarding dealing with parents’ substance addiction.

Working within the framework of the explorative and descriptive research designs, the researcher employed Tesch’s eight steps for the analysis of qualitative data as described in Creswell (2014:186). The implementation of these steps is described in Chapter 2 of this document. Using the same framework, the data was also analysed by an independent coder in order to verify the data.

In addition to the research methods and techniques described above, the researcher ensured that the qualitative data was verified.

1.5.3.4 Method of data verification

The researcher verified the qualitative data according to Guba’s model for qualitative data analysis, as adapted by Schurink et al. (2011:419-421). It is based on the following constructs:

1. **Data must be verified on the basis of credibility/authenticity.** The researcher must demonstrate that the participants’ perceptions match with the description of the data as provided by the participants. It therefore entails that the findings should be a true reflection of the participants’ viewpoints.

2. **Data must be verified on the basis of transferability.** The researcher must take the responsibility to ask whether the findings of the research study can be transferred to other applicable studies. Schurink et al. (2011:420) explained that this is a “problematic” aspect in qualitative research studies, and that the qualitative researcher should take special note of this aspect.

3. **Data must be verified based on dependability.** The dependability of a qualitative research study is based on a logical and well-documented research process. This means that the research process that was followed and the methodology utilised must be clearly and expansively documented.
4. **Data must be verified based on conformability.** This construct refers to the neutrality of the findings. Therefore, the researcher must provide evidence that support the findings and interpretation of the study.

The implementation of the abovementioned constructs to ensure data verification is described in Chapter 2. In addition, this study was based on certain ethical considerations as described in the next sub-section.

### 1.5.3.5 Ethical considerations

The use of ethics in social research is essential to ensure that standardised procedures of conduct are followed. The desired result of these procedures is that the distinction between right and wrong is made in terms of the protection of humans who participate in the study (Bless, Higson-Smith & Kagee, 2006:140; Gravetter & Forzano, 2010:60; Rubin & Babbie, 2005:73). During the implementation of the research study, the researcher made use of the following ethical considerations that was supported by the University of South Africa' Ethical Committee as indicated in the letter of approval (see Annexure A):

- **Do no harm:** The social researcher can limit harm to participants by conducting interviews in a private environment at a time that is convenient for the participants. In addition, the participants must be made aware of the possible risks and advantages of participation. The researcher can also manage possible harm by ensuring that participants have access to a social worker for debriefing and further counselling, should the interview upset them in any way (Babbie, 2007:27) (see Annexures B, C and D).

- **Informed consent:** Participation in a research study must be voluntary and based on an awareness of the nature of the study and the possible risks involved (Babbie, 2007:64). For this reason, Kumar (2005:212) advised that participants must be made aware of “the type of the information the researcher wants from them; why the information is being sought; what purpose it will serve; how they are expected to participate in the research study; and how it will directly and indirectly affect them”. The author emphasised that no pressure should be placed on participants and that written informed consent must be obtained.
• **Anonymity, confidentiality and privacy:** According to Babbie (2007:64), the term *anonymity* implies that no one must be able to identify participants involved in a research study. In addition, Bless *et al.* (2006:143) stated that participants’ data should not be recognisable in a research study. These authors also explained that the principle of anonymity is linked to confidentiality. In this regard, Babbie (2007:65) explained that confidentiality meant that only the researcher can identify the participant’s involvement, but that he/she promises not to share this identification publicly. Strydom (2011:119) added that confidentiality was also a continuation of privacy, which referred to the agreements between the participants and the researcher to prevent others from gaining access to private information.

• **Management of information:** Strydom (2011:126) stated that the qualitative data should be transformed in such a manner that the research findings can be presented in written format for the readers. It should be clear and contain all the information through which the reader will understand the research findings. The author referred to the ethical obligation of the researcher to ensure that the information is formulated clearly, that plagiarism should not be committed at any time and that anonymity and confidentiality should be upheld. The ethical obligation of the researcher to manage information should be read in terms of anonymity and confidentiality.

Annexures B, C and D indicate how the researcher considered the mentioned ethical aspects and prepared a written invitation with all the relevant information and informed consent forms. The implementation of these ethical considerations is also presented in Chapter 2.

### 1.6 CLARIFICATION OF KEY CONCEPTS

The key concepts related to this present study are adolescence, parent, rural community and substance addiction. These concepts will briefly be described below in terms of their relevance to this study.
1.6.1 Adolescence
Louw et al. (2005:388) described the developmental phase of adolescence as occurring between the ages of 11 and 21 years, beginning at puberty and ending in adulthood. Sheafor and Horesji (2010:505) went further and described the term as the development period where physical, social and psychological change as well as the awakening of the sexual desire occurs between the ages of 12 and 18 years. The adolescent participants in this research study were between the ages of 12 and 18 years, and fell within the early adolescence stage. Substance abuse, low parental monitoring, stressful life events (divorce, death in the family, abuse, etc.) and confusion/stress regarding sexual orientation are risk factors during this developmental stage (Newman & Newman, 2012:379-381).

Within the context of this study, it would mean that the participating adolescents’ experiences and coping strategies were explored within the context of the mentioned characteristics and risk factors. The findings were verified with literature related to this developmental stage.

1.6.2 Parent
According to the Children’s Amendment Act (2007:28), a parent is the natural or adoptive parent in relation to the child. Sheafor and Horesji (2010:508) described a parent as having legal rights and responsibilities in the caring, controlling and upbringing of his/her child. Parental responsibility is based on rights, duties, powers, responsibilities and authority determined by law (Pierson & Thomas, 2010:380).

In this present study, a parent was viewed as a natural or adoptive parent who was a primary and legal caregiver of the participant. The experiences and coping strategies of the participating adolescents regarding natural or adoptive parents who were addicted to substances were explored and described in the context of rural communities.
1.6.3 Rural community
Weil (2005:405-406) described a rural community in terms of characteristics such as small population size; low density of population; long distance from urban areas; the presence of only certain occupations and economic bases such as agriculture (farming), mining and fishing; and social factors such as primary relationships, traditional norms, and values. In addition, poverty is a phenomenon in rural communities as rural households have lower incomes than those in urban communities because of unemployment and seasonal employment.

This study focused on adolescents in rural communities. This would mean that they lived on farms, were exposed to poverty and had limited access to resources because they did not live in a town with readily available and accessible services.

1.6.4 Substance addiction
Within the context of this study, substance refers to a chemical substance used for recreation. The chemical substance affects the central nervous system and use of the substance may lead to physical and/or psychological addiction (Tupper, 2012:462). Substance addiction is present when the user persists with the use of alcohol or other substances despite problems caused by the use thereof. Tolerance to the effect of the substance and withdrawal symptoms may occur when the use of the substance is reduced or stopped (Dalal & Sivakumar, 2009:310-319).

The parents of the participating adolescents were viewed as addicted based on continued use, despite the fact that the use caused problems related to their children’s needs.

1.7 CONCLUSION
In deciding on the layout of the final research document, the researcher considered the following aspects:
The literature review: The question of how literature will be used in a research study depends on the research approach chosen for a specific study. The utilisation of literature in the qualitative research approach is based on the assumption that little or no literature exists on the research topic (see problem statement in Section 1.2). Creswell (2014:26), in discussing the place of literature in qualitative research studies, noted that a lesser amount of literature review is necessary before collecting data for a study. In qualitative studies, the literature therefore provides a background to, and a motivation for, the research problem of the study. The findings of the qualitative study are compared with existing literature as part of a literature control after data has been collected.

The need for a “thick” description of the qualitative research methodology: In order to ensure the validity of the qualitative data in terms of applicability and consistency, a thorough in-depth description of the implementation of the research methodology is needed (see Schurink et al., 2011:419).

The layout of this research document is therefore as follows:

Chapter 1: Introduction and background to the research, problem formulation, the research question and the research goal and objectives, together with a brief description of the research process and methodology selected for this study

Chapter 2: A description of the implementation of the research methodology, together with a scientific grounding of the implementation (reference to literature)

Chapter 3: The research findings and literature control

Chapter 4: Conclusions, guidelines and recommendation.
CHAPTER 2
IMPLEMENTATION OF RESEARCH METHODOLOGY

2.1 INTRODUCTION

Substance abuse has become “endemic in the world” and in South Africa it remains very serious with double the drug usage of the world norm. It is estimated that 15% of the total population are using drugs with families being mostly affected by this problem. Most crimes are associated with substance abuse or drugs that include murder, robbery, and violence against women and children (Jordan, 2013; Thomson, 2013). The research problem in this research study (see Section 1.2) highlights that although substance addiction is an international and national concern, it is very common in rural areas as the lack of unemployment and education are socio-demographic factors that contributes to this problem (Substance Use and Abuse in South Africa, 2012:15; Thomson, 2013).

Furthermore, Myers, Louw and Fakier (2007:1) states that the utilisation of treatment in rural areas is influenced by socio-demographic factors that impact the availability of and access to services. The authors such as Clay (2007); National Geographic Education (2013); National Youth Policy (2009:17); Toumbourou et al. (2007:1391-1401) and Van Gundy (2006) support this and relates this aspect to the ecological systems theory.

In terms of the research study the focus are on adolescents of addicted parents. A study done by Trueger (2008:131-136) confirmed that parental substance addiction is a common problem in rural and urban areas of South Africa. For this reason, it is characterized by extreme poverty. The author further states that addicted parents are incapable of fulfilling parental involvement, responsibilities and acting as positive role models for their children. These children are often forced to fulfil the role of the parents in taking care of themselves. In support of this viewpoint, Arria, Mericle,
Rallo, Moe, White, Winters & O’Connor (2013:1-7) and Gwinnel & Adamec (2006:61) states that adolescents of addicted parents are at risk for a variety of negative outcomes that includes early conduct problems, lower academic achievement, and adolescent and young drug involvement. In this regard, Section 1.1 of Chapter 1 provides an overview of literature and recent studies that verify that parental substance addiction has various impacts and effects on adolescents' well-being and development. Due to the substances being abused by parents, the negative outcomes of adolescents are results of poor parenting skills, child neglect and abuse, lack of supervision, parent-child conflict, a lack of parental warmth, financial stressors and domestic violence in the family.

Haggerty et al. (2008:4) states that treatment of substance addiction often focuses primarily on the addicted person and not specifically on the family members. A distinction is made between substance addiction treatment and family therapy, despite the interrelatedness of these two disciplines. In terms of the family systems theoretical framework, which also underpins this study, it has to be considered that the behaviour of different family members occur “through a process of circular causality”, which implies that the behaviour of one person will have specific consequences for other family members (Centre for Substance Abuse Treatment, 2004). In the context of this study, it means that the impact of substance addiction on the parent will pose specific challenges for the adolescent in the family.

In response to the aforementioned information regarding the impact of parental substance addiction on the adolescent in the family, Jenny (2011:536) recognised the need for effective interventions that should address the “high-needs” of adolescents. The author asserted that programs for adolescents of addicts should focus on their immediate, transitional and long term needs and must be included in parents’ substance abuse treatment.

The researcher concludes that the aforementioned information, however, does not focus on adolescents in rural areas and their experiences and coping strategies with parental addiction specifically. Furthermore, various studies have identified
interventions for addicted parents that will also benefit their children. However, these interventions do not focus solely on adolescents whose parents are addicted. Therefore, a lack of information on the impact of the addictions of rural-based parents on their adolescent children was identified as crucial to effectively address the needs of such adolescents. This lack of information led to the formulation of the following research question: *What are the experiences and coping strategies with parental substance addiction of adolescents in a rural community?*

In order to answer the above question, the researcher identified the following goal to be attained through this research study: *To explore and describe the experiences and coping strategies with parental substance addiction of adolescents in a rural community in order to provide social workers with recommendations to provide these adolescents with the needed support, protection and care.*

The researcher distinguished between research objectives and task objectives. The research objectives are related to the aim of this study, while the task objectives relate to the specific steps to be followed in order to attain the research goal. Each research objective is therefore linked to task objectives (i.e. steps). The research objectives for this study are illustrated in the table below (Table 2.1).

<table>
<thead>
<tr>
<th>Research objectives</th>
<th>Task objectives</th>
</tr>
</thead>
</table>
| To explore the experiences and coping strategies with parental substance addiction of adolescents in a rural community by means of a qualitative research inquiry | • To obtain a sample of participants who are able to answer the research question  
• To contact the social workers and parents of the participants  
• To obtain signed consent to participate from the parents and the participants  
• To develop an interview schedule for the semi-structured interviews  
• To conduct semi-structured interviews |
| To describe the experiences and coping strategies with parental substance addiction of adolescents in a rural community, based on the qualitative research data | • To record the semi-structured interviews and to make field notes  
• To transcribe the data that has been collected  
• To analyse the data  
• To interpret the findings and to use the interpretation to draw conclusions |
| To conduct a literature control of the experiences and coping strategies with parental substance | • To verify the collected data with current and relevant literature |
addition of adolescents in a rural community based on the research findings of this study.

To provide social workers with recommendations on how to make the needed support, protection and care available to these adolescents

- To draw conclusions and make recommendations to social workers to provide these adolescents with the needed support, protection and care

While Chapter 1 provided the reader with background information and a description of the methodology to be utilised in this research study, this chapter will describe how the methodology was implemented to assist the researcher to address the research problem, to answer the research question and to attain the goal of the research.

2.2 RESEARCH METHODOLOGY

The term *research methodology* refers to the “systematic, theoretical analysis of the methods applied to a field of study” (Berg, 2009:5). For the purpose of this study, it entailed a process that was linked to specific methods and techniques, as illustrated below:

**Qualitative research approach: Narrative inquiry**

- **Contextual research design:** Adolescents of addicted parents in rural communities
- **Explorative research design**
- **Descriptive research design**
- **Population and sampling**
- **Data collection**
- **Data analysis**
- **Data verification**
- **Ethical practice**

*Figure 2.1: Research methodology*
The sub-sections below will provide a description of the implementation of the research methodology in this research study.

2.2.1 Research approach

A research approach provides a researcher with a framework from which to conduct a research study. It is a “way of learning and knowing things about the world around us” (Babbie, 2007:1). With specific reference to the difference between the quantitative and qualitative research approaches, Ivankova, Creswell and Plano Clark (2007:255) explained that the quantitative research approach entails that the researcher attempts to explain trends and the relationship between variables through a statistical analysis of research data. The authors referred to the qualitative approach as an attempt to explore answers to research questions and to describe these questions from the perspectives of persons involved in a specific situation or context. Leedy and Ormrod (2013:94-97) elaborated on the latter description and described the qualitative research approach as the researcher seeking a better understanding about complex situations from the participants’ point of view.

For this study, the researcher employed the qualitative research approach. The characteristics of qualitative research, as adapted by Krueger and Neuman (2006:16), and the relevance of qualitative research in terms of this study are illustrated in Table 2.2 below:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Relevance to this study</th>
</tr>
</thead>
<tbody>
<tr>
<td>It assists the researcher with the construction of social reality and/or cultural meaning.</td>
<td>The exploration and description of the perspectives and experiences of the population.</td>
</tr>
<tr>
<td>It focuses on interactive processes and/or events.</td>
<td>Explorative and descriptive in nature.</td>
</tr>
<tr>
<td>The authentic nature of the qualitative data is viewed as the key criterion of scientific excellence.</td>
<td>The use of data verification strategies.</td>
</tr>
<tr>
<td>It is done within a specific context (situational constraint).</td>
<td>Rural areas.</td>
</tr>
<tr>
<td>The population and sample size are not as big as in quantitative research studies.</td>
<td>Data saturation determined the sample size.</td>
</tr>
<tr>
<td>It consists of a thematic analysis that leads to increased</td>
<td>The use of the coding system to identify</td>
</tr>
</tbody>
</table>
The involvement of the researcher is acceptable. Data collecting through semi-structured interviews

The mentioned characteristics of the qualitative research approach also informed the researcher’s choice and implementation of research designs, which will be discussed next.

2.2.2 Research design

Fouché and Schurink (2011:307) described research design as a process in which the researcher must make decisions and take steps to reach the research goal of the study. Research designs in qualitative research studies (Babbie, 2007:112) involve the following aspects:

- A set of decisions regarding the topic to be studied,
- The population on which the study will focus,
- The research methods and techniques to be used and
- The purpose for which these methods and techniques will be used.

Based on the goal of this research study, and in order to answer the research question, the researcher chose the contextual, exploratory, descriptive and narrative research designs to guide her choice of methods and techniques for this research study. The discussion below provides a description of these designs to support the researcher’s choice, and to provide an illustration of how these designs informed the researcher’s choice of research methods and techniques.

- **Contextual research design**: The researcher used this design to develop a deeper understanding of the research problem. This research design enabled the researcher to obtain qualitative data within the specific context of adolescents with addicted parents living in rural areas of the Western Cape, South Africa (Holzblatt, Wendell & Wood, 2005:22; Monette et al., 2005:219). The contextual research design further assisted the researcher to make choices regarding the population, sampling methods and sampling techniques, as well as the method of data collection. The choice of data collection method, based on the use of the
contextual research design, assisted the researcher to identify unexpected needs or challenges experienced by the participants in a specific context (i.e. the people who are living within the research problem). The use of this design asked for a semi-structured method of data collection to ensure rich data that would contribute to a better description and understanding of the participants’ situation.

- **Exploratory research design**: The explorative research design was appropriate for this study as little knowledge was available regarding the experiences and coping strategies of adolescents with addicted parents in a rural community (Kumar, 2005:10; Rubin & Babbie, 2005:123). An exploration of the participants’ experiences thus contributed towards knowledge and insight regarding the research topic. The use of this research design specifically assisted the researcher with choices related to sampling methods and techniques and the method of data collection. The non-probability sampling method ensured that the decision regarding sample size was not determined prior to data collection, and that participants were included until data saturation was observed. The purposive and snowball sampling techniques ensured that participants were included in the samples based on the fact that they were able to answer the research question through semi-structured interviews.

- **Descriptive research design**: The decision to include the descriptive research design was based on the research goal, namely to provide social workers with recommendations to provide these adolescents with the needed support, protection and care (Bless *et al*., 2006:43; Rubin & Babbie, 2005:124). The descriptive design also assisted the researcher to select the appropriate method of data analysis. A coding system was chosen that assisted the researcher to identify themes, sub-themes and categories that would form a collective storyline to answer the research question.

- **Narrative research design**: Based on the explorative research design the researcher was assisted to use the narrative method of inquiry to collect data about the experiences and coping strategies with parental substance addiction of adolescents within a rural community. This design was used by the researcher to study the lives of the participants’ from their perspectives based on the research topic (Riessman, 2008). This led to the restorying of collected information by the researcher in a narrative inquiry of this study (Creswell, 2014:13-14).
As explained above, the research designs guided the researcher with regard to the methods and techniques of sampling, and methods of data collection and data analysis. These aspects will be discussed in the following sub-sections.

2.2.3 Population and sampling

In order to obtain the data for the research, the researcher first had to identify the population and sample to be included in this study. This resulted in the ability to obtain a representative sample. Table 2.3 below provides a description of the terms population, sampling, sampling method and sampling techniques, and their relevance in obtaining data for this study:

Table 2.3: Sampling concepts

<table>
<thead>
<tr>
<th>Description</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>All adolescents with substance-addicted parents in rural communities of the Western Cape</td>
</tr>
</tbody>
</table>
| Sample      | A sample for inclusion in the study was selected from the aforementioned population. Based on the contextual and explorative research designs, the researcher identified the following inclusion criteria:  
- Adolescents aged 12 to 18 years  
- Speaking Afrikaans, English or isiXhosa  
- Experienced in coping with parents’ substance addiction  
- Living on farms in the Grabouw community in the Overberg District of the Western Cape. |
| Sampling method | The possibility to be chosen to be included in the samples could not be determined at the onset of this research study. The size of the samples could thus not be determined at the beginning of the study, and was determined by data saturation. Data saturation was detected after 13 interviews. The researcher conducted three more interviews to ensure that no new information came to the fore. The sample size for this study was therefore 16. |
saturation is determined as the point in data collection and analysis when new information produces little or no new information” (Nixon & Wild, 2013).

| Sampling technique | Rubin and Babbie (2005:247) stated that the purposive sampling technique, typically used in the non-probability sampling method, is also called judgemental sampling as it requires the judgement of the researcher (as an integrate part of the qualitative research approach – see Table 2.2) to identify who would be most suitable to answer the research question. Babbie (2007:184-185) and Kumar (2005:179) referred to snowball sampling as information being collected from a participant who is involved in the research study and who will also be of help for the researcher to identify other possible participants who would be able to answer the research question. |
| In terms of the purposive sampling technique, the researcher opted for the criteria to be included in the sample (described above) to ensure that all the participants were able to answer the research question as they were living and experiencing the situation relevant in terms of the research topic. The snowball sampling technique was included to ensure that the researcher would be able to get access to participants until data saturation was reached. This technique was employed by the researcher as participants were able to refer her to other adolescents who adhered to the inclusion criteria. |

The next step was to collect the data from the participants included in the sample.

### 2.2.4 Data collection

Grinnell and Unrau (2005:77) described research “data” as pieces of evidence in the form of words (qualitative data) or numbers (quantitative data) that are put together to provide information. Creswell (2014:178) described qualitative data collection as a process that includes the following: Setting boundaries, collecting information through unstructured or semi-structured observations and interviews, documents and visual material, and establishing the protocol for recording information.

In terms of the data collection method, and based on the explorative, narrative and contextual research designs, the researcher made use of narrative inquiry because the participants’ life experiences would be best understood by exploring their own stories (Schwandt, 2007:22). Denzin and Lincoln (2005) advised that the researcher should “gather and present data in such a way that the subjects speak for themselves”. Therefore, the researcher is led by hearing the individual’s personal experiences as these relate to the research topic (Kumar, 2005:124). The following description by Mitchell and Egudo (2003:1) guided the researcher’s approach during data collection: “Narrative is an interpretive approach in the social sciences involving
storytelling methodology. The story becomes an object of study, focusing on how individuals or groups make sense of events and actions in their lives."

Based on the above description, as well as the descriptive research design, the researcher opted to make use of semi-structured interviews. The questions (provided in Section 2.2.4.3 below) ensured that the data related to the research question and goal, and that the researcher encouraged the participants to tell their stories the way they wanted to. Therefore, the value of the semi-structured type of interview was that the researcher could ensure that the discussion remained focused on the research topic and the research problem. In addition, semi-structured interviews provided sufficient scope for further elaboration and expansion to ensure richness of data. This allowed the researcher to explore the participants’ experiences in order to obtain a deeper understanding of their social reality. The researcher made use of interview techniques (that will be discussed below) to ensure that the participants explored all possible answers or viewpoints that could contribute to the richness of the data (Gill & Stewart, 2008:293).

2.2.4.1 Gaining access to the participants
The first step towards collecting the data was to obtain access to the participants. The researcher gained access to the participants from her caseload and through contact with gatekeepers such as social workers in the Department of Social Development in the area in which the research was conducted. Social workers from welfare organisations were not part of this study. The use of the social workers as gatekeepers served a dual purpose, namely 1) to assist the researcher to identify possible participants that adhered to the inclusion criteria, and 2) to ensure that there is no breach of confidentiality between the social workers and their clients (Jones & Bamford, 2004:281). The social workers were informed of the goal of this research study, the criteria for inclusion as well as the format and nature of data collection. Once participants were identified, the gatekeepers made contact with the parents to provide them with the above information and to ensure that they felt safe and not threatened. Next, the parents who agreed that their adolescents may participate were contacted by the researcher. The parents were presented with the letter of
invitation (see Annexure B) and the researcher took specific care to make sure that
the parents had the opportunity to ask questions and to explore possible risks related
to participation. They were also informed of the ethical practice that would be
followed. This process was repeated with the participating adolescents. Once the
parents and the adolescents had no more questions, they were requested to sign the
informed consent forms (see Annexures C and D).

2.2.4.2 Pilot study

Fouché and Delport (2011:73) emphasised the importance of assessing the
feasibility of a research study. In this regard, the concept *pilot study* refers to the
testing of the data collection method on a small scale (Barker, 2003:327-328;
to a pilot study as the testing of a small sample prior to commencing with the data
collection process to determine whether the methodology, sampling, questions and
analysis for the intended study were adequate and appropriate.

The researcher first conducted one interview with a participant from the sample who
adhered to the inclusion criteria to ensure that the interview questions were
understood, that the participants would be able to answer and discuss these
questions and that the overall research question was answered (Maxwell, 2008:227).
Next, this data was transcribed and analysed. A discussion with the supervisor
followed, after which it was decided that this data collection method, as well as the
questions, would indeed assist the researcher to answer the research question and
to attain the research goal.

2.2.4.3 Collecting the data

As described above, the researcher made use of semi-structured face-to-face
interviews to collect the qualitative research data. The interviews were conducted at
predetermined times and venues to ensure privacy and comfort for the participants.
The researcher started each interview with casual conversation to put the participants at ease. She again explained the purpose and the content of the interview to ensure that the participant understood the information. She responded with a non-judgemental attitude and also emphasised the fact that the participant could withdraw from the interview at any time. Once the researcher was sure that the participant was comfortable, she started the interview with the demographic information pertaining to the specific participant. The biographical information focused on age, race/ethnic group, language, school grade, and the nature of the parent/caregiver’s addiction and the use of substances by the participants. The questions that guided the interviews were as follows:

- Tell me the story of how you came to know about your parent’s addiction?
- Tell me what it is like for you to live with a parent who is addicted to substances?
- Tell me how do you cope with a parent who is addicted to substances?
- How would you like to be supported?

The following interviewing techniques were used to explore the research topic thoroughly and to enhance the communication process, as described by Greeff (2011:345-346):

- Minimum non-verbal responses: The researcher made use of non-verbal responses, for example: Nodding, which showed the participants that the information was understood and that she was interested and listening.

- Encouragement: The researcher employed this technique to encourage participants to feel comfortable and to expand on their stories. This technique was used without guiding and influencing the participant’s responses/stories. An example: “That sounds interesting. Can you tell me more?”

- Reflective summaries: The researcher made use of summarising the participant’s ideas, thoughts and feelings. For example: “So what you are saying is …” This allowed the participants to feel understood and gave them an opportunity to reflect and provide additional information.
- **Probing**: This technique was used to deepen the responses of the participants to the questions in order to increase the richness of data being obtained and to give cues to the participants about the level of the response that is desired. An example: “Can you tell me more about …?” or “What do you mean with…?”

An integral part of data collection was the documentation thereof.

### 2.2.4.4 Recording the data

The researcher made use of tape recordings to record the interviews. Additional data was obtained by means of field notes, focusing on aspects such as communication patterns and non-verbal communication to add to the transcripts in order to complete the data collection (Creswell, 2014:181-183). The tape recordings and field notes were transcribed as soon as possible following the interviews.

The researcher sent the transcripts to the independent coder as soon as they were completed. The independent coder assisted the researcher to identify when data saturation took place. It should be noted that no discussions related to the content of the transcriptions took place during this time. Once the data was collected, the researcher proceeded with the analysis process.

### 2.2.5 Data analysis

Babbie and Mouton (2009:410) described data analysis in qualitative research as the process of analysing and interpreting the data that was collected through interviews. The authors explained that qualitative researchers mainly use a coding system, but mentioned that computer programs designed for qualitative research analysis can also be used. The coding system entails that the qualitative data is coded to assist the researcher to identify themes and sub-themes. Creswell (2014:185, 186) provided a layout and practical guidelines for the use of Tesch’s framework for qualitative data analysis (1990:142-145) by means of eight steps to be followed. The
researcher made use of these eight steps to ensure a scientific and step-by-step manner through which the data obtained in this study could be analysed. The steps and the implementation thereof are described below:

1. **The researcher obtains an overall picture by carefully reading through all the transcripts and jotting down ideas that emerge.** The researcher went through all the transcripts after data saturation was detected. Alongside the scripts, she wrote down ideas and aspects that stood out from the interviews.

2. **The first transcript is selected and read once more. The researcher asks him/herself: “What is this about?” Thoughts are plotted in a margin.** The researcher started again with the reading process, and wrote down key words that stood out in the text that related to the research problem.

3. **The rest of the transcripts are overviewed by working in the same way.** Next, a list is made of all the topics indicated in the margin. Similar topics are grouped together into columns, which consist of main themes and sub-themes. All the identified main words were written down once all the transcripts had been examined. These words were grouped into topics, which became the main themes. The researcher carefully examined the words under each topic, and identified the sub-themes that emerged from the topics.

4. **The list of themes and sub-themes is taken back to the transcripts. The codes given to the topics and sub-topics are added alongside the appropriate segments in the text.** At this stage, the researcher also checks for new or hidden topics or codes. The researcher assigned code names to the topics and sub-themes, and added these codes next to the words in the margin of the transcripts. During this process, she made sure that all the main words were allocated to a theme or sub-theme while also identifying new themes or sub-themes. She assigned codes to the new themes and sub-themes and indicated these in the text.

5. **The most descriptive words are selected for topics and are converted into categories.** Similar topics are sub-themed under the relevant category. The researcher continued to provide a description for each theme and sub-theme.

6. **A final decision is made regarding the categories to be included.** A discussion with the supervisor and independent coder (who followed the same process) ensured to identify what themes and sub-themes to include in the final
analyses. This decision was based on the goal of the study to ensure that the research questions would be answered.

7. **Corresponding data is added to each category to highlight the themes and sub-themes.** The themes and sub-themes were categorised to serve as the storyline that describes the experiences of the participants. Verbatim responses that related to the themes/sub-themes were added under each theme/sub-theme.

8. **The themes and sub-themes are discussed and described.** The content of each theme and sub-theme was discussed, based on the responses of the participants, and verified against the literature review (literature control).

The researcher also took note of the verification of the qualitative data to ensure the validity of this study. The aspects that were considered and implemented will be discussed in the next section.

### 2.3 DATA VERIFICATION

Data verification in qualitative research focuses on the trustworthiness of the findings or results of a research study. It is also based on the consistency of the research methods used and it provides an accurate representation of the population being studied (Thomas & Magivy, 2011:151).

Qualitative research studies do not make use of the traditional criteria for research validity, namely internal and external validity, reliability and objectivity. This poses a challenge for qualitative researchers. Guba’s model for the verification of qualitative data (in Krefting, 1991:214-222) was designed to use as a framework to ensure the validity of qualitative research. The methods for data verification in Guba’s model are truth value, applicability, consistency and neutrality. Schurink *et al.* (2011:429) adapted this framework. The methods used for data verification according to the latter framework are *credibility, transferability, reliability and conformability*. The researcher used the methods of Schurink *et al.* to validate the qualitative data in this
study. These methods were described in Chapter 1. The method, with its accompanying strategies and implementation, are illustrated in Table 2.4 below.

Table 2.4: Data verification

<table>
<thead>
<tr>
<th>Method of data verification</th>
<th>Strategies that were followed</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credibility / authenticity</td>
<td>Interview schedule</td>
<td>The authenticity of the research findings was ensured through the use of an interview schedule with guiding questions (see Section 2.2.4.3).</td>
</tr>
<tr>
<td></td>
<td>Interviewing techniques</td>
<td>Interviewing techniques such as minimal non-verbal responses, encouragement, reflective summaries and probing were used to explore the research questions thoroughly and to enhance the communication process. The implementation of the techniques is explained in Section 2.2.4.3.</td>
</tr>
<tr>
<td></td>
<td>Data analysis</td>
<td>The researcher employed Tesch’s eight steps to analyse the qualitative data to ensure that the findings are a true reflection of the data obtained from the participants (see Section 2.2.5).</td>
</tr>
<tr>
<td></td>
<td>Independent coder</td>
<td>An independent coder, who applied the same framework mentioned above, was used to ensure that the researcher’s own interpretation did not influence the credibility of the qualitative data obtained.</td>
</tr>
<tr>
<td>Transferability</td>
<td>Contextual research design</td>
<td>The contextual research design placed the findings within a rural context. The findings of this research study could therefore be transferred to rural areas.</td>
</tr>
<tr>
<td></td>
<td>Purposive sampling technique and snowball sampling technique</td>
<td>The contextual research design informed the researchers’ choice of the sampling method and sampling techniques. The non-probability sampling method with the purposive snowball sampling techniques were used to ensure that the inclusion criteria of the study was clear, and that the findings were applicable to adolescents with addicted parents in rural areas (see Section 2.2.3).</td>
</tr>
<tr>
<td></td>
<td>A thick description of the research methodology</td>
<td>The researcher provided a thorough description of the research methodology implemented in this chapter to ensure that the research data and findings could be transferrable to other contexts.</td>
</tr>
<tr>
<td></td>
<td>A literature control of the data (i.e. triangulation of sources)</td>
<td>Transferability was supported by the fact that the findings of this study were also verified with various sources from literature.</td>
</tr>
<tr>
<td>Dependability</td>
<td>A thick description of the research methodology</td>
<td>A thick description of the research methodology, provided in this chapter, contributed to the consistency and dependability of the findings.</td>
</tr>
</tbody>
</table>
Data analysis

The researcher implemented this strategy of data verification by using a coding system to group the qualitative data into the identified themes and sub-themes. The same coding system was implemented by the independent coder, which further ensured the consistency of the findings (see Section 2.2.5).

Conformability

The use of interviewing techniques

The conformability of this study focused on ensuring the neutrality of the qualitative data. It was based on the interviewing techniques the researcher used to ensure that participants’ responses were not guided and influenced by the researcher.

Tape recordings and field notes

The researcher made use of tape recordings and field notes to ensure that data did not get lost and that the verbatim responses of participants were appropriately recorded and documented.

The use of an independent coder

The researcher made use of an independent coder to support the findings and the interpretation of the data and to ensure that the researcher did not influence the qualitative data being obtained.

In addition, the researcher considered the fact that, in qualitative research, the researcher is the instrument of construction. To further ensure the validity of the qualitative data, the researcher made use of Maxwell’s five categories of validity in qualitative research (Maxwell, 1992:37-64) and Auerbach and Silverstein’s (2003) category of transferability as described by Thomson (2011:77-82):

- **Descriptive validity** refers to the accuracy of the data. The data must accurately reflect the truth of the data (Maxwell, 1992:47). The researcher attempted to accurately describe the data by means of transcripts of verbatim responses. No information was left out or changed in order to ensure descriptive validity. The use of an independent coder assisted the researcher to ensure descriptive validity.

- **Interpretive validity** refers to how well the researcher reports the participants’ descriptions and meanings attached to events, objects and/or behaviours (Maxwell, 1992:49). The researcher made an effort to not make interpretations based on her own judgements, but rather based on the use of the transcripts that included both the verbal and non-verbal data to justify interpretations.

- **Theoretical validity** “goes beyond concrete description and interpretation and explicitly addresses the theoretical constructions that the researcher brings to, or develops during, the study” (Maxwell, 1992:50). The researcher did a literature
control once the themes and sub-themes were identified through data analysis. The themes and sub-themes were supported by verbatim quotes and by literature on the subject.

- **Generalisability** also refers to transferability (Auerbach & Silverstein, 2003). To ensure transferability of the research findings to other applicable studies and contexts, the researcher made use of the purposive sampling technique and snowball sampling technique, and provided a thorough description of the implementation of the research methodology.

- **Evaluative validity** focuses less on the data and more on the researcher's evaluation of the data. In order to ensure the evaluative validity of this research, the researcher based her own evaluation on the findings that emanated from the data analysis process. In addition, the implementation of the methodology was described in depth to indicate why the researcher was able to come to certain conclusions (Thomson, 2011:77-82).

This study included the implementation of principles of ethical social research, which will be discussed next.

### 2.4 ETHICAL ASPECTS OF SOCIAL RESEARCH

Ethical conduct in social research studies refers to conformation to a code of principles that influence interpersonal contact during data collection (Walliman, 2006:148). Mack, Woodsong, MacQueen, Guest and Namey (2005:9) elaborated on the latter statement and explained that research ethics is based on interaction between the researcher and the people included in the study. Ethical aspects that were supported by UNISA (see Annexure A) were taken into consideration during this study and were described in Chapter 1. In this section, the implementation thereof is illustrated in Table 2.5 below.

**Table 2.5**: Ethical aspects of the research study

<table>
<thead>
<tr>
<th>Ethical consideration</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection from harm</td>
<td>The researcher respected the privacy of participants and conducted interviews in a private environment at a time that was convenient for the participants.</td>
</tr>
</tbody>
</table>
The researcher made participants and their parents aware of the possible risks and advantages of participation. The ethical considerations were cleared out and presented in an age-appropriate manner. The researcher made participants and their parents aware that should information cause any harm, she will have the right to discharge the participant (see Annexure B). The researcher ensured that participants had access to a social worker for debriefing and further counselling, should the interview upset them in any way (see Annexures C and D). After every interview, the researcher had a debriefing interview with the participants in order to determine how they felt after the semi-structured interviews. Only one participant needed further counselling as he found it hard to express his feelings and could not properly elaborate on the questions being asked by the researcher. Most of the participants reported that they felt relieved after sharing their experiences. Therefore no further counselling was needed, but the researcher managed to help and refer them to other social workers to assist with their needs.

### Informed consent and voluntary participation

The researcher held introductory interviews to present the letter of invitation to the gatekeepers, participants and their parent(s) (see Annexure B). During these initial interviews the following information was shared with them:

- The goal of the research study
- The nature of the interviews and questions that follow prior to the semi-structured interviews
- The voluntary nature of participation and that withdrawal from the study could take place at any time during the study
- The possible advantages and disadvantages of the study
- The particulars of the University of South Africa and the identification of the researchers’ supervisor.

The researcher emphasised the voluntary nature of participation and that withdrawal could take place at any time (See Annexure B). The researcher assured participants and their parents that information will be stored in a safe place. The informed consent forms were signed once all the parties understood the information that was given and agreed to participate in the study (see Annexures C and D).

### Anonymity, confidentiality and privacy

The researcher assured the participants and their parents of the right to privacy and confidentiality of data, and provided them with the following information:

- Their names would only appear on the informed consent forms, which would be stored in a safe place.
- Only the researcher and her supervisor had access to the audiotape recordings that were also stored in a safe place.
- Only the researcher, her supervisor, the independent coder and translator (if needed) had access to the transcripts of the interviews.

### Management of information

The researcher secured tape recordings, field notes and transcripts in a safe place to which only she had access. The researcher ensured anonymity as the names of participants were not indicated on tape recordings, field notes and transcripts. Numbers were allocated to the participants to hide their identities. The researcher ensured that the list containing the real names with the allocated numbers were stored with the informed consent forms in a separate secure location. The researcher did not provide the identities of participants to other persons who had access to the tape recordings, field notes and transcripts (e.g. supervisor and independent coder). To honour participants, the researcher plans to destroy the tape recordings and transcripts of the recordings once the research has been completed.
The implementation of the research methodology and the findings of the study should be viewed within the context of the limitations that were experienced during the research process. This will be discussed next.

2.5 LIMITATIONS TO THE STUDY

The participants in this study found it difficult to express themselves and to describe emotions. The researcher, in an attempt to prevent leading them during the interviews, did not make use of clarification as an interview technique. Therefore, some of the descriptions are graphic (not moderated) and presented as such. For this reason, the researcher continued with three more interviews once data saturation was detected so as to ensure that additional verbatim descriptions could be provided when the findings were presented.

Only Afrikaans-speaking adolescents from Coloured communities in the Western Cape were represented in this study. The experiences and coping strategies with parental substance addiction of adolescents from other ethnic groups and cultures were not part of this study. Hence, the findings could only be viewed within the context of rural areas in this province.

2.6 CONCLUSION

Chapter 2 provided a background to the research study, and an overview of the research methodology followed with a description of the procedures that were implemented to collect, analyse and verify the data obtained from the participants. It also reflected on the ethical considerations and the challenges experienced during this research study.

Chapter 3 will provide the reader with a description of the biographical profiles of the participants and the research findings, together with a literature control.
CHAPTER 3
RESEARCH FINDINGS

3.1 INTRODUCTION

Parental substance addiction, when viewed within the family and ecological systems theoretical framework, on an international and national level, affects a growing number of children (including adolescents) which leads to specific negative outcomes and also correlates with adolescent substance abuse (Cf. Bancroft, Wilson, Cunningham-Burley, Backett-Milburn and Masters, 2004:ix; Barber, Bolitho & BeHand, 2003:14; Dube, 2007; Hoque & Ghuman, 2012:111; National Treatment Agency for Substance Misuse, 2012:1-7; United Nations Office on Drugs and Crime, 2004:5). In Chapter One, the researcher conducted a comprehensive literature review and discussed the various impacts and effects of parental substance addiction on themselves and their families in particularly adolescents.

In terms of parental substance addiction in South Africa, a lack of parental care and monitoring of children was identified. The Medical Research Council reported that 15% of substance abusing parents was unable to fulfil their parental responsibilities to care for their adolescent children. In addition, adolescents can become victims of violence due to caregivers/parents abusing substances (Department of Social Development, Department of Women, Children and People with Disabilities and United Nations Children’s Fund, 2012:12). Templeton, Zohhadi, Galvani and Velleman (2006) asserted that domestic violence, as a result of parental substance addiction, has a negative impact on the overall development of children (including adolescents). In this regard, the South African Children’s Act (No. 38 of 2005) provides for the protection and care of children who are exposed to circumstances – such as parental substance addiction – which may seriously harm their physical, mental and social well-being (The Presidency of the Republic of South Africa, 2009).
In terms of the context of this study (i.e. rural communities), socio-economic conditions also play a significant role in the development of adolescents (World Health Organization, 2003:8). Often, services in rural areas in South Africa are limited (Patel, 2005:189; Youth Parliament Report, 2007:22). In addition to limited services (in this case treatment and intervention options) available in rural areas, family members and in particular adolescents have been neglected as substance addiction interventions are mostly focused on the addicted person (Orford, Natera, Copello, Atkinson, Mora, Velleman, Crundall, Tiburcio, Templeton & Walley, 2005).

Although interventions for families and children are growing, Templeton et al. (2006) identified a greater need for increased focus on children’s views (experiences and coping strategies) and outcomes (service needs) in a rural context. Therefore, a need to explore and describe adolescents’ experiences and coping strategies with parental substance addiction in a rural community of the Western Cape was identified and formed the foundation of this study (see Sections 1.1 and 1.2 of Chapter 1). This led to the formulation of the following research question: What are the experiences and coping strategies with parental substance addiction of adolescents in a rural community?

In order to answer the above question, the following goal to be attained through this research study was identified: To explore and describe the experiences and coping strategies with parental substance addiction of adolescents in a rural community in order to provide social workers with recommendations so that they can provide these adolescents with the needed support, protection and care.

This research followed a qualitative research approach. The exploratory, descriptive, contextual and narrative research designs were utilised to assist the researcher with a framework from which to implement the research methods (see Chapter 2).
The population for the research study was all adolescents with substance-addicted parents in rural communities of the Western Cape. A sample was drawn through the non-probability sampling method, together with the purposive and snowball sampling techniques. The inclusion criteria were adolescents aged 12 to 18 years who spoke Afrikaans, English or isXhosa, who had experience of dealing with a parent’s substance addiction and who lived on farms in the Grabouw community in the Overberg District of the Western Cape. Semi-structured interviews were conducted with 16 participants.

The findings, based on the data obtained from the sample, will be discussed in this chapter. The demographic profile of the participants will be provided next, after which the findings will be presented.

### 3.2 DEMOGRAPHIC DATA

The demographic data (see Table 3.1 below) relating to the 16 participants in this study provided a description of the context within which the findings were procured.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>Gender</th>
<th>Ethnic group</th>
<th>Addicted parent</th>
<th>Type of substance</th>
<th>Participant’s use/abuse of substances</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>14</td>
<td>Male</td>
<td>Coloured</td>
<td>Both parents</td>
<td>Mother: Alcohol</td>
<td>Abuse of Cannabis</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Father: Mandrax and Cannabis</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>15</td>
<td>Male</td>
<td>Coloured</td>
<td>Mother</td>
<td>Alcohol</td>
<td>None</td>
</tr>
<tr>
<td>3</td>
<td>13</td>
<td>Male</td>
<td>Coloured</td>
<td>Mother</td>
<td>Alcohol</td>
<td>None</td>
</tr>
<tr>
<td>4</td>
<td>17</td>
<td>Female</td>
<td>Coloured</td>
<td>Mother</td>
<td>Alcohol</td>
<td>None</td>
</tr>
<tr>
<td>5</td>
<td>17</td>
<td>Male</td>
<td>Coloured</td>
<td>Father</td>
<td>Mandrax and Cannabis</td>
<td>Abuse of Mandrax and Cannabis</td>
</tr>
<tr>
<td>6</td>
<td>17</td>
<td>Male</td>
<td>Coloured</td>
<td>Mother and stepfather</td>
<td>Alcohol</td>
<td>Abuse of Alcohol and Cannabis</td>
</tr>
<tr>
<td>7</td>
<td>17</td>
<td>Male</td>
<td>Coloured</td>
<td>Both parents</td>
<td>Alcohol</td>
<td>Use of Alcohol</td>
</tr>
<tr>
<td>8</td>
<td>17</td>
<td>Male</td>
<td>Coloured</td>
<td>Father</td>
<td>Alcohol, Mandrax and Cannabis</td>
<td>Abuse of Cannabis and Methamphetamine</td>
</tr>
<tr>
<td>9</td>
<td>17</td>
<td>Male</td>
<td>Coloured</td>
<td>Father</td>
<td>Mandrax and Cannabis</td>
<td>Abuse of Cannabis and Alcohol</td>
</tr>
<tr>
<td>10</td>
<td>18</td>
<td>Male</td>
<td>Coloured</td>
<td>Mother</td>
<td>Alcohol</td>
<td>Use of Alcohol</td>
</tr>
<tr>
<td>11</td>
<td>16</td>
<td>Male</td>
<td>Coloured</td>
<td>Both parents</td>
<td>Alcohol</td>
<td>None</td>
</tr>
<tr>
<td>12</td>
<td>14</td>
<td>Female</td>
<td>Coloured</td>
<td>Father</td>
<td>Methamphetamine, Mandrax, Cannabis</td>
<td>Use of Alcohol</td>
</tr>
</tbody>
</table>
In terms of the context of this study, the Sustainability Institute (2010) described Grabouw (where this study was conducted) as one of eight towns within the Theewaterskloof Municipal Area of the Overberg in the Western Cape, South Africa. It is estimated that 36 000 people live in Grabouw. The predominant ethnic group is the so-called coloured group, while the black ethnic group is growing. The growth of the population is influenced by the local agriculture sector, which is based on fruit and timber industries. In line with this description, the table above indicates that all the participants were from the coloured ethnic group. Confirming this, Moseley (2006:1-2) also asserted that the population of farm workers in the Western Cape is mostly coloured.

Alcohol abuse and addiction among farm workers in the Western Cape is a historical concern. In the beginning of the Apartheid era, the “dop system” had been established as part of the farm workers’ pay package, as well as to induce the attraction and retention of labour. While this system has been abolished, alcohol abuse and addiction remain rife in the mentioned area (Moseley, 2006:4; 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 of substances and a combination of substances that are abused by the addicted parents. One father abused alcohol, methamphetamine and cannabis, while another father abused alcohol and cannabis. Four fathers abused Mandrax and cannabis. Twelve mothers abused only alcohol, while one stepfather and five fathers abused alcohol. However, the data indicated that alcohol remained the substance of choice.

The mentioned substances abused by the parents of the participants are also highlighted in the literature. In the Western Cape, 24% of patients in treatment centres during 2012 were addicted to alcohol. Their ages ranged from 33 to 40 years.
The production and abuse of methamphetamine (\textit{tik}) has increased rapidly in South Africa, with a high prevalence in the Western Cape in particular (Nyabadza & Hove-Musekwa, 2010:1). Kleinhans (2013) explained that globally South Africa is known as the biggest user of mandrax. Regarding cannabis, also known as marijuana (\textit{dagga} in Afrikaans), Van Heerden, Grimsrud, Seedat, Myer, Williams and Stein (2009:358) identified “statistically significant associations between male gender and ... cannabis use”.

In terms of the impact of parental substance addiction, it continues to be a serious international issue which has various negative effects on the family and on the child welfare system in particular (Templeton \textit{et al}., 2006:1-2; United States Department of Health and Human Services, 2009). Adolescents of addicted parents suffer and experience abuse (physical, sexual or emotional) or neglect (Hanson, Self-Brown, Fricke-Elhai, Kilpatrick, Saunders & Resnick, 2006:3-15). Furthermore, Hornberger (2008) noted that adolescents of substance-addicted parents experienced a lack of parental care, structure or positive role models in their households. Parental substance addiction also has significant impacts on parental roles, which include injuries to the parent himself/herself, domestic violence in the household, financial problems, involvement in criminal cases, spending too much time on consuming substances and the estrangement of the family (United States Department of Health and Human Services, 2009). Fisher and Harrison (2013:290) agreed and added that “parenting is characterised through inconsistency and a lack of clear rules and limits”. Furthermore, parental substance addiction is a significant contributor to disruptive behaviour, vulnerability, peer pressure and substance abuse among adolescents (Hoque & Ghuman, 2012:111; National Institute on Drug Abuse, 2012:3; United Nations Office on Drugs and Crime, 2004:5).

A concerning factor is that four participants were using alcohol while five participants were abusing substances of the 16 \textbf{participants in this study}. 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 & Lin, 2011:4-6; Fisher & Harrison,
Atterburn and Burns (2007:41-42) explained that parental attitudes are the most important influence on how adolescents view alcohol or other substances and they described this as “children see, children do”.

In this study, one participant abused cannabis, while four participants used alcohol. Similar to the data related to parental substance addiction, the participants who abused substances often used a combination of substances. One participant abused Mandrax and cannabis, another abused cannabis and methamphetamine while two participants abused alcohol and cannabis. It was noted that the substance-abusing participants fell within the ages 14 to 18 years. Seven participants did not use any substances.

Supporting the demographic data of the study, alcohol and cannabis are viewed as the most commonly used substances among adolescents (Morojele et al., 2009:1). Furthermore, alcohol and cannabis are major contributors to violence and crime, accidents and injuries, social and economic problems, as well as significant health risks such as depression (e.g. disturbed sleep, appetite and pleasure). According to Schneider, Norman, Parry, Bradshaw, Plüddemann and the South African Comparative Risk Assessment Collaborating Group (2007:665), alcohol is the cause of most deaths in South Africa and is linked to a larger percentage of deaths in the age group 15 to 29 years of age. Furthermore, Newman and Newman (2012:381) emphasised that alcohol or substance use among adolescents occurred when they were exposed to a complex social environment. The authors explained that the risk of adolescent substance abuse was linked to 1) adolescents exposed to alcohol users, 2) adolescents having close relationships with those who encourage drinking, and 3) adolescents exposed to stressful events that may be of harm to them. In addition, parental substance addiction and family conflict are seen as major contributing factors to adolescent alcohol abuse.
In support of the above description of the participants’ use of substances, substance abuse among adolescents is viewed as a major social concern, globally and in particular in developing countries such as South Africa (Hoque & Ghuman, 2012:111; Lindoor, 2011:1; Morojele et al., 2009:1; Mothibi, 2014:181). In terms of the context of this study, Mothibi (2014:181) asserted that substance abuse among adolescents in rural areas was increasing. Statistics from the South African National Council on Alcoholism and Drug Dependence (SANCA) have shown that one in three adolescents within the age group 13 to 18 years were addicted to substances. Furthermore, the age of first experimentation has dropped to the age of nine years (Bezuidenhout & Dietrich, 2008:77; Hoque & Ghuman, 2012:111; Youth Parliament Report, 2007:21).

The ages of the participants in this study ranged from 12 to 18 years. The World Health Organization described an adolescent as a person between 10 and 19 years of age (2014). One participant was a 12-year-old female. The study included one 13-year-old participant, two 14-year-old participants and one 15-year-old participant. It also involved three 16-year-old participants, seven 17-year-old participants, as well as one 18-year-old participant.

Frydenberg (2008:70) described the adolescent years as a period of rapid physical, social, emotional and cognitive development. Therefore, adolescents tend to ask: “What is happening to me?” (Bezuidenhout & Dietrich, 2008:73). According to Newman and Newman (2012:501), adolescents seek behavioural independence. In addition, adolescents are exposed to challenges such as the media, popular heroes and heroines, and peers. Adolescents need to find their own identities, and for this to happen successfully they need positive parental guidance and external influences. The participants in this study experienced specific challenges in this regard as their parents were addicted to substances and they lived in rural areas with limited access to services.

Linking the adolescent developmental phase and substance abuse, it is acknowledged that adolescents seek to define and affirm their identity. This leads to
a process of experimentation. Hence, adolescents will, for example, use substances to belong to a certain group or to relieve stress. However, the literature highlighted that adolescence does not cause substance abuse (Bezuidenhout & Dietrich, 2008:71; Ojo, Lawani, Adedigba & Nwhator, 2008:89; United Nations Office on Drugs and Crime, 2004:5). In support, Condrin (2004:16) stated that adolescents’ view of substance abuse depended on their sense of self. The author related the development of a positive sense of self with inclusion in healthy peer relationships and the influence of parental guidance and support.

An even distribution between male and female participants was observed. Six participants were female while 10 participants were male.

Based on the context described in this section, the findings of this research study will be presented next.

### 3.3 RESEARCH FINDINGS

This study examined adolescents’ experiences and coping strategies with parental substance addiction within a rural farming community. Hence, this section provides a social work perspective on the study’s research findings.

The findings of this narrative inquiry were based on the data obtained from 16 semi-structured interviews. The following questions were asked:

- Tell me the story of how you came to know about your parent’s addiction?
- Tell me what it is like for you to live with a parent who is addicted to substances?
- Tell me how do you cope with a parent who is addicted to substances?
- How would you like to be supported?
The data was documented by means of tape recordings and field notes that were transcribed directly after the interviews took place. The researcher and an independent coder analysed the transcripts according to the framework for qualitative data analysis by Tesch and described in Creswell (2014:186).

In this section, the themes, sub-themes and categories that were identified will be described, illustrated with verbatim quotations and supported by the literature control. All the participants provided the information in Afrikaans. In order to ensure that the findings are presented as accurately as possible, the Afrikaans quotations were not translated for the purpose of this document.

The storyline that emanated from the data obtained from the participants provided a description of 1) the farming community; 2) parental substance addiction; 3) how parental substance addiction affected the participants; 4) how the participants dealt with parental addiction, and 5) what support the participants needed to be able to deal with parental substance addiction. The themes, sub-themes and categories are illustrated in Table 3.2 below:

**Table 3.2: Themes, sub-themes and categories**

<table>
<thead>
<tr>
<th>Themes</th>
<th>Sub-themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme 1: Participants’ descriptions of the farming community</td>
<td>Sub-theme 1.1: Advantages of living on a farm</td>
</tr>
<tr>
<td></td>
<td>Sub-theme 1.2: Disadvantages of living on a farm</td>
</tr>
<tr>
<td>Theme 2: Participants’ descriptions of their parents’ substance addiction</td>
<td>Sub-theme 2.1: Participants’ descriptions of the beginning of their parents’ substance addiction</td>
</tr>
<tr>
<td></td>
<td>Sub-theme 2.2: Participants’ descriptions of the nature of their parents’ substance addiction</td>
</tr>
<tr>
<td></td>
<td>Sub-theme 2.3: Participant’s descriptions of how the substance addiction affected their parents’ social relationships</td>
</tr>
<tr>
<td></td>
<td>Sub-theme 2.4: Participants’ reports of how parents attempted to stop abusing substances</td>
</tr>
<tr>
<td>Theme 3: Participants’ descriptions of how parental substance addiction affected them</td>
<td>Sub-theme 3.1: Participants’ descriptions of the impact of their parents’ substance addiction on the parent-child relationship</td>
</tr>
<tr>
<td></td>
<td>Sub-theme 3.2: A description of emotions</td>
</tr>
</tbody>
</table>

Sub-theme 1.1: The important role of friends on the farm

Sub-theme 1.2.1: Access to substances on the farms

Category 1.1.1: The important role of friends on the farm

Category 1.2.1: Access to substances on the farms

Category 3.1.1: Domestic violence

Category 3.1.2: Child neglect and abuse
Theme 1: Participants’ descriptions of the farming community

Although this theme does not relate directly to the questions asked to the participants, most of the participants offered information regarding their community. Based on the contextual nature of this study, the researcher and independent coder decided that the information relates well to the purpose of this study, and that the data forms an important part of “telling the participants’ story” (Cf. Creswell, 2006:54). The statements below describe that the participants have been living on farms for a long period of time and that they lived there by choice.

“Ons het op X [referral to farm where the family lived] gebly van kleins af. Ek was drie.”

“Ons kan uit die plek [referring to the farm] ook gaan, as ons eendag wil gaan, maar vir my is dit lekker hier.”
A distinction was found in the literature between the terms rural area and rural community. The Rural Development Framework (1997) of South Africa defined *rural areas* as:

- “Sparsely populated areas in which people farm or depend on natural resources, including villages and small towns that are dispersed through these areas.
- Areas that include larger settlements in the former homelands, which depend on migratory labour and remittances as well as government social grants for their survival, and typically having traditional land tenure systems.
- Rurality is a way of life, a state of mind and a culture which revolves around land, livestock, cropping, use of natural resources, and community.”

Lawson and Garrod (2009:235) described *rural community* as individuals living in a small residential area or village in which most of the community residents know each other. It is also known as the “countryside” in which agriculture contributes to the economic growth and provides employment for most inhabitants. Both these terms relate to the context of this study, and are also related to the descriptions provided by the participants. The following two sub-themes describe the participants’ perceptions and experiences in terms of a rural area and community, and focus on both the advantages and disadvantages of living on a farm.

**Sub-theme 1.1: Advantages of living on a farm**

The participants identified safety and a lack of social problems as advantages of living on a farm, as portrayed by the following statements:

“Ik lekker om op die plaas te bly. Hier is nie moeilikheid of so nie.”

“As, as ek op die plaas bly dan is dit beter as om in die dorp te bly, want daar gebeur baie dinge [referring to violence and abuse] en hier op die plaas gebeur nie so baie dinge waarvan ek weet nie.”
“Hier is nie so rof en onbeskof soos mense wat onder mekaar baklei en so nie. Jy word nie sommer ‘gerob’ soos bo in X [reference to area in nearby town] nie.”

“Hier is dit rustig, juffrou. Hier is niks mense wat tot by jou huis kom en sommer net so inkom ... niemand pla jou nie.”

“Ek sal altyd net hier binne die plaas wees. Is vir my rustiger hier.”

Martin and Joomis (2009) referred to Maslow’s Hierarchy of Needs (see Maslow, 1954) when reflecting on the need for safety. According to this hierarchy, the physiological needs of an individual must first be met, referring to the need for food, water and a place such as a shelter to call home. Subsequently, safety and security needs focus on an individual’s feelings of not getting hurt mentally, physically or emotionally. In line with this, individuals feel safe and secure when feelings of fears and anxieties are low. In terms of the present study, Norwood (2014) stated that children (including adolescents) have a greater need to feel safe. The statements above therefore refer to the second level of human needs described in Maslow’s hierarchy. The participants, however, also referred to the first level by describing access to fruit (i.e. food) on the farms as follows.

“Hierso is appels wat ons kan lekker eet of so.”

“Appels ... dit is hoekom ek hier wil bly.”

The specific reference to fruit is explained by Haysom (2007) who noted that the Grabouw community are mostly dependent on the agriculture sector in which deciduous fruit production (apples and pears) and forestry are the main contributors to the economy and growth.

The participants also referred to the third level of human needs, as described by Maslow (1954), when mentioning that they are close to their families and friends when living on farms. The following statement attested to this:
Louw et al. (2005:454) stated that adolescents have a “compulsive need of belonging to peer groups”. The interaction of adolescents with peers plays an important interpersonal role outside the family and is a significant contributor to their psychosocial development. Apart from their emotional needs being satisfied, interaction with peers is also an important source of information and a way of socialising. Newman and Newman (2012:369) elaborated on this and mentioned that peer relationships in the early adolescence phase are an important source of support. However, this does not mean that their closeness to parents or families is less important. They continue to have emotional attachment to their families and expect their parents’ support and guidance when experiencing a crisis.

The specific advantage of having friends on the farm was emphasised, and will be discussed in the category below.

Category 1.1.1: The important role of friends on the farm

“Hier is baie vriende met wie ek speel.”

“As ek uit die skool kom, dan doen ek huiswerk of so. As ek klaar is dan gaan ek na my vriende toe, dan sit ek daar.”

“Dit is vir my lekker, want hier is meer kinders hier en almal verstaan vir my op die plaas.”

“Soos nou, ekke wat nie skoolgaan nie. Hier is baie vriende wat ook nie skoolgaan nie. Ons doen altyd ‘n werkie as iemand ons vra. As ons moet ‘n werk doen, dan sê ons ja; soos houtmaak.”

“My vriende wat daar is maak my gelukkig daar op die plaas waar ek bly.”
Louw et al. (2005:460) described the role of friendships during adolescence. In the early adolescence phase, friendships are based on common activities while loyalty is characteristic of friendships in the middle adolescence phase. Furthermore, adolescents choose their friends according to shared psychological principles, interests, attitudes, values and personalities. At the same time, they also experience a greater need for intimacy and self-revealing. Friendships are characterised through emotional attachments, trust, conception and interests, as well as sharing ideas and feelings. Friendships hold the following advantages for adolescents:

- Friendships relieve and help adolescents deal with stressors during the adolescence phase.
- Friendships enhance adolescents’ self-development.
- Friendships are self-revealing, and open communication with friends contributes to developing an identity and to be sensitive towards others.

**Sub-theme 1.2: Disadvantages of living on a farm**

A disadvantage that was identified by the participants was a lack of access to transport, as described below:

"*Is vir my swaar, want as die skool miskien funksies het, dan kan my ma-hulle nie vervoer kry nie want hulle werk nie op die plaat nie* [referring to parents who are not working on the farm to have access to farm transportation]. *So dan moet my ma maar dan vir ander mense vra om my by die skool te kom haal.*"

Prince (2004:3) supported the above statement by asserting that farm workers and their children were mostly dependent on the farm owners for transport. According to Spocter (2007:6-7), approximately 91% of rural learners walk to school as the cost of transportation is too expensive. As mentioned by the participants in the previous theme, some of the participants did not attend school. As a possible explanation, Spocter (2007:6-7) noted that a lack of transportation could lead to dropping out of school.
References were also made to a lack of access to opportunities:

“Hier is nie ‘n uitkoms hier in die plaas nie, want ‘n man voel vasgedruk hier in die plaas.”

“Destyds was hier nog geleenthede, maar ek weet nie wat, wat met die kinders se talent geword het nie. Soos ‘modelling shows’ het ons altyd gemodel. TV-aande, fliek-aande en speletjie-aande ... Hier was klomp talent ander dae gewees maar... maar ons mis nog daai aande.”

“Dit sal lekker wees as hier pret is en amper soos kompetisies. Dan sal ek nou hier op die paas wil bly.”

The lack of access to opportunities is also highlighted by Prince (2004:6). The author concurred that, in the rural areas of South Africa, farm workers and their children are denied access to opportunities. Aside from school, no real opportunities existed for adolescents to expand their minds as access to sporting facilities, libraries and other facilities were limited on farms. Further support was found in the Future of Agriculture and the Rural Economy (FARE) (2013:42) panel report in the Western Cape, where it was noted that the social needs of farm workers and their families are not being considered as an important issue. Opportunities are limited and this leads to social problems such as youth abusing substances and teenage pregnancies, which lead to learners dropping out at schools.

The participants also referred to access to substances on the farms as a disadvantage. This aspect will be discussed separately in the next category.

**Category 1.2.1: Access to substances on the farms**
The participants referred to a safe environment when discussing the advantages of living on a farm. The statement below, however, indicated that there is a change in lifestyle on farms because of access to substances:

“Op die oomblik, soos nou…. is nie vir my lekker nie … ek lewe nie meer soos ek gelewe het nie. Die mense wat nou daar [referring to the farm] kom bly het en die mense wat daar gebly het, wat getrek het ... die mense is nie soos hulle gewees het nie [referring to people with whom the father is drinking].”

In this regard, the literature review referred to the influence of substance-abusing friends on the addict’s behaviour towards his or her family. Rockville (2004) explained that addicts preferred to associate with others who abused substances despite the influence it could have on their families. Buddy (2011) referred to how addicted persons influence their own and other families, while Tracy (2012) stated that addicts choose substances “over all else”. In line with these viewpoints, the participants described social harm due to the availability of substances on farms as follows:

“Ja, daar is soos die ‘gangsters’, die dwelms wat ook nou hier is en hulle, hulle breek die gemeenskap af. Hulle steel by ander wat nie aan hulle behoort nie en hulle maak onskuldige kinders sommer seer.”

“Daar [referring to people living on the farm] is altyd bakleiery en die mense wat nou tik [referring to methamphetamine] rook en ek voel onveilig by sulke dinge.”

“Ek gaan nie huis toe nie, want sy broer [referring to father’s brother who uses drugs with the father] verkoop mos nou appels langs die pad … dan vra hy vir my ‘gee vir my ‘n twee rand’, dan sê ek, ‘ek het nie’, dan sê hy ‘jy gaan sien wat ek met jou maak’.”

“Hier gebeur baie dinge soos mense steel goete en hulle maak mekaar dood op die plaas.”

“Soos die kinders en mense wat dagga rook, hulle steel appels en dan gaan verkoop hulle en hulle maak die kinders seer en so.”
Social harm caused by substance addiction has been reported by various authors (Bisika et al., 2008:81-87; Deveau, 2008:111; Obot, 2006:17; United Nations Office on Drugs and Crime, 2008:2). Supporting the statements above, Prince (2004:6) asserted that, in the Western Cape of South Africa, the legacy of the “dop system” continues to arise and accounts for 60% of violence in the rural areas. The author referred to a study that was conducted in Stellenbosch, Klapmuts, Kuils River and Somerset West, which found that 11% of respondents were abused due to alcohol abuse and that it resulted in a high percentage of trauma cases admitted to rural hospitals. In addition, the Department of Community Safety (2013/2014) reported that substance abuse accounted for 35% of the causes of crime in the Western Cape Province. Furthermore, it is stated that “the trend is not surprising, because the Western Cape Province accounted for 47% of the national drug related crime in 2010/2011, 44% in 2011/2012 and 40% in 2012/2013”. With regard to the participants’ comments on gangsters and methamphetamine, Kapp (2008) asserted that community members struggled with the battle against substance addiction, and that it was often related to gangsterism.

The participants also referred to the fact that they have access to substances on the farms where they lived. They blamed this on lack of activities on the farms.

“Hier is alles wat jy soek en as jy iets by die een vra dan kry jy dit. Soos dagga [reference to cannabis], entjies [reference to cigarettes] … buttons [reference to Mandrax and cannabis mix].”

“Nee, dit is nou net wanneer ek nou niks het om te doen nie dan rook ek maar om iets te doen.”

“Jy weet nie wat om te doen nie. Somtyds dan voel ‘n man, dan voel ‘n man sommer doen sommer nou dit, steel of dwelms gebruik of verkoop en daar, daar is nie ‘n weg daar [referring to the farm] nie.”

Legal and illegal substances are readily available to adolescents on a societal level in specific rural areas. Furthermore, adolescents who are exposed to adults involved
in antisocial behaviour or substance abuse contribute to adolescents abusing substances (Morojele et al. 2009:1). Onya et al. (2012:1-8, 352) explained that alcohol in rural areas are cheaper and readily accessible to adolescents. The authors found that adolescent substance abuse is mostly associated with boredom, a lack of recreational activities, the widespread availability of alcohol, and family, social groups or community members who are involved in problem behaviours such as substance abuse (Onya et al., 2012:1-8; 352).

This theme provided a description of the participants’ experiences and perceptions of living on a farm. The next theme will focus on parental substance abuse.

**Theme 2: Participants’ descriptions of their parents’ substance addiction**

Four themes provided a narrative description of the participants’ reports on their parents’ substance addiction, namely: 1) the beginning of their parents’ substance addiction; 2) the nature of their parents’ substance addiction; 3) how the substance addiction affected the parents’ social relationships, and 4) parents’ attempts to stop abusing substances.

**Sub-theme 2.1: Participants’ descriptions of the beginning of their parents’ substance addiction**

The participants referred to regular and long-time substance abuse:

“*Toe begin hulle [referring to parents who began to use substances], toe doen hulle die goed voor my totdat ek nou op X [referral to farm] bly. Hulle doen dit nog altyd.*”

“*Hulle drink elke naweek. Daar is nie een naweek wat hulle sonder alkohol is nie.*”
Fisher and Harrison (2013:16) defined substance addiction as “the continued use of alcohol and/or other drugs in spite of adverse consequences in one or more areas of an individual’s life”. Bromfield, Lamont, Parker and Horsfall (2010:3) elaborated on the adverse consequences and highlighted that long-term abuse led to violence and/or paranoia. Regarding the long-term effects of substance abuse/addiction, Sheafor and Horesji (2010:532-533) noted that prolonged use led to family and relationship problems.

The participants reported that they became aware of their parents’ substance addiction at different ages:

“Ek was nog klein en toe nog vier. Ek het gesien my ma drink.”

“Sy [referring to mother] het vandat ek baie klein was voor my begin drink saam met vriende. Sterk wyn, drank …”

“Ek was nog in die laer graad. Graad drie, vier of vyf, daar rond. Toe begin drink my ma en my pa voor my en ook my oupa en my tannie-hulle, sowel as my twee susters ook.”

“Ek was dertien. Toe sien ek, toe ek by die huis kom, juffrou, toe sien ek hulle [referring to both parents] het twee van daardie vaal wynkanne gehad, toe drink hulle dit in een aand se tyd op en toe baklei hulle onder mekaar.”

“Ek was 9 of 10 jaar oud, toe mmm … toe was ons na my ‘aunty’ toe. Sy het gebraai en hulle [referring to parents] het ‘geparty’ daar. Toe sien ek maar… Toe sien ek maar eers dat hulle drink, dit is al … maar altyd dan het hulle dit weggesteek vir my. Maar net daardie dag toe sien ek maar hulle begin te drink.”

“Toe ek so 15 was en hy [referring to father] my gestuur het. Daar [referring to the place where substances are being bought] het ek uitgevind dat hy ‘buttons’ [a mixture of cannabis and Mandrax] begin te rook. Hy het nie nog weggesteek nie.”
The statements below portray a picture of the participants’ first memories of their awareness of parental substance addiction.

“Hulle [the participant’s friends] het gesê my pa het nou ‘n skyf getrek, met ‘n button pyp [a mixture of cannabis and Mandrax], toe vra ek is dit? Toe gaan loer ek, toe sien ek self hy sit daar.”

“Ek het een … ek en my broer het eendag daar gesit in die huis en toe begin te drink my pa die klein botteltjies wyn en toe begin drink hy die groot … die bier en toe begin hy die kraantjie [referring to a large bottle of wine] en my ma het net ‘sometimes’ saam my ma se vriende bier gedrink, maar nou drink sy nie elke tyd nie.”

“Toe ek bewus geraak het van my ma se alkohol was dit toe wat ek … ons het destyds nog in ‘n hokkie [referring to temporary housing] gebly. Ek was agt. En daai dag, daai Saterdag toe slaan my ouma my ma omdat sy dronk was. Ek het nie, ek kon nie verstaan hoekom het my ma … hoekom het my ouma vir my ma geslaan nie. Toe sê my ouma vir my die rede hoekom sy my ma slaan is omdat sy is dronk en sy weet sy het ‘n verantwoordelikheid en sy het ‘n man en ‘n kind om voor te sorg.”

Bromfield et al. (2010:15) explained that addicted parents believed that their children have a limited awareness of the problem. Gorin (2004) and Hill (2011:2) argued that children with the average age of between four and five years have a detailed picture of the parents’ problems. In addition, children are able to put the pieces together that relates to the precise events. Barnard and Barlow (2003:55) agreed with this, and added that children (including adolescents) feel trapped and find it difficult to express their knowledge about their parents’ substance addiction to others. Therefore, they remain “weighed down by silent knowledge”.

Sub-theme 2.2: Participants’ descriptions of the nature of their parents’ substance addiction

One participant provided a reason for parental substance addiction:
“Toe my pa gelewe het toe het sy nie gedrink nie, maar toe my pa oorlede is toe begin te drink sy en drink en drink.”

This description is supported by Goodman (2007:18), Bezuidenhout (2008:134) and the United Nations Office on Drugs and Crime (2008:1). Causal factors for substance addiction are identified as multiple socio-demographic factors, role changes (in this case becoming a single parent), and a lack of support during crises (in this case the death of a spouse).

In their narratives, the participants also referred to the types of substances abused by their parents. The statements below focus on alcohol as substance of choice.

“Bier. Net bier drink sy.”

“Hulle drink bier en brandewyn soos in Vat 69 [referring to name of alcohol].”

Fisher and Harrison (2013:19) highlighted the effects of alcohol addiction on the family, while Chesang (2013:128) noted that alcohol addiction could lead to depression which also impacted the parental role. The participants also referred to cannabis and Mandrax as substances that their parents used over and above alcohol.

“Soos my pa rook button [referring to cannabis and Mandrax].”

“Hy rook altyd [referring to cannabvis], miskien in die agterkamer.”

The participants specifically referred to whether parents abused substances in front of them or not when describing the nature of abuse.

“My ma is dronk en so voor ons.”

“Hulle [referring to both parents] drink voor ons. Hulle gaan aan, skel voor ons. Hulle baklei voor ons.”
“Maar my pa doen nie daardie voor my nie.”

The following sub-theme unpacks the impact of the addiction on the interpersonal relationships of the participants' parents.

**Sub-theme 2.3: Participants’ descriptions of how the substance addiction affected their parents’ social relationships**

The participants highlighted that their parents engaged in fights and violence with members of the community.

“*Sy baklei met die mense.*”

“*Sy slaan sommer enige mens wat aankom.*”

“*My ma gaan aan* [referring to fighting] *met ander mense.*”

“*As my pa by die huis kom en sy het nie wyn nie, dan begin sy skel.*”

“*Sy het ruite stukkend gegooi, die huisgoed het sy stukkend gegooi.*”

“*As ander mense nou hierna toe kom en dan maak hulle* [referring to parents] *nou moeilikheid.*”

Sue *et al.* (2010:236) confirmed the above descriptions and explained that intoxication resulted in family conflict or violent behaviour. Atkinson, Anderson, Hughes, Bellis, Sumnall and Syed (2009:8) added that parental substance addiction increased the risk of children (including adolescents) becoming victims of violence. Kroll (2003:135) explained that parental violent behaviour towards other people can traumatisetheir adolescents.

Reference was made to “silent knowledge” in Sub-theme 2.1. Dawe, Frye, Best, Moss, Atkinson, Evans, Lynch and Harnett (2007) linked this silent knowledge with
parental violent behaviour towards others. The adolescent will therefore not talk about parental substance addiction out of fear that the parents will become violent when confronted with this information. A study by Kroll (2003:132) found that children of substance-addicted parents maintained “a conspiracy of silence” and isolated themselves from family members and the community as they felt ashamed. The author noted that this affected the potential support and the resilient factors of adolescents.

The behaviour of substance-addicted parents also led to a feeling of being judged by the farming community. This aspect is described as follows:

“Ja, want die mense, veral die mense hier voor, hulle kyk altyd hier na ons huis toe.”

“Sommige mense kyk net na ons huis toe en soos my ma-hulle wat mos nou drink en dan speel hulle musiek. En die mense kyk net na ons huis toe en dan drink my ma-hulle. Nou ek hou nie van daai nie.”

Abrams (2012) noted that addicts and their families experience judgmental attitudes from other people, which created feelings of being stigmatised. This has a negative influence on the adolescent’s ability to obtain a positive sense of self. Barnard and Barlow (2003:46) asserted that, if other people made negative comments or judging the parents’ substance addiction, adolescents will be more stressed and vulnerable.

Sub-theme 2.4: Participants’ reports of how parents attempted to stop abusing substances

The participants’ descriptions of the nature of the parents’ addiction highlighted that their parents have tried to stop the abuse of substances in the past:

“Hulle het vir ‘n tyd gelos, maar toe vat hulle weer sodat hulle nog altyd dit doen tot vandag toe.”
“My ma het eerste opgehou en toe agterna toe drink sy weer. Toe hou sy weer op en toe drink sy nou, dat sy nog aanmekaar drink.”

“My ma, my ma het nou opgehou drink. My ma het gesê my ma gaan ophou. Sy drink nie nou meer nie. Drie weke dink ek wat sy nou nie meer drink nie.”


“Maar daar is ‘n ander oom wat vir hom gesê het hy moet ophou en toe sê hy, hy gaan ophou. Maar hy, hy sit elke dag daar by daai oom, en toe het hy net so drie, twee weke gelos en toe begin drink hy maar weer.”

“Ek dink so twee maande [referring to mother who stopped drinking] of so en, maar ek weet nie of sy weer gaan begin nie.”

“My ma het baie die wyn gelos, maar hy [referring to father], hy bly haar net wil slaan as sy nugter is en so dan drink sy weer.”

White (2012:3) explained that recovery from addiction is difficult to measure as the recovery process is often interrupted by a relapse. Addiction is therefore an ongoing reality for the addict in recovery. McLellan (2014:2) added to this view and mentioned that recovering from addiction is associated with multiple relapses. The author argued that relapsing should not be viewed as a failure. Instead, it should be viewed as a desire to enter recovery. The descriptions above therefore point to a need of parents to address their addiction. Theme 3 below unpacks the impact of parental addiction on the participants.

**Theme 3: Participants’ descriptions of how parental substance addiction affected them**

Relevant literature provides some information on the impact of parental substance addiction on adolescents. Goodman (2007:18) explained that parental substance addiction is associated with inadequate supervision and results in “a failure to thrive,
poor health, cognitive and/or behavioural difficulties and poor educational attainment”. Fisher and Harrison (2013:220) added that the adolescent children of addicts often experienced rejection that caused them to feel unimportant or worthless. The author also noted that some adolescents take on the role and responsibilities of the addicted parent. With reference to these viewpoints, this theme provides a description of how parental substance addiction affects the participating adolescents. The participants described the impact of their parents’ addiction in terms of 1) the influence of the addiction on the parent-child relationship, 2) emotions related to parental substance addiction, and 3) the participants’ own use of substances.

**Sub-theme 3.1: Participants’ descriptions of the impact of their parents’ substance addiction on the parent-child relationship**

The participating adolescents described the influence of the addiction on their relationship with the parent(s) as follows:

“Al wat ek doen is verkeerd in hulle [referring to parents] oë. Dan gooi hulle altyd net my swakpunte van my.”

“Ja, ‘because’ as my pa begin te drink dan het hy altyd ‘n probleem met my.”

“Sy gedrag is amper so, so as hy dronk is dan lyk dit asof ek nie sy kind is nie. Hy gooi vir my weg.”

“... wil net saam met my baklei.”

“Want as ek mos nou ingaan dan skel hy mos nou op my ‘jy gaan uit hier, wat maak jy nog hier binne? Hoekom fok jy nie uit nie?’”

“Partykeer, dan raak ek op my ‘nerves’ as my pa aankom, want hy bly aangaan wanneer hy daar aankom in die huis in.”

Bromfield et al. (2010:17) confirmed the impact of parental addiction on the parent-child relationship while Dawe et al. (2007) provided a list of aspects related to
substance addiction that impacts the parent-child relationship. This included inadequate parenting resulting in parents being controlling, authoritarian and punitive or being permissive or neglectful at times. Horgan (2011:21) referred to research studies that indicated that substance-addicted parents are more authoritarian and less interactive. In addition, Wicks-Nelson and Israel (2009:56) stated that addicted parents often engage in fewer positive interactions with adolescents and enforce coercive and negative discipline techniques on them.

Contradicting the statements by the participants and viewpoints in literature on this topic, Kumpfer and Bluth (2004) and Gilchrist and Taylor (2009) argued that the parent-child relationship is not affected by substance addiction. Instead, the parent-child relationship is affected by factors such as financial stress and depression. However, the statements by the participants are also supported by Gillian, Wales, Hill and Robertson (2009:26) who found that adolescents viewed their parents’ addiction as contributing towards family problems. The participants in this study also indicated that the addicted parents are absent from the home due to substance addiction, as illustrated below:

“... maar daar is nie nog eintlik baie wat ek oor hom kan sê nie, want hy was nooit hier vir my nie.”

“Meeste van die jare was hy in die tronk gewees.”

“Hy [referring to father] is mos nou nie meer daar nie. Hy is by ‘n ander vrou in ‘n huis.”

“Hy was nooit hier vir my nie.”

Horgan (2011:21-31) explained that addicted parents spend all their time and money on maintaining their addiction, which results in being absent from home. Mothers in particular are more likely to isolate themselves socially and to spend less time with their children and adolescents.
In this study, the participants highlighted domestic violence and child abuse and child neglect as consequences of parental substance addiction. These aspects will be discussed separately.

**Category 3.1.1: Domestic violence**

Hill (2011:28) reflected on violence that is associated with parental substance addiction and explained that the substance abuse is of less concern to the adolescents. Instead, they are concerned about and deeply affected by the disharmony and rejection that they associate with the substance addiction. The statements below serve to support this viewpoint.

“*Die paar tye wat hy [referring to father] nou nie gewerk het nie. Dan skel hy op my ma, hy soek nou geld want hy wil nou vir hom iets gaan koop. Dan sê my ma vir hom dat sy het nie geld nie ... hy het laas keer toe slaan hy my ma mos nou ...*”

“*Toe slaan hy vir my ma, toe gaan hy aan daar binne die huis en hy, ek weet nie of hy my ma geslaan het op my ma se maag nie, want my ma het gehuil.*”

“*Die kamer was nat gewees soos hy [referring to father] die waswater van die kinders uitgegooi het om geld te kry. Amper nou so: hy het nou nie geld nie, maar sy vriende het almal geld.*”

“*Die tyd toe hy so baklei met my ma, nou gee my ma sommer vir hom geld. Nou sê ek my ma: ‘Ek het ook mos nou goed nodig, ek het ‘toiletries’ nodig.’ Dan sê sy vir my: ‘Nee, gee die geld vir jou pa, laat jou pa net kan stil, laat hy net rustig kan wees’.*”

“*Elke naweek as hy [referring to father] dronk is en dan sit my ma in die huis, dan kom hy van ander kant af en dan slaan hy my ma.*”

“*My stiefpa het altyd vir haar [referring to mother] geslaan. Hy slaan haar baie, hy gooí haar met die tafels en stoele.*”
Bragg (2003:9-15) defined domestic violence as a “pattern of coercive and assaultive behaviours that include physical, sexual, verbal and psychological attacks and economic coercion that adults or adolescents use against their intimate partner”. The author referred to children (including adolescents) who are exposed to domestic violence between parents as secondary victims. The impact on these victims includes:

- A lack of sleep or nightmares,
- Headaches or stomach pain,
- Violent behaviours towards others,
- Aggression or anger,
- Withdraw from friends or social activities,
- Depression or mood swings,
- Feelings of loneliness or isolation,
- Abuse of substances,
- Suicidal attempts or involvement of criminal activities,
- Poor school performance,
- Difficulties in concentrating or paying attention,
- Fears or feeling anxious that they will be separated from their parents,
- Low self-esteem,
- Taking the responsibility of parents,
- Bed-wetting or having early development behaviours and
- Displaying the same behaviour as parents.

**Category 3.1.2: Child neglect and abuse**

Hendricks (2014:550-552) reported that the crimes committed against children in South Africa are extremely high. The author further states that statistics from the period of 2012 - 2013, has shown that a total of 495 540 cases of crimes have been reported against children. However, these crimes are usually under-reported as it is estimated that this statistics are nine times lower than the actual number. Children are exposed to different type of neglect and abuse which includes verbal, physical, emotional and sexual abuse.
The Children’s Act (No. 38 of 2005) defined child neglect as the parents’ failure in fulfilling their parental responsibilities in caring for the child’s basic physical, intellectual, emotional or social needs. In terms of the abuse of children, the Act describe the abuse as any form of harm or maltreatment of a child that includes -

(a) “assaulting a child or inflicting any other form of deliberate injury to a child
(b) sexually abusing a child or allowing a child to be sexually abused;
(c) bullying by another child;
(d) a labour practice that exploits a child; or
(e) exposing or subjecting a child to behaviour that may harm the child psychologically or emotionally”.

In addition to being secondary victims of domestic violence as described above, the participants continued to describe how they are the primary victims of abuse and neglect. The following statements attest to violence directed at the participants:

“Partykeer baklei sy met ‘n mens en so. Sy het vir my laas, nie die jaar nie, laas jaar het sy vir my met so ‘n swart sambok geslaan oor my lyf.”
“As ‘n mens, ‘n mens lê op die kooi, ‘n mens is lus vir niks nie, dan kom sy met haar moeilikheid of so. Sy wurg ‘n mens, sy gaan aan met ‘n mens, so ...”
“Saans as ons nou gaan slaap, dan kom hinder sy altyd vir my ... dan begin te klap my ma sommer vir my en so.”
“My pa bly my slaan. Laas Saterdagaand toe slaan hy met die vuis binne in my gesig.”

Statements related to neglect in terms of financial and/or material aspects are provided below:
“Partykeer dan koop my pa vir hom alkohol, dan sê ek vir my pa hy moet nie alles saamvat nie [referring to money], dan hy nog geld in sy beursie en partykeer dan raak dit weg. Dan gaan tiep [referring to passing out] hy. As hy opstaan dan soek hy die goed by my, dan skel hy so … en ek hou nie daarvan as my pa so skel nie. Dan is hy nog dronk ook nog.”

“Ja, maar partykeers dan gee ek nou een maand van my ‘all pay’ [children’s grant that mother receives] vir my en een maand vir haar.”

“As ek nou na haar [referring to mother] toe kom, vra vir my ‘n tien randjie of so dan sê sy altyd vir my nee, sy het nie, maar as haar vriende kom dan word haar vriende gou ge-‘entertain’ met wyn en so. Daai maak my ook so seer.”

“Die meeste van die tyd is hier nie kos in die huis nie. Dan gaan eet ek by my tannie-hulle of ek eet by my vriendinne se ma se huis.”

“Ek, ek hanteer dit baie swaar want somtyds dan gebruik my ma die kosgeld vir drank. Dan kom drank eerste dan kom kos agterna.”

Dawe et al. (2007) asserted that parental substance addiction directly influences parenting and that it often leads to physical, emotional or sexual abuse of children (i.e. adolescents). The authors, as well as DePanfilis (2006:37), specifically referred to financial implications for the family as the addicted parents are not buying food or clothes and are not paying bills in order to maintain their substance addiction. Templeton et al. (2006:14) also linked poverty, social isolation and a lack of family and community involvement with parental substance addiction. Furthermore, DePanfilis (2006:37) explained that child neglect or abuse by addicted parents is related to other parenting issues. The author provided the following associated behaviours:

- Lack of knowledge about child development,
- Poor problem-solving and social skills,
- Low maternal affection,
- Poor attachment relationships,
- Poor attention to the needs of a child,
- Disinterest in spending time with one’s children,
- Inconsistent disciplinary practices,
- Social isolation,
- Mental health problems, especially depression,
- Anger toward or a lack of attention to one’s children,
- Difficulty in maintaining employment,
- Engagement in criminal behaviour and
- Failure to provide appropriately for the needs of their children (clothing, food, medical care, hygiene and emotional attention).

One participant referred to exposure to drug merchants as follows:

"Hy het my al baie kere gestuur om daar goete te gaan koop by mense naweke."

Atkinson et al. (2009:8) discussed the exposure to drug merchants or unsafe environments of adolescents of substance-addicted parents and warned that this resulted in adolescents carrying weapons and learning behaviour patterns such as aggression and violence through observation.

Sub-theme 3.2: A description of emotions related to parental substance addiction

Gillian et al. (2009) found that adolescents affected by parental substance addiction often expressed emotions in terms of anxiety, upset, worries, fearfulness, sadness, anger, frustration and/or confusion. In this regard, the participating adolescents described their emotions relating to parental substance addiction as follows:

"Is nie vir my lekker nie. Dit is moeilik."

"Dit voel nie vir my lekker nie."

"Dit voel net nie vir my okay nie."
In support of the latter statement, Velleman, Templeton, Reuber, Klein and Moesgen (2008:404) explained that adolescents find it difficult to cope with parental substance addiction and domestic violence. In addition, a study by Valentine, Holloway, Jayne and Knell (2007) found that adolescents who are exposed to substance-addicted parents and associated domestic violence experience personal harm. Cleaver, Nicholson, Tarr and Cleaver (2007) noted that the co-existence of domestic violence and other problems caused by substance addiction affected the adolescent’s entire life.

The adolescents who participated in this study found it difficult to explain their emotions. Perkinson (2008:244) explained that adolescents living with addicts experience pain and find it difficult to express their feelings as they are separated from the reality. These adolescents have also learned to hide their feelings as they fear that the addict would punish them. The participants in this study expressed the painful emotions that they experienced through the following statements:

“Soms, soms … aande as my ma huis toe kom en sy is dronk, dan voel dit vir my ... dan voel dit vir my anders, ek kan nie daarmee mmmm ...”

“Om, om swaar te kry en ... dat jou ouers so ‘drugs’ gebruik dat ‘n ander mens daar onder ly.”

“Dit maak my hartseer en ongelukkig.”

“Dit maak my hartseer en baie ongelukkig, want as ‘n mens uit die skool uitkom en my ma is dronk dan skel sy ‘n mens uit. Sy beledig ‘n mens voor mense en sy wil ook gesien wees deur mense. As daar mense is, dan wil sy ‘n mens so uitskel.”
Kroll (2003:133-135) described the painful emotions experienced by adolescents whose parents are addicted to substances in terms of pervasive losses: the loss of feelings of being loved, the loss of parental attachment, the loss of confidence and self-esteem, and the loss of a normal lifestyle. The participants also reported shame as a painful emotion:

“Dit maak vir my skaam.”

“Sommige tyd maak mense mos nou aanmerkings, ‘Hi, jou ma is dronk ... Is daai jou ma?’ Dan sê ek: ‘Dit is my ma ja, want sy het aan my geboorte gegee net soos jou ma aan jou geboorte gegee het’.”

Perkinson (2008:243-245) noted that family members feel ashamed and often feel as if something is wrong with them. In addition, they blame themselves for not doing enough to help the addict. The participants also reported that they worry about their safety and that it is difficult for them to deal with this aspect:

“Ek kan dit nie hanteer nie.”

“Byvoorbeeld net nou gebeur hier ‘n inbraak en sy is onder die invloed van alkohol en my broertjie slaap nou ... dan kan ek miskien net een persoon red en as ek miskien by haar kom en sy is onder die invloed van alkohol dan kan ons altwee dalk sterwe of iets of soos ...”

“Elke aand as my ma so onder alkohol is dan kan ek nie slaap nie, dan is ek maar al een wat heelnag wakker bly, sodat hulle maar slaap en dan, dan slaap ek maar in die oggend.”

The statements above illustrate a sense of responsibility towards the family members’ safety. Barnardos (2008) supported this and noted that the prevalence of parental substance addiction disrupts the development of adolescent children and leads to them taking on parental responsibilities. This results in feelings of confusion, rejection, being burdened and mistrusting parents. Bromfield et al. (2010:2) added that these adolescents are particularly vulnerable as their safety and well-being is
threatened. In line with this viewpoint, some of the participants reported suicidal ideation as a result of parental substance addiction:

“Daar [referring to where the family stays] word altyd geskel dan is ek die ene, dan se ek vir hulle: ‘Julle gaan net sien wat ek doen, ek gaan myself doodmaak’. Dan gaan ek in my kamer, dan huil ek, dan dink ek aan alles wat hulle vir my gesê dit.”

“Daai Maandag wat my ma my geslaan het, toe hardloop ek mos na hulle [referring to a friend] huis toe, toe staan ek, toe se ek vir haar: ‘Kom hierna toe’ en sy vra vir my: ‘Wat gaan aan?’ Toe se ek nee moet nie ‘worry’ nie en ... en ek se vir haar as ek èrens na toe gaan, dan weet jy waar is ek ... ek, ek gaan of bos toe of ek versuip [sic] of ek versuip [sic] vir my.”

“Amper so ek wil iets doen, ek wil vir my, ek wil pille drink of ek wil iets net dat ek ontslae raak van die goete. Of ek vat enige ding dan drink ek dit amper nou so ek vat dagga ek vat enige ding wat ek in die hande kry of ek maak my seer of so.”

“Ek vat enige ding of ek maak my, sny vir my ...”

Suicide during adolescence is described by Henden (2008:16) and Frydenberg (2008:153-154) as a significant cause of death among adolescents. Newman and Newman (2012:365) noted that adolescent suicidal ideation is characterised by events such as “a shameful or a humiliating experience, a notable failure and rejection by a parent or a romantic partner”.

**Sub-theme 3.3: Participants’ reports of their own use of substances**

The Centre for Substance Abuse Treatment (2004:3) stated that adolescent children of addicts know that their parents’ behaviours are wrong and believe that their own involvement in criminal activities are their parents’ fault. In support of this viewpoint, the participants in this study revealed that they also use substances and related this to their parents’ addiction:
“... dan doen ek ook sommer iets verkeerd [referring to own use of substances].”

“Dan vang ek ook aan wat hulle [referring to parents] aanvang, rook dagga [referring to cannabis] en so.”

“Ek het al een keer iets gedoen. Ek het een keer getik [referring to the use of methamphetamine]. Net een keer.”

“Toe ek so 10 was ... Sit en rook hulle [referring to parents and other family members] daar buttons [referring to Mandrax and cannabis mix] en rook dagga [referring to cannabis]. Dan sit ek daar by hulle by die vuur.Ek het net dagga gerook.”

“Die probleem is dit wat ek gedoen het [referring to own substance abuse], is nie verkeerd nie. Mense weet nie wat die redes is, hoekom ek die goed doen nie.”

“Ek kan niks doen as hy rook nie. Hy kan niks doen as ek rook nie.”

As mentioned previously, parental substance abuse or addiction is viewed as a causal factor in adolescent substance abuse. This aspect is also highlighted by Cleaver, Unell and Aldgate (2011:162-163) who found that adolescent children of addicts are more likely to abuse substances than others with non-addicted parents. In addition, such parents make adolescents more susceptible to peer influence, which can result in substance abuse. The association of parental substance addiction with inadequate parenting can also lead to adolescents exhibiting risky behaviours outside the home, for example, by taking substances.

**Theme 4: Participants’ descriptions of how they deal with parental substance addiction**

“Ek hanteer dit baie swaar.”
The statement above serves as an example of the participants’ view that it is difficult to deal with their parents’ addiction. They reported that they have tried to help their parents in the following ways:

“Altyd as ek sien my ma is dronk, dan kom sit ek my ma by die huis. Sodat ek weet sy is veilig en dan, dan speel ek vir haar miskien ‘n musiekie of ‘n ding, dan luister sy. As sy nie musiek wil luister nie, dan sê ek vir haar sy moet gaan lê en dan sluit ek die deur laat ek kan weet sy is veilig.”

“As ek sien my ma is onder die invloed van alkohol. Sy is miskien op verkeerde plek, dan gaan haal ek vir haar daar. Dan sê ek vir my ma, ‘Mammie, kom nou, ek weet Mammie het nou ‘n lekker tydjie gehad, maar Mammie behoort nie hier nie.’”

“Ek ... somtyds ignoreer ek haar, maar somtyds kom kyk ek ook wat sy maak. As ek nou sien sy is besig met ander dinge gaan roep ek my ouma hulle om haar te kalmeer en om haar reg te help.”

The above remarks highlight attempts by the adolescents to protect their parents and to seek some help. Perkinson (2008:242-245) classified children (adolescents in the case of the present study) of addicts as co-dependent. A characteristic of these adolescents is that they focus on the needs of the addict and not on their own needs. The addicted parent then becomes the focus of attention in the family. As in the case of this study, the adolescents try to protect and take care of addicted parents as they feel it is their responsibility. As a result, other problems occur, such as the inability of the adolescents to know their own feelings and wants. This aspect is also discussed by Fisher and Harrison (2013:194) who explained that the adolescents take on different roles as they seek survival and stability in their lives. Fisher and Harrison also noted that such adolescents will try to take care of and bring stability to the family.

In line with the above descriptions of how participants deal with parental substance abuse, the following sub-themes were identified:
• Participants avoiding situations in which their parents abuse substances,
• Participants asking their parents to stop abusing substances (without any success),
• Participants saying that they can cope with their parents’ substance addiction,
• The role of friends in coping with parental substance addiction and
• The role of available support systems in coping with parental substance addiction.

Sub-theme 4.1: Participants’ reports of how they avoid situations where parents abuse substances

Fisher and Harrison (2013:194) referred to adolescents who cope with parental substance addiction through avoidance as “lost children”. The authors described them as shy, withdrawn and requiring little attention. These adolescents are isolated and left feeling worthless and unloved. Velleman and Templeton (2007:19) discussed the outcome of avoidance as a coping mechanism in addicted families and argued that adolescents who use coping strategies such as detachment, avoidance and withdrawal could show a lack of resilience. This can result in relationship difficulties later in life. The participating adolescents reported avoidance as a coping strategy, as illustrated by the statements below:

“Partykeer juffrou ... partykeer dan lê ek in my kamer, dan luister ek musiek, juffrou. Want ek wil nie meer luister wat hulle so onder mekaar skel en so nie. Dan lê ek maar net in die kamer en maak die deur toe.”

“Daai tyd dan sit ek in die kamer.”

“Ons sal daar binne in die kamer sit en dan sit hulle daar buite. Dan sit ons in die voorhuis, dan drink hulle daar buite.”

“Dan sit ek in die kamer, dan is ek besig sommer net ... net met iets wat my net besig kan hou of ek loop dan na my vriene toe.”
As mentioned above, the ability of adolescents to develop resilience can be hampered by the additions of their parents. Newman (2004:207) described resilience as an individual acquiring positive behaviour despite severe adversities. Velleman and Templeton (2007:82) emphasised that “resilience should be conceptualised as a process, rather than a statistic trait and/or something solely internal to the individual”. In addition, it is a process that refers to interaction between the individual and the social context. The authors explained that acquiring resilience can lead to a negative or positive outcome.

According to Bancroft et al. (2004:16), adolescents can acquire coping strategies to deal with parental substance addiction by gaining control over their environment. These adolescents avoid situations in which parents abuse substances by removing themselves and spending time alone or with protective adults in their rooms. To avoid the noise, they often put on music, read, watch television or cry, or they deal with their emotions in other ways.

The statements below refer to some of the coping strategies used by the participants in this study:

“Ons het gegaan [referring to leaving the house when mother started drinking]. Die dag toe sy nugter raak, toe raak sy bekommerd. Toe sê ek: ‘Dis omdat julle drink, julle wil nooit luister wat ‘n ander mens vir julle sê nie’.”

“Om eers, om te vergeet ek wil net wegaan. Ek wil net na [sic], na [sic] iemand se huis toe gaan laat ek net kom rustig is.”

“Dan loop ek. Ek sit, al is dit donker, dan gaan sit ek in die bos alleen. Dan praat ek met myself. Die volgende dag dan kom ek skool toe dan vertel ek vir die onderwysers.”

“As hulle so dronk is, dan huil my broertjie, dan loop ons. Dan neem my ‘aunty’ vir ons daar anderkant na [sic] toe of daar onder na [sic] my pa se neef se vrou toe, dan slaap ons daar. Hulle gaan te veel aan. Ons kan nie slaap nie.”
“Dan loop ek soos ek altyd maak.”

“Partykeer is dit nie vir my lekker nie. As hulle so onder mekaar skel en baklei dan loop ek net ...”

“Jy gaan net, jy loop uit. Speel jy ‘n ‘game’ dan kom jy weer huis toe of so.”

“Dan loop ek sommer of ek raak sommer kwaad dan gaan ek na [sic] my ‘tjommies’ [referring to friends] toe of ek loop net weg.”

“Sal ek miskien, as dit oggend is, dan gaan was ek vir my, trek vir my aan, eet ... dan gaan ek weer van die huis af weg tot wanneer dinge vir my normaal is.”

“Ek loop net weg partykeer wanneer hulle drink ...”

“Net deur die week en dan is hulle [referring to parents] mos nou rustig en dan praat ek saam met hulle en dan lewe ons lekker, maar naweke dan praat ek nie saam met hulle nie, want dan is hulle onbeskof met my en my broertjie. Dan loop ons [referring to self and sibling] maar.”

“Ek doen niks aan hulle nie, ek loop maar net uit, uit die huis uit.”

These statements are echoed in a study by Bancroft et al. (2004) who found that children of addicts reach out to support from the school (teachers), immediate and extended family members, friends and other services. Although the children in their study considered immediate and extended family members as an important support system, they struggled to gain unconditional support in the longer term. In addition, Cleaver et al. (2011:175) and Rees and Siakeu (2004) noted that adolescents cope with parental substance addiction by, among others, staying or running away from home.

Sub-theme 4.2: Participants’ reports of how they have asked their parents to stop abusing substances or to avoid using substances in front of them, without any success

Instead of using avoidance as a strategy, some participants reported that they have 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.

“Dan het ek altyd vir my ma gesê: ‘Mammie, Mammie kan mos nie in die huis drink nie, Mammie-hulle kan buite drink want hier is kinders wat dit sien.’ My ma het haar nie gesteur aan my nie.”

“Ek het al baie vir hulle gesê hulle moet nie die goed voor my doen nie. Maar hulle doen.”

“Want my pa wil nie vir my luister as ek vir hom sê hy moet nie dit doen nie. Dan doen hy dit.”

“Ja, partykeer dan praat ek en my suster saam met hulle, maar dan luister hulle nie vir ons as ons saam met hulle praat nie.”

“Nee, ek het nou al … my ma het al oral … my ‘aunty’ het ook al saam met hom gepraat, die welsyn en sy mense … maar hy luister nie.”

According to Bancroft et al. (2004:15-16), some children challenged their parents or attempted to control the parents’ substance abuse. The findings of the study, namely that such attempts do not succeed, correspond with the findings of this study.

On the other hand, one participant reported that he does not know how to discuss the substance addiction with his parent.

“Ek weet nou nie en ek weet nie hoe sal ek maak om oor sulke goed met hom te praat nie.”

Sub-theme 4.3: Participants’ descriptions of how they deal with their parents’ substance addiction
The statements below suggest a perceived sense of coping. The participants did not indicate how they handled the addiction. The researcher noted the descriptions of avoidance when interpreting this sub-theme.

“… maar ek kom reg.”

“Ek het nie hulp van niemand nodig nie.”

“Ek is nou al gewoond daaraan.”

“Nee, ek worry nie.”

“Dit laat my baie dink wat hulle doen. Maar ek raak gou ontslae van sulke goed wat hulle doen. Vat dit nie kop toe nie, maar …”

In terms of adolescents who cope with their parents’ addiction, Velleman and Templeton (2007:82) concurred that parental substance addiction does not necessarily impact negatively on children. According to these authors, some children manage to deal with their parents’ substance addiction and grow up to be successful, confident and caring adults. Cleaver et al. (2011:90-92) elaborated on this aspect and noted that when children of addicts succeed in life they often have individual personalities. The authors noted that adolescents who are less likely to be affected adversely by parental substance addiction often share one or more of the following characteristics:

- One parent has no problem with the other parents’ substance abuse,
- The addicted parent receives treatment,
- The addicted parent maintains a close relationship with a child,
- Protective adults are visible,
- Family engagements are maintained,
- Children are not present when parents abuse substances and/or substance abuse does not take place in the home environment,
- Stability is maintained through financial support,
- The child has a friend to talk with and
- Parenting responsibilities are fulfilled.
In line with the aforementioned, Rutter (2007:205-210) indicated the following resilient factors that assist the adolescent in dealing with parental addiction: “A sense of self-esteem and self-confidence; a belief in one’s self efficacy and ability to deal with change and adaptation and a repertoire of social problem solving approaches”.

The next sub-theme focuses on the role of friends in assisting the adolescent to deal with his/her parent’s addiction.

Sub-theme 4.4: The role of friends when dealing with parental substance addiction

Similar to the findings by Bancroft et al. (2004:20), the participants in this study reported that they deal with parental substance addiction by visiting their friends. The statements below attest to this:

“Ek vertel nie vir hulle van my ma se goed nie. Ek kom sit net daar en maak asof niks gebeur het nie.”

“Ek loop net weg, dan speel ek met my vriende.”

“Ons sit daar by vriende dan praat ons ’n klomp goeters.”

“Partykeer dan gaan ek tot by my vriende, juffrou. Dan gaan sit ek bietjie daar.”

“Dan speel ek ‘either’ met my vriende of so.”

“Dan loop ek na my vriende toe om die goed af te kry [referring to attempts to forget about the parental substance abuse].”

“As die naweke begin, dan gaan ek maar altyd maar of na die vriend toe. Daar sal ek sit tot die Sondag toe.”
According to Vincent, Warden and Duffy (2006:38), friends are beneficial in supporting adolescents of substance-addicted parents as they are easy to talk with, they listen and the adolescents feel that they can be trusted. Apart from friends, the participants also indicated other support systems. This will be discussed in the next sub-theme.

Sub-theme 4.5: Current support systems used by the participants

Moran (2007) and Vincent et al. (2006) concurred that adolescents seek mostly support from family and friends. Hill (2011:41) said 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. In this study, participants referred to the non-addicted mother as a support system in the following ways:

“Of ek kom praat met my ma. Dan sal my ma sê: Ek het nou nie nou raad vir jou nie, maar ek sal vir jou by iemand anders luister.”

In the narratives below, the participants identified grandparents, especially grandmothers, as support systems:

“Ek kom na my ouma en oupa toe.”

“As ek raad of hulp nodig het, dan gaan ek na my ouma toe.”

“Oor groot probleme sal ek nie ‘much’ met hulle [referring to parents] praat nie, dan sal ek liewers na my ouma toe gaan.”

“Ja, dan sê ek vir my ouma, nou my ouma moet saam my ma praat dat sy kan ophou drink, of dat sy daar gaan lê in die huis.”

“Ek gaan net na my ouma toe, nie na ander mense toe nie.”

“... of ek kom na my ouma toe, dan praat ek saam my ouma.”

“My ouma, dis al ...”
Grandparents were also identified as support systems of adolescents with addicted parents by the Centre for Substance Abuse Treatment (2004:3), Bancroft et al. (2004:19) and Hill (2011:41). The literature described the role of these grandparents as primary caregivers who provide emotional support and a place of safety. Hill (2011:141) mentioned that adolescents perceived these grandparents as their support because they are trustworthy, they respect the adolescents and the adolescents feel understood.

Aunts and uncles, extended family and other people living on the farms were also described as support systems.

“As ek probleme het, dan kan ek met my tannies of met al mense op die plaas kommunikeer.”

“Ek sal altyd na my ‘boeta’ [referring to uncle] toe gaan.”

“Ek gaan altyd na, na my ‘nanna’ [referring to aunt] ... sy bly net hier bo.”

“Sy [referring to aunt] het vir hom [referring to father] uitgeskel en haar man het gekom, maar hy was nie hier gewees nie. Hy het weggehardloop. Hy is bang, hy is bang hulle bel die polisie, dan hardloop hy mos weg.”

Extended family members and members of the community are described as financial and psychological support for adolescents of addicted parents (Centre for Substance Abuse Treatment, 2004:3; Hill, 2011:142). The participants in this study also indicated social workers, church leaders, doctors and teachers as support systems – as illustrated in the narratives below:

“Ek het, ons het al hulp gesoek, die welsyn het al saam met hom gepraat en dit het nog nie gehelp nie.”

“Ek gaan na die kerkmense en die skoolopvoeders.”
The statements above show that the participants utilised these support systems to try and help their addicted parents. Moran’s study (2007:209) found that 48% of the adolescent children of addicts pursued support from a professional such as a social worker while 34% sought assistance from a doctor, 27% from a school counsellor and 76% from a teacher. Spiritual support was also regarded as a good support system.

The study by Bancroft et al. (2004:23) revealed two different viewpoints related to social workers. Some of the participants in their study described social workers as a valuable and trustworthy resource, while others were critical of social workers as they were being forced to talk about their situation. Hill (2011:143) referred to teachers as a possible source of support.

In the present study, the participants identified their substance-addicted parents as a support system:

“Ek gaan na my ma toe en na my pa as ek raad kry.”

“Ek praat met my ma.”

The reference to the addicted parent as a support system is supported by Pinkerton and Dolan (2007) who mentioned that adolescents who experienced difficulties with their substance-addicted parents still perceived them as the main support system.

The final theme focuses on the narratives that relate to the support required when dealing with parental substance addiction.
Theme 5: Participants’ descriptions of support needed to be able to deal with parental substance addiction

In addition to sharing the support systems that they were using, the participants also indicated that they needed further support:

“Ek het hulp nodig.”

Templeton et al. (2006:25) are of the opinion that adolescent children of addicts need support to develop and implement strategies to cope with parental addiction, as well as to deal with their confused emotions. The authors advised that such support must be aimed at creating a safe environment for these adolescents. In this study, some participants were unsure of who could assist them or how they could be assisted, while others provided a description of who could assist them to deal with parental substance addiction. In addition, some participants requested help with their own substance abuse.

Sub-theme 5.1: Some participants are unsure of how and by whom they could be assisted

Although participants indicated that they needed support, some expressed their uncertainty of how and by whom they could be assisted as follows:

“Ek weet nie wat kan gebeur laat hulle ophou drink nie.”

“Ek weet nie.”

“Ek is nie seker nie.”

“Ek weet nie meer watter kant nie.”

“Niemand nie.”

“Ek kan nou nie sê wie kan vir my help nie.”
Horgan (2011:65) stated that adolescents tend to not seek help as they are not aware of formal services available to them. Also, they have concerns about the stigma of parental substance addiction and about seeking support from others. Kroll and Taylor (2003) mentioned 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.

The sub-theme below portrays the participants’ descriptions of who could assist them in dealing with parental substance addiction.

Sub-theme 5.2: A description of who could assist them to deal with parental substance addiction

The participants indicated that social workers could serve as support to them.

“Mevrou-hulle [referring to social workers] kan my help.”

“Die ‘Social Workers’, juffrou.”

“Die maatskaplike werksters kan vir my help om uit hierdie probleem uit te kom.”

On the one hand, Gorin (2004) highlighted that adolescents needed specialised professional help by someone who can be trusted, who listens and who is reliable. Velleman and Templeton (2007:85), on the other hand, found that many practitioners lacked the skills to support the children (including adolescents) of substance-addicted parents. According to Velleman and Templeton, social workers must be able to deliver services based on the following skills:

- The ability to communicate in a warm, empathic and genuine manner,
- The ability to establish a therapeutic relationship,
- The ability to assist adolescents to identify difficulties,
• The ability to help adolescents to set achievable goals,
• The ability to draw up an action plan to reach these goals and
• The ability to monitor skills to identify and manage changes.

A study by Van der Westhuizen (2010:120-124) investigated chemically addicted adolescents’ need for aftercare services. In the said study, the participants highlighted specific characteristics that social workers should portray to ensure a trustworthy relationship. Participants requested that social workers must care about them, make an effort to know them, spend time with them, listen to them, try to understand them, believe in them and motivate them. According to Van der Westhuizen, social workers should base their relationship with troubled adolescents on the following relationship qualities:

• Trust,
• A passion for their work,
• Knowledge about substance abuse and recovery from addiction,
• Being a role model to adolescents,
• A non-judgemental attitude,
• Open communication and
• Genuine interest and concern.

Fisher and Harrison (2013:5) added that social work services should focus on the psychological and physical impact of parental substance addiction on the adolescents.

Apart from social workers as a support system, the participants referred to sober parents, extended family members and people living on the farms as possible support systems:

“My pa hulle kan my help.”

“Die mense wat op die plaas bly. Die gemeenskap kan vir my help.”
“My susters, my tannies, my oompie wat nou nie drink en rook nie.”

Bancroft et al. (2004) and Fraser, McIntyre and Manby (2009) identified informal support by family members as significant in promoting the safety and well-being of adolescents with substance-addicted parents. In a study by Moor, Noble-Carr and McArthur (2010), children of addicted parents expressed a need for positive interaction and support from family, friends and the community.

Some participants identified church leaders and Jesus as possible support:

“‘n Pastoor… en Liewe Jesus kan vir my help …”

“Op die oomblik ja soos ‘n pastoor. Ek kan na ‘n pastoor toe, kerklede gaan.”

Abrams (2012) highlighted the role of the church, and explained that members of the community are likely to share their problems with local churches or church leaders. The author said it was important for churches to dig deeper by addressing addiction through education and advocacy for effective public policy. Hence, local churches or church members are an important source of support to decrease the social costs of addiction and to help save lives.

Sub-theme 5.3: A description of how the participants want to be helped

The participants identified a need for spiritual support:

“Hulle [referring to pastor and church leaders] kan vir my bid of hulle kan vir my uit die plek uit vat.”

“Hulle kan vir haar ‘n gebed doen of hulle kan vir haar leiding gee en om vir haar te sê nee sy moet die dinge los en dit is nie die moeite werd nie.”
These statements voice the need for spiritual guidance, protection and support for the addicted parent. Abbot, Douglas, Ronsheim, Min and Xander (2005) asserted that the “power of spirituality” plays a significant role in the recovery of addicted people. Latcovich and Wenger (2003) focused on the children of addicted parents and stated the need for spiritual support such as “hearing messages of hope from the outside of the family”. In this regard, Abbot et al. (2003) identified pastoral counsellors as relevant to support the health and well-being of people who are affected by substance abuse and addiction.

The participants in this study said that social workers could assist them to provide support or treatment to their addicted parents:

“Ek wil hê iemand moet saam met hulle [the addicted parents] kom praat. Soos juffrou wat hulle kan help.”

“Daar moet gesels word saam met hulle.”

“Kan u maar met my susters dan kom praat? Om saam met my ma te kom praat, oor wat kan vir hulle die beste wees om vir my ma te help van die drank en so af.”

“Om sy geld te vat en om self die goed te koop [referring to the children’s grant that should be used for the adolescents’ needs] en nie dwelms of alkohol te koop nie.”

“Na ‘n ‘Rehab’ toe stuur of so iets juffrou.”

“Hulle [refering to social workers] moet haar na ‘n plek toe vat wat vir haar sê dat, dat dit is ongesond, sy kan sterf en dan wat, wat gaan hulle met die kinders doen?”

The United States Department of Health and Human Services (2009:10) identified the following services as relevant in the treatment of addicts:

- Assessment and treatment planning,
• Prescribed medication for certain drugs,
• Crisis intervention,
• Case management,
• Therapeutic counselling,
• Substance recovery education,
• Medical screening,
• Non-traditional services such as diet and physical exercise,
• Self-help groups or 12-step programmes such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) and
• Trauma and mental health services.

It should be noted that this description does not include services to the adolescent children of addicts. However, the National Treatment Agency for Substance Misuse (2012:7) stated that treatment must include protection for families and in particular the children of substance-addicted parents.

In the narrative below, one participant requested to be removed from the situation:

“n Mens wat ek verkies om te kan by bly wees my ouma-hulle. Ek sal vir haar verkies ‘because why’ sy drink nie. Ek sal vir haar verkies, dis al. Sy kan vir my laat ek miskien by haar kan mmm naweke na haar toe gaan of vakansie tye sien ... en saam my praat oor, oor alle probleme.”

Bancroft et al. (2004:31) identified a need among children of addicts to be protected by the social workers. In line with this, Kroll and Taylor (2003) stated that “children feel aggrieved that people have not tried harder to break down this barrier and uncover the truth”.

Another participant referred to the need for geographical change in an effort to address parental addiction:
“As ons nou weggaan van daai plaas of na ’n ander huis toe kan gaan. Dit sal hom regbring, want daar wat ons bly is net drank, drank, drank…”

Category 5.3.1: Participants request support regarding their own substance abuse

The participants in this study also identified the need for support in terms of their own use of substances. The statements below illustrate their requests for support in this regard:

“Al die goed wat ek nou doen [referring to own substance abuse]. Ek kan vir mevrou nou sê ek kan weer reg kom.”

“... is nie so dat ek so in dit [referring to substances] is dat ek dit kan los nie, ek kan dit weer los.”

“Dat my pa moet stop. As hy stop sal ek dit ook stop.”

Myers (2004) stated that treatment services for adolescents are limited in South Africa, especially in rural areas. According to Parry (2005), interventions with adults/parents/caregivers to address parental behaviours have positive outcomes for the child’s involvement with substance abuse. A study by Morojele, Parry, Brook and Kekwaletswe (2012:205, 207) found that the Strengthening Families Programme is an effective model to provide parents with knowledge and skills regarding the nurturing and supervision of children, combined with workshops for children in early adolescence. According to these authors, the interventions below can provide specialised treatment for adolescents with substance abuse problems:

- Supporting community-based and self-help programmes,
- Age-appropriate services focused on psychological and medical care and
- Halfway houses to assist with the reintegration of children into society after formal treatment.
3.4 CONCLUSION

The researcher provided a description of the demographic profile of the participants in order to contextualise the challenges faced by adolescents with substance-addicted parents. The research findings were unpacked, based on the themes identified in Chapter 3. Verbatim quotations from the adolescents provided first-hand accounts of their challenges, concerns and needs. Findings from the literature review on the topic of support to adolescents with substance-addicted parents helped to increase the understanding of the research problem.

Chapter 4 will conclude this research document by means of a summary and conclusions of the research process and findings. The findings will be related to the theoretical framework within which this study was conducted. Finally, the researcher will make recommendations in terms of the methodology, practice and further research.
CHAPTER 4
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

Substance abuse and addiction is viewed as an international problem, which is especially prevalent in South Africa. For example, the United Nations Office on Drugs and Crime (2014) estimated that approximately 7.5% of the South African population between the ages of 15 and 64 years abuse cannabis compared to 3.8% of the world population. It is furthermore reported that some 270 991 South African citizens are problem substance users while 1.97 million citizens are problem alcohol users.

This research study focused on adolescents of addicted parents. In this regard, statistics confirm parental substance abuse as a problem. For instance, about 50 out of every 1 000 (5%) of school-entry children have Foetal Alcohol Syndrome Disorders (FASD) (United Nations Office on Drugs and Crime, 2014).

As one response to the South African situation, the Central Drug Authority (2014:18) identified the following community needs and priorities relevant to the present study:

- Better parenting skills and competencies,
- Reduced availability of all drugs,
- Education and awareness and
- Treatment options.

This study was based on the research question: What are the experiences and coping strategies with parental substance addiction of adolescents in a rural community? The question arose from a literature review, provided in Chapter 1 of this document, which highlighted the following research problem:
The abuse of and addiction to substances by parents are recognised as a major social concern on both international and national levels. This concern is even more relevant in rural areas where the availability of services and service options are limited. South African legislation and policy documents provide guidelines and a framework that emphasise the need to protect and care for children of addicted parents. The impact of addiction on the functioning of parents and the effect of parental addiction on adolescents highlight the need to become aware of the experiences and coping strategies of adolescents in rural communities with regard to parental substance addiction. However, literature and recent studies do not focus on this challenge in terms of adolescents. For this reason, the research problem that guided this study was an identified need to explore and describe the experiences and coping strategies with parental substance addiction of adolescents in rural communities.

Therefore, the overall purpose of this study was to provide social workers with recommendations in order to optimise the support, protection and care given to such adolescents.

This rationale, literature review, theoretical framework and research problem of the study were discussed in Chapter 1. This was followed by a description of the research question, goal and objectives and the research methodology of the study. Chapter 2 provided an in-depth description of the implementation of the research methodology, the ethical practice and the limitations of this study. The findings were discussed in Chapter 3, together with a literature control.

In this chapter, the research methodology and findings will be summarised, a conclusion will be drawn and the researcher will make recommendations to provide social workers with focus areas for services to adolescents of substance abusing parents. The recommendations are aimed at ensuring that the goal of this research study is attained.
4.2 THE RESEARCH METHODOLOGY

4.2.1 Overview of the research methodology

A preliminary literature review provided context for the research problem (see Chapter 1). The researcher explored descriptions and discussions in the literature regarding substance abuse and addiction and looked at the prevalence and impact of different classes of substances on addicts, with specific emphasis on parental abilities. Substance abuse and addiction as a social issue was described in terms of the international and national situation, emphasising the situation in the Western Cape where this study was conducted. The situation in rural areas was unpacked. The impact of addiction on parental skills and children of addicts was discussed, with the emphasis on adolescent children. The family systems theory, together with the ecological systems theory, was introduced as the theoretical frameworks for this study. South African policies and legislation relating to substance abuse, addiction and child care were discussed, while a review of research studies added to the understanding of these challenges.

Chapter 2 of this research document explained the qualitative research approach and the advantages of the contextual, exploratory, descriptive and narrative research designs implemented in this study. An understanding of the population and the use of the non-probability sampling method and the purposive and snowball sampling techniques guided the selection of participants for this study.

Data saturation occurred after 13 interviews. However, the researcher conducted three additional interviews to ensure that no new data came to the fore. The final sample size was therefore 16 participants.
The method of data collection was a qualitative narrative inquiry through semi-structured interviews. The researcher followed the steps below during the data collection process:

- Access to participants was gained by asking permission to do the research, sending invitations and providing information regarding the research project.
- A pilot study was conducted to ensure that the questions and data collection method would enable the researcher to obtain relevant data.
- To collect data, an interview schedule was used to conduct semi-structured interviews.
- Interview techniques were employed to ensure a thorough exploration of the research topic and to prevent guiding the participants.
- Data was recorded and documented.

Data analysis was conducted through the eight steps for qualitative data analysis proposed by Tesch (in Creswell, 2014:185, 186). The researcher verified the data according to the model of Guba (in Krefting, 1991:214-222) as described in Schurink et al. (2011:397), as well as Maxwell’s five categories (Maxwell, 1992:37-64) and Auberbach and Silverstein’s (2003) category of transferability as described by Thomson (2011:77-82). Ethical practice entailed:

- Protection from harm,
- Informed consent and voluntary participation,
- Anonymity, confidentiality and privacy and
- Management of information.

4.2.2 Conclusions

The qualitative research approach worked well to gain a better understanding of the research problem from the perspectives of the adolescents of addicted parents. In order to answer the research question, the researcher had to explore the experiences and perceptions of such participants.
With regard to the *contextual research design* employed in this study, the researcher obtained qualitative data within a specific context (i.e. rural areas) which supported the goal of the study. The *explorative research design* assisted the researcher to explore and contribute towards a deeper understanding of the research topic. This design informed the researcher’s choices regarding sampling methods and techniques and the method of data collection. The *descriptive research design* was also appropriate as it guided the researcher’s method of data analysis. The *narrative research* design assisted the researcher to gain knowledge about the participants’ perspectives of their experiences and life stories.

The *non-probability sampling method* together with the *purposive sampling technique* and the *snowball sampling technique* proved to be effective as it assisted the researcher to gain access to participants who could answer the research question through their lived experiences. The data obtained were primarily concrete in nature. The researcher therefore continued with data collection until she was sure that data saturation did indeed take place.

The use of the *semi-structured interviews* to collect data through the qualitative research methodology ensured that the discussion remained focused on the research topic, while the open-ended questions relating to the research question and the goal of the study ensured that the participants were able to describe their stories thoroughly. This was evident in the extra story lines (e.g. the description regarding living on farms) that were obtained. The data collection method proved to be effective as it enabled the researcher to gain a deeper understanding of the participants’ experiences and coping strategies with parental substance addiction in a rural community.

The *ethical practice* in this study took into account that the participants were adolescents and that their parents could have felt threatened by the research topic. Specific care was taken to ensure that informed consents were obtained and that the
parents supported their adolescents’ involvement. The support of social workers in this regard was particularly valuable (see annexures B, C and D).

The method of data analysis guided the researcher to analyse the data in a scientific and step-by-step manner. It also provided a framework from which both the researcher and independent coder could work. The identification of the themes, subthemes and categories was therefore based on the use of the same method.

The method of data verification assisted the researcher to ensure the validity of the findings:

- The authenticity of the study was obtained through an interview schedule, interviewing techniques, the eight steps to analyse data and an independent coder.
- Transferability was ensured through the contextual research design, the non-probability sampling method and a clear description of the research methodology.
- The consistency and dependability of the study was attained through a thorough description of the research methodology and a coding system to analyse the qualitative data.
- Conformability was based on the interviewing techniques, tape recordings and field notes, as well as an independent coder.

It is important to note that the researcher experienced challenges whereas participants found it difficult to express themselves and describe their emotions. The researcher therefore took specific care not to lead them during the interviews and to present the information from the participants’ perspectives. All the participants were Afrikaans speaking and came from Coloured communities, which is viewed as a limitation of the study.
Even though challenges were encountered, the researcher concludes that the qualitative research methodology was successfully implemented and that the goal of the study was attained and the research question answered.

4.2.3 Recommendations

The conclusions above underpin the following recommendations regarding the research methodology:

- When a research study is based on the exploration of the experiences and perceptions of participants to obtain information and to contribute towards the social work profession, it is recommended that the qualitative research approach be considered.

- When little knowledge is available on a research topic, it is recommended that the explorative, descriptive and narrative research designs are considered to guide the processes of sampling, data collection and data analysis.

- The contextual research design works well and is recommended when a research study is conducted within a specific context of a research field. In addition, it assists researchers with the selection of the population, sampling methods and techniques, and the method of data collection.

- When attempting to conduct a qualitative study to explore and describe the experiences and perceptions of a specific population group, it is recommended that the purposive sampling technique and snowball sampling technique are used. These techniques work well in conjunction with the aforementioned research designs.

- The use of a coding system supported by the framework of the eight steps described by Tesch (in Creswell, 2014) is useful and assists researchers to identify themes and sub-themes in a scientific manner, to draw conclusions and to ensure the objectivity of the study.

- It is recommended that, in a qualitative research study, researchers use a literature control to obtain a detailed description of the research findings from which conclusions can be drawn.
4.3 RESEARCH FINDINGS

4.3.1: Summary of the findings

The participants’ perceptions and experiences were explored through semi-structured interviews. The data was transcribed and analysed by the researcher and an independent coder. This resulted in the description of the findings based on the five themes below.

Theme 1 described the participants’ perceptions and experiences of living on a farm. Although this aspect was not included in the interview guide, all the participants chose to discuss this aspect. Based on the contextual nature of this study, this theme was included as a description of the context in which this study was conducted, i.e. from the perspectives of participants living on farms in a rural environment. The literature distinguished between the terms rural area and rural community (Lawson & Garrod, 2009:235; The Rural Development Framework, 1997). The participants’ described their perceptions and experiences relating to a rural area and community through the following two sub-themes, namely 1) the advantages of living on a farm and 2) the disadvantages of living on a farm. The participants highlighted the following advantages of living on a farm:

- The safety and lack of social problems on the farm,
- Access to fruit and
- Close relationships with families and friends.

These descriptions correspond with the first three levels of Maslow’s hierarchy of human needs which, in this study, are being met through living in a farming community (Martin & Joomis, 2009). The participants also emphasised the key role of friends, which was highlighted in the literature as an important function in the adolescent development phase (Louw et al. 2005:460).
The participants referred to 1) a lack of access to transport and 2) a lack of access to opportunities as disadvantages of living on farms. The National Youth Policy (2009:17), Future of Agriculture and the Rural Economy (FARE) (2013:42) and Prince (2004:6) confirmed the lack of transport and opportunities as a reality in rural areas, and advised that service delivery should be angled to help address these challenges. In particular, the participants regarded access to substances on the farms as a disadvantage. This aspect highlighted the social harm caused by substance addiction and the lack of activities resulting in adolescent substance abuse on farms (Future of Agriculture and the Rural Economy, 2013:42).

**Theme 2 illustrated the participants’ descriptions of their parents' substance addiction.** Four sub-themes were identified, which provided a narrative description of the participants’ views of their parents’ substance addiction, namely 1) the beginning of their parents’ substance addiction; 2) the nature of their parent's substance addiction; 3) how the substance addiction affected the parents’ social relationships and 4) parents' attempts to stop abusing substances.

The participants described their parents’ substance addiction as regular and long-term. Recalling specific incidents, they explained that they were between the ages of four and 15 when they became aware of their parents’ addictions.

The participants described the nature of their parents’ substance addiction in terms of the reasons why they thought their parents abused substances. They also described the nature of substance addiction in terms of the abuse of alcohol, mandrax and cannabis. Their descriptions correspond with descriptions of addiction to specific classes of substances in the literature (Bromfield *et al.* 2010:3; Fisher & Harrison, 2013:16; Sheafor & Horesji, 2010:523-533). Some of the participants’ parents abused the substances with the participants present.
The participants explained how substance addiction impacted their parents’ social relationships (Lynch & Harnett, 2007) in terms of parents engaging in fights and violence with members of the community and the participants’ experiencing a feeling of being judged by the farming community.

The descriptions also illustrated how the parents of the participants tried to stop abusing substances, indicating that the parents wanted to address their addictions. These attempts, however, were not long-lasting, referring to relapses as a characteristic of the recovery process (McLellan, 2014:2).

**Theme 3 focused on the participants’ descriptions of how parental substance addiction affected them.** The following three sub-themes were extracted from the participants’ accounts of how their parents’ substance addiction affected them: the impact of parental addiction on the parent-child relationship, 2) the emotions associated with parental substance addiction, and 3) the participants’ own use of substances.

The responses of the participants emphasised that substance abuse/addiction harmed the parent-child relationship as parents are negative and abusive when they are intoxicated. The participants felt neglected and unimportant. In addition, they described the addicted parents as absent (Fisher & Harrison, 2013:220; Goodman, 2007:18).

Domestic violence, child abuse and child neglect were singled out as consequences of substance addiction that influenced parent-child relationships. The participants reported violence between the parents as a consequence of substance abuse and addiction. Literature (Bragg, 2003:9-15) referred to the adolescents of parents who engage in violence against each other as secondary victims. The participants also mentioned child abuse and neglect in terms of financial support as consequences of their parents’ abusive behaviour. This was also confirmed in the literature (Dawe et
In addition, the participants reported exposure to drug merchants as a result of parental substance addiction (Atkinson et al., 2009:8).

The participants’ comments on emotions associated with parental substance addiction can be summarised as follows:

- The addiction bothers them.
- They feel ashamed, which is a painful emotion.
- They worry about own, siblings’ and parents’ safety.

The participants explained that they found it difficult to deal with these emotions, while some participants reported suicidal ideation.

Some of the participants in this study reported that they, too, are abusing substances. As confirmed in the literature (Cleaver et al., 2011:162-163; The Centre for Substance Abuse Treatment, 2004:3), the participants’ use of substances are linked with their parents’ addiction.

**Theme 4 highlighted how the participants deal with parental substance addiction.** The participants reported that they found it difficult to cope with their parents’ addiction. They described attempts to protect and seek help for their parents, as confirmed in literature (Fisher & Harrison, 2013:194; Perkinson, 2008:242-245). Four sub-themes illustrated the participants’ experiences and perspectives in this regard: 1) The participants avoided situations in which parents abused substances; 2) They have asked their parents to stop abusing substances (without any success); 3) Some participants reported that they are able to deal with their parents’ substance addiction; 4) Some participants acknowledged the role of friends in coping with parental substance addiction; and 5) Some participants acknowledged current support systems.
Avoidance was acknowledged as a coping strategy by the participants in this study. They described the following avoidance strategies (Fisher & Harrison, 2013:194):

- Removing themselves from the home,
- Spending time alone in their rooms,
- Listening to music and
- Spending time with protective adults.

In addition to the avoidance coping strategy, the participating adolescents reported that they had asked their parents to stop abusing substances or to refrain from using substances in front of them. This was an attempt to confront or control parental substance abuse (Bancroft et al., 2004:15-16). However, this coping strategy did not have positive outcomes. One participant indicated that he did not know how to discuss substance addiction with his parent.

Some participants had a perceived sense of coping with parental addiction. These participants explained that they were able to cope, but were not able to indicate exactly how they dealt with parental substance addiction. The above descriptions of avoidance were taken into consideration when reflecting on this sub-theme. However, the researcher also noted that the literature referred to children of addicts who became resilient and who were not affected by parental addiction (Cleaver et al., 2011:90-92; Rutter, 2007:205-210; Velleman & Templeton, 2007:82).

The participants indicated the role of friends as beneficial when dealing with parental substance addiction (Vincent et al., 2006:38). This was described in combination with the sub-theme on dealing with avoidance. Some participants reported that they visited friends who supported them when their parents’ substance abuse made it unbearable for them to stay at home.
The participants identified the following support systems over and above friends:

- Non-addicted mother,
- Grandparents, especially grandmothers,
- Aunts and uncles,
- Extended family and other people living on the farms,
- Social workers,
- Church leaders,
- Doctors,
- Teachers and
- Substance-addicted parents.

**Theme 5 illustrated the participants’ descriptions of the support they needed to be able to deal with parental substance addiction.** Although the participants acknowledged current support systems, they also indicated their need for additional support. The literature review also emphasised the importance and need for further support to adolescent children of addicts (Templeton *et al*., 2006:25). The participants’ accounts of their need for support can be grouped into three sub-themes: 1) Some participants were unsure how they could be assisted or who could assist them, 2) Some participants identified people who could assist them, and 3) Some participants requested support for themselves and specifically for their own substance abuse.

Although the participants asked for support to deal with parental substance addiction, some participants indicated that they were unsure of how and by whom they could be assisted. This uncertainty is also covered in the literature review (Horgan, 2011:65; Kroll & Taylor, 2003).

The participants distinguished between by *whom* they wanted to be supported and *how* they wanted to be supported. They identified the following support systems that could assist them in dealing with parental substance addiction (Hill, 2011:142; Moran, 2007:209; Centre for Substance Abuse Treatment, 2004:3):

- Social workers,
• Sober parents,
• Extended family members,
• The people living on the farms,
• Church leaders
• Jesus.

This is how the participants described the way in which they wanted to be supported (Bancroft et al., 2004:31; Latcovich & Wenger, 2003; National Treatment Agency for Substance Misuse, 2012:7; United States Department of Health and Human Services, 2009:10):

• Spiritual support
• Social workers providing support or treatment for addicted parents
• Removal from the situation
• Geographical change for the family.

Some of the participants who admitted that they abuse substances requested support in this regard.

4.3.2 Conclusions

The conclusions will be drawn by means of a comparison of the findings based on the theoretical frameworks of the family and the ecological systems theories, as well as the developmental stage of the adolescent participants. The conclusions are presented in the table below (see Table 4.1).
Table 4.1: Conclusions based on the research findings

<table>
<thead>
<tr>
<th>Conclusion</th>
<th>Family systems and Ecological systems theories</th>
<th>Adolescent developmental stage</th>
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</thead>
<tbody>
<tr>
<td>Adolescents need a sense of safety and security.</td>
<td>Within the two systems theory, the habitat contributed to the participants’ well-being of feeling safe, secured and having no fear of social problems. Furthermore the research findings are interpreted within the ecological systems levels: <strong>Micro-system</strong>: Experiences such as feeling safe and secured within the family <strong>Macro-system</strong>: Culture, lifestyle, resources, etc. that impact the adolescent’s sense of safety and security (Bronfenbrenner, 1994:39-41) Morgan (2013:79) describes equifinality as the ideas of individuals who experience different paths resulting into the same outcome. In terms of the research findings, the adolescents’ different descriptions were based on the need for safety and security.</td>
<td>The safety and security needs of adolescents focus on feelings of not getting hurt mentally, physically or emotionally. Therefore, adolescents feel safe and secure when they feel little or no fear and anxiety (Martin &amp; Joomis, 2009; Maslow, 1954; Norwood, 2014).</td>
</tr>
<tr>
<td>Close relationships with families and friends are important to adolescents.</td>
<td>Within the two frameworks, the habitat contributed to the adolescents’ sense of belonging based on the close relationships they experienced with families and friends (refer to equifinality). <strong>Micro-system</strong>: Face-to-face interactions, activities and social experiences within the family as a system.</td>
<td>Adolescents have a need to fulfil the third level of Maslow’s hierarchy of needs (Maslow, 1954), which emphasises their need to belong to peer groups during the adolescent developmental stage (Louw et al., 2005:454). Adolescents’ view of substance abuse depends on their sense of self. The development of a positive sense of self is associated with inclusion in healthy peer relationships and the influence of parental guidance and support (Condrin, 2004:16).</td>
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<tr>
<td><strong>Mezzo-system:</strong> Relationship with friends and members of the extended family (Bronfenbrenner, 1994:39-41)</td>
<td><strong>Macro-system:</strong> Culture, lifestyle, resources, etc. that impact the adolescent’s functioning (Bronfenbrenner, 1994:39-41)</td>
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<td>The well-being of the adolescents is impacted by the remoteness of the farms and limited access to transport. The lack of access to transport on farms (habitat) burdens the adolescents’ access to important resources such as school functions. <strong>Mezzo-system:</strong> Relationship between the need for support and the context of living on a farm (Bronfenbrenner, 1994:39-41) – the burden for farm workers and their families (including adolescents) needs to be addressed by service providers (Prince, 2004:3; Spocter, 2007:6-7) <strong>Macro-system:</strong> Culture, lifestyle, resources, etc. that impact the adolescent’s functioning (Bronfenbrenner, 1994:39-41) <strong>Chrono-system:</strong> The lack of access to transport is characterised by poverty.</td>
<td>Focus on the availability and accessibility of services for youth in rural areas to prevent and address substance abuse, among others (Clay, 2007; National Youth Policy, 2009:17).</td>
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<tr>
<td>Adolescents living on farms experience a lack of access to opportunities. The lack of access to opportunities on farms (habitat) influenced the adolescents well-being as they feel trapped, bored and get involved in social problems. <strong>Mezzo-system:</strong> Relationship between the need for access to opportunities and the context of living on a farm (Bronfenbrenner, 1994:39-41) – the burden for farm workers and their families (including adolescents) needs to be addressed by service providers (Prince, 2004:3; Spocter, 2007:6-7) <strong>Macro-system:</strong> Culture, lifestyle, resources, etc. that impact the adolescent’s functioning (Bronfenbrenner, 1994:39-41) <strong>Chrono-system:</strong> The lack of access to transport is characterised by poverty.</td>
<td>Socialising and access to opportunities are important during adolescence. Literature highlighted that no real opportunities existed for adolescents living on farms and that this should be addressed through service delivery (Future of Agriculture and the Rural Economy (FARE), 2013:42; Prince, 2004:6).</td>
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adolescent’s functioning
(Bronfenbrenner, 1994:39-41)

**Chrono system**: Poverty, funding and a lack of service providers leads to the lack of access to opportunities.

Although adolescents had various descriptions on the lack of access to opportunities, their well-being was influenced.

<table>
<thead>
<tr>
<th>Access to substances on the farms influences the well-being of adolescents negatively and contributes to adolescent substance abuse (together with limited access to opportunities, as described above).</th>
<th>The access to substances on farms has a negative impact on the well-being of adolescents and lead to the involvement of substances. <strong>Macro-system</strong>: Culture, lifestyle, resources, etc. that impact the adolescent’s functioning (Bronfenbrenner, 1994:39-41) <strong>Chrono-system</strong>: The availability and accessibility to substances leads to changes on farms which results in social problems. Based on the research findings and conclusions, the access to substances had a negative impact on adolescents and results to involvement of substances.</th>
<th>Adolescent substance abuse is mostly associated with boredom, a lack of recreational activities, the widespread availability of alcohol and family, and social groups or community members who are involved in problem behaviours such as substance abuse (Onya et al., 2012:1-8; 352).</th>
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<tr>
<td>Social harm caused by substance addiction influence the adolescents.</td>
<td>Based on the descriptions of adolescents referring to social harm caused by substance addiction influences the adolescents’ well-being and traumatise them (refer to equifinality). Substance abuse/addiction is linked to violence, crime, gangsterism and a high percentage of trauma cases.</td>
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</table>
admitted to rural hospitals (Department of Community Safety, 2013/2014; Kapp, 2008; Prince, 2004:6). This ties in with the description by Bronfenbrenner (1994:39-41) of the **macro-system** in terms of lifestyle influences on the adolescents’ functioning, as well as the **chrono-system** in terms of socio-economic impacts.

| Parents engage in fights and violence with community members which leave the adolescents feeling judged by community members. | Circular patterns are relationships that are ongoing in the family (Collins et al., 2009:57). Circular causality is the ongoing interactions of patterned relationships within the family (Collins et al., 2009:57). The behaviour of the addicted parents’ resulted into fights with community members which leave the adolescents feeling judged and ashamed (refer to equifinality).  
**Mezzo-system:** Parents’ fights with community members impacts the adolescents’ social support and sense of self (Abrams, 2012; Bronfenbrenner, 1994:39-41). | Parental violent behaviour towards other people can traumatisse adolescents (Kroll, 2003:132-135). Children of substance-addicted parents 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. Addicts and their families experience judgemental attitudes from other people, which create feelings of being stigmatised. When other people make negative comments or judge the parents’ substance addiction, the adolescents experience more stress and vulnerability. This has a negative influence on the adolescent’s ability to acquire a positive sense of self (Abrams, 2012; Barnard & Barlow, 2003:46). |

| Regular and long-time substance abuse by parents impacts the adolescents’ developmental tasks. | Boundaries differentiate the interior of a specific system from its environment (Miley et al., 2009:44). Boundaries within the family systems framework imply that parental substance addiction affects the parent-child relationship and the well-being of the adolescents resulting to a lack of parenting and fulfilling parental responsibilities. Thus leads to adolescents taking on parental roles and responsibilities. These | Parental substance addiction has a negative impact on the parent-child relationship and the adolescent’s well-being because it leads to inadequate parenting resulting in parents being controlling, authoritarian and punitive or being permissive or neglectful at times (Dawe et al., 2007). The prevalence of parental substance addiction disrupts the development of adolescent children and leads to them taking on parental responsibilities. This results in feelings of confusion, rejection, carrying a burden and |
adolescents experience neglect and abuse or exposure to violence (refer to equifinality).

Feedback loops are based on positive or negative types of interactions within the family (Newman and Newman, 2012:53). In terms of feedback loops of the research findings that are present (see Sub-theme 3.1 of Chapter 3):

- Parents focusing on adolescents weaknesses.
- Parents seeing adolescent as a problem
- Parents not recognising adolescent as family
- Fight with adolescent
- Scowling the adolescent

Within the ecological systems framework, boundaries were described in terms of the system levels:

**Micro-system**: Long-term abuse results in family and relationship problems (Bromfield et al., 2010:3; Sheafor & Horesji, 2010:532-533).

**Exo-system**: The loss of a parent with the starting of substances abused by the other parent directly and indirectly influenced the adolescent functioning and well-being.

**Chrono-system**: Parent start to abuse substances due to the loss of a husband (parent)

In terms of boundaries within the

<table>
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<th>The substances of choice</th>
<th>psychological impact: addicted parents undergo</th>
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mistrusting parents (Barnardos, 2008). These adolescents are particularly vulnerable as their safety and well-being is diminished (Bromfield et al., 2010:2). For this reason, addicted parents and their adolescent children must receive support services that are focused on the adolescent developmental phase. Services must be made available for each family (Perkinson, 2008:242-247).
have a specific influence on the addicted parents and their functioning, which, in turn, impacts the well-being of the adolescent.

family and ecological systems framework, the substances of choice have a psychological and social impact on the addicted parents which leaves them in finding it difficult to fulfil responsibilities and cope with family expectations. The adolescents well-being are affected (refer to equifinality).

Seggie (2012:ii) and Lennard-Brown (2004:27) referred to the following physical and social damages caused by alcohol and cannabis abuse, which is also confirmed by this study:
- Interpersonal (including domestic) violence
- Child neglect and mood fluctuation.

Within the ecological systems theory, this impacts the:
- **Micro-system**: Face-to-face interactions, activities and social experiences within the family as a system
- **Mezzo-system**: Relationship with friends and members of the extended family (Bronfenbrenner, 1994:39-41)

personality and behavioural changes, which cause them to withdraw from relationships, to experience difficulties in fulfilling tasks and to display aggressiveness and compulsiveness (Bezuidenhout, 2008:139).

**Social impact**: Substance addiction causes parents to withdraw from close relationships with family and friends. They 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, 2008:139-140).
Adolescents need to be supported to lessen the impact of child neglect and abuse associated with parental substance addiction. At the same time, addicted parents also need to be supported to, among others, treat their substance addiction and increase their parenting abilities. Parental substance addiction has financial implications for the family because the addicted parents do not buy food or clothes or pay bills in order to maintain their addiction. Substance addiction is therefore associated with poverty, social isolation and a lack of family and community involvement (DePanfilis, 2006:37; Templeton et al., 2006:14). This relates to Bronfenbrenner’s (1994:39-41) description of the exo-system: Financial implications in terms of the substances abused by parents lead to child neglect/abuse. Chrono-system in terms of socio-economic impact.

<table>
<thead>
<tr>
<th>Domestic violence and the impact thereof need attention when assisting adolescents of addicted parents.</th>
<th>Circular patterns observed was the addicted parent forcing the non-addicted parent for money which leads to domestic violence within the family. The adolescents and the non-addicted parents’ well-being are deeply affected by disharmony and rejection. In terms of feedback loops within the family systems theory, the negative behaviours of the addicted parents lead to scowl and engage in fights with family members (i.e. domestic violence). Adolescents and family members are concerned and are deeply affected by this behaviour of the addicted parent (see Category 3.1.1 of Chapter 3).</th>
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<tr>
<td>DePanfilis (2006:37) listed parenting issues that require attention to ensure that the adolescent receives parental support and guidance:</td>
<td>The substance abuse is of less concern to the adolescents. Instead, they are concerned about and deeply affected by the disharmony and rejection that they associate with the substance addiction (i.e. domestic violence) (Hill, 2011:28). Domestic violence results in adolescents becoming secondary victims. They need assistance with:</td>
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<td>- Knowledge about adolescent development</td>
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<td>- Problem-solving and social skills</td>
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<td>- Parental affection</td>
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<td>- Spending time with adolescents</td>
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<td>- Disciplinary practices</td>
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<td>- Providing appropriately for the needs of adolescents (clothing, food, medical care, hygiene, emotional attention).</td>
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<td>- Violent behaviour towards others</td>
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<td>- Aggression or anger</td>
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<td>- Withdrawing from friends or social activities</td>
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<td>- Depression or mood swings</td>
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<td>- Feelings of loneliness or isolation</td>
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<td>- Abuse of substances</td>
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<td>- Suicidal attempts or involvement in criminal activities</td>
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<td>- Poor school performance</td>
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<td>- Low self-esteem</td>
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<td>- Taking on the responsibility of parents</td>
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<td>- Displaying the same behaviour as parents (Bragg (2003:9-15)).</td>
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| Adolescents need assistance to express their emotions regarding parental addiction. | Within the two frameworks circular causality were identified how adolescents’ feel about the addicted parents’ behaviour and how the family structure influenced them:  
- Painful emotions  
- Shame  
- Worry about safety  
- Difficulty to deal with emotions  
- Suicidal ideation  
Although the adolescents’ refer to different emotions experienced with parental substance addiction, it negatively affected them psychologically. **Micro-system**: Face-to-face interactions, activities and social experiences within the family as a system. Fisher and Harrison (2012:194) explained that the adolescents take on different roles to seek survival and stability in their lives. Adolescents try to take care of and bring stability to the family. | Adolescents of addicted parents are isolated and left feeling worthless and unloved. Perkinson (2008:244) explained that adolescents experience pain and find it difficult to express their feelings as they are separated from reality. They have also learned to hide their feelings as they fear that the addict would punish them. Kroll (2003:133-135) described painful emotions experienced by adolescents in terms of pervasive losses: The loss of feelings of being loved, the loss of parental attachment, the loss of confidence and self-esteem, and the loss of a normal lifestyle. Perkinson (2008:243-245) noted that family members feel ashamed and often think something is wrong with them. In addition, they blame themselves for not doing enough to help the addict. This impacts the adolescents’ sense of self and feelings of worthiness. |
| --- | --- | --- |
| Adolescents need assistance to become resilient to deal with parental addiction. | Within the two frameworks, it is important that all systems need to maintain homeostasis/morphostasis and a state of equilibrium. This entails that a system interact in ways that maintain internal balance regardless of conflict/problems within the family (Teater, 2014:22; Hepworth et al., 2009:242). Homeostasis/Morphostasis relating to the research findings was maintained with adolescents’ trying to help their parents by protecting and | Adolescents who use coping strategies such as detachment, avoidance and withdrawal can lose their ability to be resilient (Velleman & Templeton, 2007:19). Adolescents who succeed in life despite the impact of substance-addicted parents often have strong individual personalities. Adolescents who are less likely to be affected adversely by parental substance addiction often share one or more of the following characteristics (Cleaver et al., 2011:90-92):  
- One parent has no problem with the other parents’ substance abuse  |
taking care of them. It was also maintained through different coping strategies of the adolescents which are discussed below.

Co-dependent adolescents are characterised by their focus on the needs of the addict instead of their own needs. Consequently, the addicted parent becomes the focus of attention in the family. The adolescents try to protect and take care of addicted parents as they feel it is their responsibility (i.e. micro system). As a result, other problems occur, such as the inability to know their own feelings and wants (Perkinson, 2008:242-245).

Resilience is the product of interaction between the adolescent and the social context. Resilience is negative when the adolescent’s resilience is aimed at coping with the addiction of the parent (Velleman & Templeton, 2007:82).

Avoidance could result in a positive outcome. Hence, one of the adolescents’ coping strategies with parental substance addiction is gaining control over their environment. These adolescents avoid situations in which parents abuse substances by removing themselves from the situation and spending time alone or with protective adults in their rooms. They often put on music to form a barrier against the noise, or they read or watch television, cry or deal with their

- The addicted parent receives treatment
- The addicted parent maintains a close relationship with a child
- Protective adults are visible
- Family engagements are maintained
- Children are not present when parents abuse substances and/or substances are not abused in the home environment
- Stability is maintained through financial support
- The child has a friend to talk with
- Parenting responsibilities are fulfilled.
emotions in other ways (Bancroft et al., 2004:16).

Morphogenesis refers to a system that allows his/her behaviour for growth, change, creativity and innovation within the context of stability in the family (Hepworth et al., 2009:242; Turner, 2011:252). This information within the family systems theory of the research findings refers to the adolescents forms of coping strategies which is also discussed in terms of the ecological systems levels:

- Micro system: Avoidance; asking parents to stop abusing substances or avoid using in front of them; perceived sense of coping
- Mezzo system: The role of friends and other available support systems such as non-addicted mother, grandparents (especially grandmothers), aunts and uncles, extended family, other people living on the farm, social workers, church leaders, doctors, teachers and substance-addicted parents.)

Referring to the family structure, the adolescents indicated that their parents’ substance addiction had an influence on their own abuse of substances. | Morojele *et al.* (2012:205, 207) proposed the Strengthening Families Programme as effective model to prevent and/or address adolescent substance addiction. According to this model, parental involvement in intervention is crucial. Interventions should furthermore provide the adolescents with supporting community-based and self-help programmes and age-appropriate services focused on psychological and medical care. |
| --- | --- | --- |
| Adolescents need support systems that can be mobilised to assist them. | Circular patterns and circular causality in the form of available support systems were identified by the participants in this study:
- Non-addicted mother
- Grandparents (especially grandmothers) to assist in addressing the parents’ substance addiction
- Aunts and uncles
- Extended family
- Other people living on the farm
- Social workers addressing the parents’ substance abuse and the impact thereof, with no success
- Church leaders
- Doctors
- Teachers
- Substance-addicted parents.
These forms of support provided emotional support and place of safety. Circular patterns are discussed in terms of the ecological systems levels: | Adolescents need emotional support and a place of safety. Support systems must be trustworthy and respect the adolescents, and the adolescents must feel understood (Hill, 2011:141; Templeton *et al.*, 2006:25). Concerns about the stigma of parental substance addiction should be addressed when approaching and mobilising support systems (Horgan, 2011:65). |
| Micro-system: Social experiences within the family as a system | Mezzo-system: Relationship between school, church and family. | Interventions aimed at the needs of adolescents should include (United States Department of Health and Human Services, 2009:10):  
- Assessment and treatment planning for all the family members  
- Crisis intervention (i.e. protection)  
- Case management (i.e. referral to different support systems)  
- Therapeutic counselling (focused on resilience and dealing with emotions)  
- Substance addiction education (i.e. prevention). |
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<tr>
<td>Adolescents need interventions that include spiritual support, support for the addicted parents and protection from harm.</td>
<td>Based on equifinality, the different descriptions of adolescents’ experiences with parental substance addiction leads to their need for further support to be able to deal with their parents’ substance addiction. They also identified what support systems and how the support systems can assist them.</td>
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</table>
- Micro-system: Social experiences within the family as a system  
- Mezzo-system: Relationship between school, church and family  
- Macro-system: Cultural, lifestyle, resources, etc. that have an influence on the adolescent's functioning (Bronfenbrenner, 1994:39-41). |
4.3.3 Recommendations to social workers

The following recommendations are made to serve as guidelines for social workers to provide adolescents of substance-addicted parents with the needed support, protection and care.

On a micro level, the following is recommended:

- Do a risk assessment to ensure that the adolescent is not in physical and/or emotional danger.
- Focus interventions on spiritual support for the adolescents and addicted parents.
- Provide protection services through statutory interventions in cases where domestic violence, child abuse and neglect have been identified.
- Help the adolescents to develop a positive self-image, express their emotions and develop skills and attitudes that contribute to resilience.
- Encourage relationships with family members, in particular non-substance abusing parents and extended family members.
- Focus assessments and assistance on the adolescents’ development and ensure that interventions are age appropriate and related to their developmental tasks.
- Focus interventions on the early detection and prevention of substance abuse among parents as substance addiction among parents often leads to substance abuse among adolescents.
- Focus interventions on parental issues associated with the use of specific substances as each type of substance abused by the parents has specific influences on their parenting skills and abilities.
- Include all the family members in the intervention – the substance-abusing parent, the siblings, extended family and the adolescent.
- Provide family preservation services to the adolescents, family members and the addicted parents.
- Provide education and training programmes to the adolescents, family members and addicted parents.

On a mezzo level, the following is recommended:

- Use interventions to assist adolescents to identify role-models and to build relationships which offer them a sense of safety and security.
• Make community members aware of their ability to support the children of addicted parents – thereby preventing judgement and stigmatisation.

• When planning and implementing support services for adolescents, consider including the following:
  o Non-addicted mother,
  o Grandparents (especially grandmothers),
  o Aunts and uncles,
  o Extended family,
  o Other people living on the farm,
  o Social workers,
  o Church leaders,
  o Doctors,
  o Teachers and
  o Substance-addicted parents.

On a macro level, the following is recommended:

• Focus on the availability and accessibility of services when planning social work interventions for adolescents living on farms as limited access to services (including transport challenges to access services) increase the vulnerability of such adolescents.

• Provide preventative services to adolescents living on farms to help put a stop to adolescent substance abuse.

• Provide recreational activities and opportunities to adolescents living on farms to help them develop life skills.

• Do a need assessment of the farming community regarding the challenges they experience with substance abuse.

• Use preventative services to identify and address potential risks of social harm, e.g. crime and violence in the farming community.

• Provide awareness and education programmes or workshops for the farming community regarding substance abuse.

• Policies should expand more on accessible treatment interventions for adolescents’ and the substance addicted parent in particular rural areas.
• Policies should include harm reduction efforts and selected prevention measures in reducing the problems related to substance abuse.

• Policies must continue to make provision for educational programmes based on existing problems within school environment (i.e. rural communities).

• Provide accredited training (with CPD Points) for social workers on interventions focused on adolescents’ affected by parental substance addiction and the addicted parent.

• Provide training on family based interventions to social workers that are accredited with CPD Points.

4.3.4 Recommendations for further research

Based on the findings of this research study, the researcher recommends that the following aspects be considered for further research:

• Explore the experiences and coping strategies of adolescents of addicted parents in urban areas.

• Explore the experiences and coping strategies of adolescents of addicted parents in a wider geographical rural area, as well as of adolescents from different ethnic groups in order to enhance the generalisation of the findings.

• Explore the addicted parents’ and non-substance abusing parents’ experiences of the substance addiction and the impact thereof on their children (including adolescents).

• Develop a service framework for interventions aimed at rural families affected by addiction and test this framework in the field.

4.4 CONCLUDING REMARKS

This research study explored and described adolescents’ experiences and coping strategies with parental substance addiction within a rural farming community.
The research findings were verified with a literature control and previous research studies. Conclusions were drawn from the findings and compared with the family systems and ecological systems theoretical framework, as well as from the development stage of the adolescent participants. The participants in this study were able to provide a thorough description of their experiences, efforts to deal with substance addiction and their perceptions of support needed. The theoretical frameworks supported the findings.

The researcher trusts that these findings may contribute to a better understanding of the needs of these adolescents and that this will contribute to a renewed focus on service delivery to the adolescent children of addicted parents.
REFERENCES


Bromfield, L., Lamont, A., Parker, R. & Horsfall, B. 2010. Issues for the safety and wellbeing of children in families with multiple and complex problems: The co-
occurrence of domestic violence, parental substance misuse, and mental health problems. *Australian Institute of Family Studies, NCPC Issue 33.*


McLellan, T. 2014. Relapse – Removing the taboos on the topic and promoting honest efforts to address it. In *Relapse and recovery: Behavioural strategies for change*. Florida: Caron Treatment Centres.


## ANNEXURE A: LETTER OF APPROVAL

### RESULT: MODULE IN RESEARCH METHODOLOGY

<table>
<thead>
<tr>
<th>STUDENT NAME</th>
<th>MARINUS DR</th>
<th>STUDENT NUMBER</th>
<th>40935787</th>
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</thead>
<tbody>
<tr>
<td>DEGREE</td>
<td>MSW</td>
<td>Specialisation</td>
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</tr>
</tbody>
</table>

Please indicate the relevant option with an x:

A. **The above student did not comply** with the requirements for the module in Research Methodology and may reregister for the module

B. **The above student did not comply** with the requirements for the module in Research Methodology and **may not continue with his studies** for the ........ degree. 

C. **I confirm that the above student complied with the requirements for the module in Research Methodology (MPCHS92)(Submitted an acceptable research proposal) and may now proceed to register for the research component.** Please provide details below

<table>
<thead>
<tr>
<th>Title :</th>
<th>ADOLESCENTS’ EXPERIENCES AND COPING STRATEGIES WITH PARENTAL SUBSTANCE ADDICTION WITHIN A RURAL FARMING COMMUNITY: A SOCIAL WORK PERSPECTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor :</td>
<td>DR MA van der Westhuizen</td>
</tr>
<tr>
<td>Highest Qualification:</td>
<td>D.Phil. (Social Work)</td>
</tr>
<tr>
<td>Co-supervisor:</td>
<td>N/A</td>
</tr>
<tr>
<td>Highest Qualification:</td>
<td>N/A</td>
</tr>
<tr>
<td>Address, if external :</td>
<td>Dr MA van der Westhuizen</td>
</tr>
<tr>
<td></td>
<td>12 Bordeaux Street</td>
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<td></td>
<td>Berg en Dal</td>
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<td>Wellington</td>
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<td>7655</td>
</tr>
<tr>
<td>Contact number:</td>
<td>083 658 6432 / 021-8731181 (W)</td>
</tr>
<tr>
<td>E-mail:</td>
<td><a href="mailto:mvdw@hugenote.com">mvdw@hugenote.com</a></td>
</tr>
</tbody>
</table>

Additional comments:

**Approval (CoD) APPROVED**

Comments: This serves to notify that the Departmental Research and Ethics Committee - accepted the research proposal of Ms DR MARINUS for the degree of MSW [Student number 40935787], and approved the dissertation’s title to read as follows: **ADOLESCENTS’ EXPERIENCES AND COPING STRATEGIES WITH PARENTAL SUBSTANCE ADDICTION WITHIN A RURAL FARMING COMMUNITY: A SOCIAL WORK PERSPECTIVE.** The recommendations noted in the minutes of the meeting held on 1 October 2013 were accommodated to the satisfaction of Dr MA van der Westhuizen [Staff number: 52150739], who was appointed by the meeting as the candidate’s study leader; and the student had successfully completed the Module MPCHS02 and be allowed to register for the dissertation component of the qualification

Signature [Signature]  
Date: 24 October 2013
Comments:

Signature:
On behalf of College/School Executive Committee

Date:

<table>
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ANNEXURE B: LETTER OF INVITATION

Dear ______________________

I, Denise Marinus, am a social worker currently employed at the Department of Social Development in Caledon, and also a Master’s student in the Department of Social Work at the University of South Africa. My passion and interest is to specialise and gain more knowledge in the field of substance addiction. Therefore, I decided to further my studies and undertake a research project that will focus on the following topic: Adolescents’ experiences and coping strategies with parental substance addiction within a rural farming community: A social work perspective. As the researcher, my plan is to explore and understand what experiences adolescents’ have in a rural community in dealing with a parent’s substance addiction and identifying their needs to make recommendations as well as conclusions in the specific field of interest.

Hereby, I would like to ask from you as the parent permission for your child to participate in the research project. For you to decide whether or not your child will participate, information will be given to you in order for you to have a better understanding and knowledge what the research project will entail during an introduction interview. Further on you will be informed about your child’s involvement and expectations as a participant.

I will provide you with the relevant information during the introduction interview that will be held at a specific location, as well as informing you what questions will be asked during the semi-structured interviews that will follow. I hereby want to approach your child, as she/he are more informed and well experienced with the topic. Your child’s participation will basically focus on his/her experiences and knowledge to help me gain a better understanding in the field of substance addiction and to identify their needs for the necessary support. The aim of this study is not to evaluate your parenting skills, but rather to focus on your child’s needs.
Your child’s participation will be voluntary as she/he will not be obligated to participate in the research project. As parent involving your child, you will both have the right to withdraw from the research project. Information will be kept confidential and opinions will be respected. If the researcher found that your child is too emotional, she will have the right to discharge your child in order for him/her to not be further exposed to any information that will harm him/her.

If you are willing to give consent in your child’s participation, you are kindly requested to complete the following informed consent form.

You are also welcome to contact my study supervisor, Dr M.A. van der Westhuizen at 021-8731181 or mvdw@hugenote.com if you would like to discuss any concerns with her.

Thank you

........................................

Signature of researcher

Denise Marinus

Contact details: Cell no: 079 231 8771
ANNEXURE C: INFORMATION AND INFORMED CONSENT FORM 
FOR THE PARENT(S)

TITLE OF THE RESEARCH PROJECT: Adolescents’ experiences and coping strategies with parental substance addiction within a rural farming community: A social work perspective

REFERENCE NUMBER:

PRINCIPAL INVESTIGATOR/RESEARCHER: Denise Marinus

WORK ADDRESS: 10 Plein Street, Caledon, 7230

CONTACT TELEPHONE NUMBER: Cell: 079 231 8771

Declaration by the parent(s) on behalf of the participant(s)

I, as the undersigned, (name), ID: the parent(s) of ………………………… (child’s name), ID/birth date: hereby confirm as follows:

I have been informed by …………………………., with the following aspects:

- Information with regard to what the research project will entail and will be used for
- The purpose of my child that will participate in semi-structured interviews
- The location and duration of interviews
- Semi-structured interviews will be conducted in the language that my child prefers and a translator will be made available (if necessary)
- The questions that will be asked
- My child’s opinions and inputs will be respected

I understand the above information and am aware of my right to ask questions (if necessary).

I have been informed and understand the possible risks with regard to the research project:

----------------------------------------------------------------------------------------------------------------------------------
----------------------------------------------------------------------------------------------------------------------------------
As a result of my child’s participation, I am aware of the possible benefits:

- My child will not be pressured to participate in the research project
- The purpose of this study is not to evaluate my parental skills, but to identify the needs of my child
- I understand and agree that participation will be voluntary
- Information will be recorded on tape and put in a safe place to ensure confidentiality
- I understand that the translator (if necessary), independent coder and supervisor of the researcher will be the only ones to have access to the information
- I understand that I have the right to withdraw my child at any time
- I understand that the researcher could withdraw my child if he/she is exposed to information that will be of harm to him/her

I, hereby give consent for my child to participate in the research project.

Signed at .................. on .................. 20......
(Place)                      (Date)

Signature of the parent: ..............................

Signature of the witness: ..............................
Signature of the researcher: ……………………………..
ANNEXURE D: INFORMATION AND INFORMED CONSENT FORM FOR THE PARTICIPANT

Declaration of the participant (child)

I, (the undersigned), ID/birth date: am aware and understand that my parent(s) gave permission for me to participate in a research project undertaken by……………………………. (Name of the researcher).

I have been informed by …………………………., with the following aspects:

- Information regarding the purpose of the research project is explained to me
- I will participate in semi-structured interviews
- My opinions and input regarding the interviews will be respected
- My language of choice will be conducted within the interviews and a translator will be made available (if necessary)
- The interviews will be recorded on tape and will be put in a safe place

I understand the above information and am aware of my right to ask questions (if necessary).

I understand the above information and am aware of my right to ask question (if necessary).

I have been informed and understand the possible risks with regard to the research project:

…………………………………………………………………………………………………
…………………………………………………………………………………………………
…………………………………………………………………………………………………
…………………………………………………………………………………………………

As a result of my participation, I am aware of the possible benefits:

…………………………………………………………………………………………………
…………………………………………………………………………………………………
• I will not be pressured to participate in the research project

• I understand and agree that participation will be voluntary

• Information will be recorded on tape and put in a safe place to ensure confidentiality

• I understand that the translator (if necessary), independent coder and supervisor of the researcher will be the only ones to have access to the information

• I understand that I have the right to withdraw from the research project at any time

• I understand that the researcher would withdraw me if exposed to information that will be of any harm

Signed at .................... on .................... 20......
(Place) (Date)

Signature of the participant: ............................

Signature of the researcher: ............................