


Please cite the Published Version

Galvani, Sarah  (2013) 'Drugs and Relationships Don't Work': Children's and Young People's Views of Substance Use and Intimate Relationships. *Child Abuse Review*, 24 (6). pp. 440-451. ISSN 0952-9136

DOI: <https://doi.org/10.1002/car.2292>

Publisher: Wiley

Version: Accepted Version

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“Drugs and relationships don’t work”: children’s and young people’s views of substance use and its impact on intimate relationships

Abstract

Responding effectively to children and young people’s needs in relation to the overlapping issues of parental substance use¹ and domestic abuse², requires an understanding of their perspectives and experiences. This study set out to explore the views of children and young people (C&YP) on the impact of substance use on violent and abusive behaviours within intimate relationships in order to inform practice and policy development. Fourteen young people attended focus groups at three different specialist substance use support services for families in England. The results showed clear ambivalence about alcohol use in particular and its impact on violent and abusive behaviours. They did not blame substances for subsequent violent or abusive behaviour overall, however the quantities and type of substances used were considered key to such behaviour. Most importantly, the children and young people reported that getting help with substance problems does not automatically improve relationships, indeed there are situations when pressure to change substance

1 Here and elsewhere, ‘substance use’ refers to the use of alcohol and other drugs.

2 Domestic abuse refers to both domestic violence and other forms of abuse.

use can make relationships worse. The implications for social care practice are discussed.

Key words

Alcohol, drugs, domestic violence and abuse, relationships

“Drugs and relationships don’t work”: children’s and young people’s views of substance use and its impact on intimate relationships

Introduction

When children are killed or seriously injured in the UK, and abuse or neglect are known about or suspected, a Case Review is conducted³. The aim is to determine how it happened and for front line services to learn lessons that may prevent it from happening again. Periodically, such reviews are scrutinised and their findings summarised and published. In 2012, Brandon et al. examined case reviews in England for the period 2009-2011 and concluded:

Previous biennial reviews have noted the prevalence of domestic violence, misuse of alcohol and/or drugs, and parental mental health problems in the lives of the families at the centre of serious case reviews. ... Our

analysis shows that it is more common for these features

³ In England and Wales these are referred to as Serious Case Reviews (SCRs), in Scotland as Significant Case Reviews (SCRs) and in Northern Ireland as Case Management Reviews (CMRs).

to exist in combination than singly... (Brandon et al. 2012: 36/37)

As Brandon et al. state, these overlapping “factors” have been highlighted repeatedly by earlier reviews (Brandon et al. 2010, Ofsted (Office for Standards in Education, Children’s Services and Skills) 2008, 2010) and also by independent research into child protection services (Cleaver et al. 2006, Forrester et al. 2012, Stanley et al. 2010). In their evaluation of an intensive family support service in Wales, Forrester et al. (2012) found high levels of domestic abuse among parents who had been involved with child protection services as a result of their substance use. Similarly, Cleaver et al. (2006), in their research with families attending statutory children and families services, concluded that domestic violence and substance use co-existed in families more often than not.

The co-existence of domestic abuse with substance use has long since been documented (see author’s own, 2010 for review). While a range of definitions of domestic abuse is available, the Home Office for England and Wales (2012) define it as:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or

sexuality. This can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

Women and children remain the primary victims of domestic abuse and related homicide (Britton 2012, Osborne 2012) and this is further reflected in the evidence from substance use treatment populations (Engstrom et al. 2008, McKeganey et al. 2005). McKeganey et al. (2005) found almost two thirds of female drug users in services in Scotland had experienced physical abuse and a third sexual abuse with far lower rates for men. Engstrom et al. (2008) found almost 90% of 426 women in their methadone treatment sample had suffered domestic abuse in their lifetime and 78% had experienced such abuse in the last 6 months. More than half had suffered childhood sexual abuse too..

Evidence shows that children living with either parental substance use or domestic abuse are likely to be negatively affected by their experiences (Mullender et al. 2002, Wales and Gillan 2009). Such is the strength of the evidence that UK law was amended to ensure that witnessing the ill-treatment

of another person, including domestic abuse, was included in the revised criteria for harm to children in s.120 of the Adoption and Children Act 2005. This recognised that children and young people do not have to be the direct target of abuse to suffer harm as a result of it. Similarly, many parents with substance problems have long been documented as posing potential risk factors to the health and well-being of their children. This can be through their mental or physical 'absence' resulting from their substance problems or the risky environments in which their children may be placed in the pursuit, and use, of substances (ACMD 2003, Forrester et al. 2012, Wales and Gillan 2009).

For both parental substance problems and domestic abuse, the potential impact on children includes greater risk of all forms of abuse, resulting in disrupted or damaged family attachments, low self esteem, fears for their own and their parent's safety, aggression or withdrawal, and relationship problems in adolescence and adulthood to name a few (Cleaver et al. 2011, Mullender et al. 2002). When the two issues are combined, evidence shows the risk of harm is compounded (Templeton et al. 2006).

There is some research that represents adults' views of the relationship between substance use and domestic abuse (*author's own* 2006). However, there is far less that represents the views of children and young people. In particular there is a need to establish their views of the relationship between these overlapping issues, to help services determine what education and support is needed and to explore any implications for policy and practice.

This paper presents the findings from a small study that begins to fill these gaps and explore the views of children and young people on the relationship between substance use and domestic abuse.

Methodology

The study reported in this article was part of a wider ‘research into practice’ project carried out in partnership between the [*author’s university*] and two London-based charities, one specialising in work with families affected by a loved one’s substance use, the other specialising in policy and practice development around sexual and domestic abuse and substance use. The purpose of the project was twofold; to develop the evidence base on the relationship between substance use and domestic abuse from a family perspective (the research study) and then to develop resources for children and young people in response to the needs identified in the research. Its specific aims were to:

- * explore the views of family members (adults and children) of substance users on the relationship between alcohol, other drugs and domestic abuse
- * develop practice and policy recommendations based on these findings and the wider literature
- * establish what support and resources family members needed on these issues.

This paper focuses on the findings from the research element of the study and presents the data from the research with children and young people only.

As Balen et al. (2006: 31/32) state, children are “*epistemologically privileged* in that they are better placed than adults to produce ‘situated’ knowledges that prioritize the importance of their everyday experiences” [*sic*]. Such recognition that children’s knowledge is worthy of research, indeed needed in order to develop policy and practice responses, has developed into arguments for C&YP as “advisers” to adult researchers in order to prioritise research foci that meet their needs (Casas et al. 2012). Shaw et al. (2011: 8) also propose C&YP as consultants, collaborators, and owners of research. While these greater levels of involvement were beyond the scope and resources of this small study, the location of C&YP at the core of the resource development stage more closely adhered to collaborative partnerships and advisory roles.

Sample recruitment

There were two stages to the sample recruitment:

1. Identification of agencies that provided support directly to C&YP
2. Identification of C&YP within those services.

The C&YP sample was recruited through the database of the charity partner specialising in supporting family members of those with substance problems. The charity holds a national database of organisations that provide family support of different kinds, for example, groups for grandparents, mum's groups. Agencies that offered groups for C&YP were identified and sent details of the project, including sample consent forms for both parents and C&YP, and information on the research process from recruitment to post data collection. It is important to have informed support immediately available for children and young people when conducting sensitive research. The criteria for the agency selection included only those agencies that maintained good support links with local domestic abuse services and had adequate staffing and structures in place to be able to support young people's involvement pre, during and after the research, as needed.

To maintain confidentiality, the agencies sent out a letter on behalf of the research team to both the C&YP and to their parent/s inviting the C&YP's participation. This was accompanied by age appropriate information on the research and age appropriate consent forms. Posters were also placed in the agencies inviting people to take part. Only those parents/C&YP who returned both consent forms were able to take part. Agencies were asked that C&YP from a range of minority ethnic groups were represented.

Methods

Focus groups were employed for data collection. With sensitive subjects focus groups can offer participants a more supportive and less intense structure than individual interviews and also facilitate the exchange of experiences and ideas. It was a highly appropriate method for these young people as they were all familiar with group work due to their participation in support groups at the family support agencies they attended. They were also familiar with the agency environment. As a result many of the participants knew each other prior to the focus groups.

The focus groups were held during October and November 2009 at three agencies. One was located in the South East, the second in the South West and the third in the East Midlands. The groups were facilitated by an experienced children's group worker from the domestic abuse charity involved in the project. Two additional researchers helped to facilitate small group discussion and to digitally, and manually, record discussion.

Ethically, care has to be taken in using the language of domestic violence and abuse with C&YP. Even adult women who are living with very violent and abusive partners will often not consider themselves as living with domestic violence or abuse. It is seen as something that happens to others and is perceived by victims as both shameful and stigmatising. Given this group of young people were already in a support service because their parent/s had problems with substance use, it was important that the research did not cause upset or distress to the young people by implying, however inadvertently, that their parent/s could be a victim or perpetrator of abuse too. For this reason, and

under advisement from the research team's domestic abuse specialists, the introduction to the focus groups asked for the young people's views on 'happy' and 'unhappy' behaviours in "close relationships", giving the example of "boyfriend and girlfriend" to clarify what was meant by close relationships. It would be inappropriate to ask about their personal experiences in a group setting. In spite of this, the researchers were aware that personal experiences in their own, or their parents', relationships were likely to be drawn on, hence the requirement for the agency to have support arrangements in place.

The focus groups comprised two main exercises:

Exercise 1 – A card game exploring relationship behaviours

This exercise was designed to stimulate conversation about relationship behaviours generally prior to the addition of questions relating to substance use and its impact on relationships. In small groups the young people were provided with 26 cards containing statements and pictures (see figure 1 for examples). They were asked to discuss each one and place each of the cards into one of three categories of relationship, 'happy', 'not sure', and 'unhappy' relationship. Each category was represented by separate sheets of flipchart paper.

[insert figure 1 here]

It was emphasized that there were no right or wrong answers and that 'not sure' was a good answer if that was what they thought. The card game provided the

basis for the subsequent large group discussion about which categories they had chosen for the cards and why.

Exercise 2 – Voting game

This exercise sought to explore the C&YP's views on the impact of alcohol and other drugs on relationships. The C&YP were lined up like judges in a reality TV show voting panel. Each person was given three voting cards. They were read 10 statements by the facilitator (see table 1) and were asked to vote on whether they felt the statement was true. To do this they held up one of their three cards that said either 'always', 'sometimes', or 'never'. Their responses then provided the basis for subsequent discussion.

[insert table 1 here]

It is the findings of Exercise 2 that provide the focus of this paper.

Analysis

The notes from the focus groups were written up in full and all recordings were fully transcribed. Thematic coding was used to analyse the data (Flick 1998). It is a systematic way of coding qualitative data which involves coding at a very detailed level, grouping the codes into categories and then into broader thematic domains (Strauss and Corbin 1998). The process of analysis involves reading and rereading the data, assigning codes to all the emerging themes, placing codes in categories and ultimately developing thematic domains that accurately

reflect the codes and categories within them. Thus the goal is to move from many individual codes towards groups of categories which fall within a number of thematic domains with the added 'quality control' mechanism of cross checking the codes, categories and themes as they emerge to ensure they accurately represent the data.

Ethical approval

Ethical approval was sought through the Institute of Applied Social Research Ethics Committee at the *Author's Own* Institution and, subsequently, at the University-level Ethics Committee. Age appropriate written consent was sought from participating agencies and also from young people and their parents prior to any fieldwork starting.

Findings

In total 14 young people participated in the focus groups. There were five boys and nine girls aged between 10 and 15 years old. They were all white. Age information and ethnicity was provided by the agency. No other demographic information was sought.

Exercise 2 – Voting Game

As detailed in the methods section (above) this exercise consisted of 10 statements relating to substance use and relationships. After the statements were read out to the participants they were asked to 'vote' on whether they

thought that behaviour/s happened 'always', 'sometimes' or 'never'. Each participant had three voting cards with the responses written on them. The result of the voting is presented in table 1 (below).

[insert table 2 here]

As can be seen from the table, there was a wide range of responses to the 10 statements. Drug use was seen by members of this group as having a more negative impact on relationships than alcohol. Most (n=13/14) said alcohol only 'sometimes' led people to become violent and abusive, and that people who drink a lot are 'sometimes' more likely to get hurt (n=10/14). However, one particular finding stands out; 11 of 14 participants voted that only 'sometimes' getting help for an alcohol or drug problem can make a relationship happier'. This is an important finding and is discussed further below.

Five key themes emerged from the analysis of the post-exercise discussion; i) quantity and type of substance used, ii) different types of hurt, iii) blaming the substance, iv) better relationships and v) drinking and using together.

Quantity and type of substance

The quantity and type of substance used had an impact on C&YP's views of its relationship with violence and abuse. The statements 'When people take alcohol [or drugs] they become violent and abusive' were met with a far clearer response

in terms of alcohol than with drugs (see table 1). For both alcohol and other drugs the 'sometimes' responses related to the quantity of substance used:

It depends how much alcohol you have, you could have loads and loads and you can't remember a thing. (*James, aged 12yrs*)

Daisy, (aged 12): Depends how much you drink

Carolyn, (aged 15):- And what atmosphere you're in, if you're in a happy atmosphere, you might be out with music, or if you're alone, on your own and depressed and you're taking it out on alcohol.

Caitlyn, (aged 14): I think it's like 'sometimes', because if you drink too much and things have happened in the past, it will go back into your mind and you just goes under.

:The type of drug was also seen to determine violent and abusive behaviour:

Depends what drugs you're using really. If it's strong ones, ...like, heroin maybe, and crack, ... people who take those kinds of drugs steal from people, and if you were in a relationship and you were stealing (obviously I don't know anyone who's in a relationship and doing things like that), it wouldn't surprise me if they stole off their own family or their partner so they could feed their habit. (*Erica, aged 15yrs*)

Alcohol is a drug, and then the ones that you smoke or inject yourself with are more dangerous and you'll more than likely want to take your anger out on someone or something. (*Kylie, aged 12yrs*)

It is interesting to note that a number of C&YP viewed alcohol as less 'dangerous' than other drugs and this is likely, at least partially, to account for the different responses to its association with violence and abuse.

Different types of hurt

The types of violence and abuse relating to substance use that were most frequently mentioned by the C&YP were arguments, 'fights' and the ability of substances to 'ruin' or end relationships.

Like people go out to pubs and that, and drink, and it can affect your relationship because if you get in a fight with another person because you're drinking, your boyfriend can help you but he can get hurt as well, and then he might the next day go "Why did you let me get into a fight where you couldn't stop drinking?". That kind of thing can ruin a relationship. (*Laura, aged 11yrs*)

The C&YP were clearly aware of the possibility of death as a result of substance use. One young person's uncle died from a heroin overdose having

used it “just once” and others reflected on their learning about organ failure as a result of alcohol use.

The potential for emotional hurt for the partner that was left if one person died was also discussed, as was the possibility of the partner leaving before that happened:

...they will both get hurt in a relationship, because one will be devastated if the other one dies if they’ve been taking drugs, and they might continue taking drugs, and like, if they take weed it might calm them down a bit, for the pain and that lot. (*Kylie, aged 12yrs*)

It can affect a relationship because, say, like the man was on drugs, like cocaine, and the girl doesn’t smoke or take drugs, and she’s just standing there while her boyfriend’s sniffing it and stuff, so one day she’s gonna end up leaving him because she knows he’s gonna die. (*Darren, aged 12yrs*)

Blaming the substance

There was no consistent message about substances being to blame for violent and abusive behaviour from the C&YP. As discussed above, only a few young people clearly felt that substance use was ‘always’ responsible for abusive

behaviour in relationships while others noted the individual's ability to control themselves even when intoxicated:

... alcohol is like a person in a can, so when they've had too much, the person builds in their heads, and the person controls them. They don't know what they're doing. *(Darren, aged 12yrs)*

Depends, because when you're taking drugs and stuff, you can control yourself. It's not like the drug is taking control of yourself. You are in control of yourself. Not the drugs. *(Carolyn, aged 14yrs)*

Better relationships?

An important and clear message from the majority of C&YP was that receiving help for a substance problem will not necessarily improve relationships. Asked about the statement 'Getting help for a drug or alcohol problem can make a relationship happier' the C&YP responded:

Not always, cos like, the person who's doing it [using drugs] might get quite annoyed, saying that they're not doing it, or that they don't need help. Cos if you admit you need help it's like saying there's something wrong with you. *(Faith, aged 12yrs)*

It does and it don't because, if they get help then they'll build a stronger relationship, but still, they would still have time to bring back the past. *(Kylie, aged 12yrs)*

I think it depends on if the relationship people want to get help or not, because maybe it won't even help them because maybe it's just not what they need to know. *(Joe, aged 12yrs)*

The C&YP frequently highlighted the different views people in a relationship may have about changing their substance use behaviour and the pressure this put on relationships:

Sometimes. Because it would be like well done, but in your mind you'd probably think they're still taking it... you want them to stop completely, they just [want to] take a little bit less. *(James, aged 13yrs)*

It was also apparent that, on this topic, some C&YP were drawing on their own experience:

But I've seen it where alcohol has ruined a relationship because if you're like drinking, and it's taken its toll on how you act in that relationship, and if you got help with it, then it would really help. *(Carolyn, aged 15)*

Because it can affect your family. And every night you go to bed wondering if they're going to be there tomorrow. If you're going to wake up and they're going to be there or not. (*James, aged 13yrs*)

While these views appear to relate to one person's substance use in a relationship, a final, overlapping theme emerged about the impact on relationships of getting help where both partners were using substances.

Drinking and using together

The discussion about hurt and violence in the context of substance use also included discussion about whether or not both partners were using or drinking, and how this could impact on one person's ability to change their use as well as put further strain on relationships:

Daisy, (aged 12yrs): ... if your partner drinks or takes drugs with you, that might separate them because one person might want to [stop] and the other might want to keep going.

Cheryl, (aged 15yrs): And if one person relapses, the other person's gonna get really annoyed and then they're not going to have a happy relationship.

One insightful young person reflected the costs and benefits of getting help when both partners were using substances:

...they might be both taking drugs at the same time and they might be comfortable with that. But it [getting help with a drug or alcohol problem] does make your life better as well cos at least you're not gonna hurt yourself by doing damage to your body. They might feel comfortable both [taking drugs], because if someone came to help, they might destroy the relationship by taking something away that they don't want them to take away. (*Laura, aged 11 yrs*)

What the C&YP's views reflect is how hard substance use can be on relationships and families, as well as the ambivalence people with substance problems face in changing their substance using behaviour. Importantly, it highlights how aware C&YP are of these tensions, even at a young age.

Discussion

This study sought the views of C&YP in services for parental substance problems on the impact substance use has on violent and abusive behaviours in 'close relationships'. Previous studies have sought the views of young people in terms of impact of living with both issues (Templeton et al. 2009) and have identified the elevated risk to C&YP of living with both issues alongside the service response (Cleaver et al. 2006), but this study sought their views on how substance use is related to violent and abusive behaviour.

Given the weight of evidence of the overlap between problematic substance use and domestic abuse, and the links between parental substance use, domestic abuse and child abuse (*authors own* 2010), it is highly likely that the majority of the C&YP were witnessing violence and abuse at home. Their views are therefore key to informing practitioners about the potential needs of C&YP living with both issues.

Two key messages emerge from these data: first, policy and practice, and those who devise and implement it, need to give children and young people clear and accurate messages about alcohol and other drug use and its impact on behaviour, particularly in relation to quantities and types of substance. It was positive that, in general, the young people did not appear to believe that the use of alcohol or other drugs was to blame for violent and abusive behaviour. However, both of the study's group exercises and subsequent discussions with the C&YP highlighted how they believed the quantity, strength and type of substance used were important in determining the impact of substances on a relationship or on an individual's behaviour.

While different substances will affect people in various ways, research clearly shows that substance use alone does not cause abusive behaviour without a range of other variables being present. These include gender assumptions and expectations, cultural beliefs and expectations, individual choice, and environment (*author's own* 2004, Krug et al. 2002). Clear messages for C&YP

must give factually correct information about the role substances play in violent and abusive behaviour. Overly simplistic and inaccurate notions of cause and effect are unlikely to act as a protective factor in relation to their own intimate relationships later in life. Evidence shows that children of parents with substance problems are at greater risk of developing substance problems in adolescence and adulthood, and at greater risk of experiencing domestic abuse (Burkhart et al. 2008, Haase and Pratschke 2010). The differences in views and understanding of these young people suggests that individual work with C&YP, in addition to the peer groups, will be vital to ensure support identifies their concerns and beliefs properly and responds accordingly.

The second key message from these data is that getting help with substance problems does not automatically improve close relationships. The majority of C&YP clearly stated that only 'sometimes' getting help for alcohol or drug problems made things better in relationships. While the impact of substance use on abusive behaviour in their personal and parental relationships was not asked about directly, it is reasonable to assume that many of the C&YP's responses would be based on their experiences at home. What this finding shows is that in C&YP's views, close relationships do not necessarily improve when the substance use changes or stops, because of conflicting views over whether or not to make changes or because there is a lack of trust that they have done so. The C&YP highlighted how the tensions and disagreements continue.

However, anecdotal evidence suggests that social work and care staff put a great deal of store in a person's willingness to engage with substance use services and in their progress in 'treatment', particularly in relation to decisions over a child's welfare. In this context, such findings lend weight to the need to seek C&YP's views of the impact of substance use treatment on their parent's relationship if they are accurately to determine the impact on the C&YP. It also means that social workers must avoid assumptions that once a parent is changing their substance using behaviour, their parenting might be better as other tensions within relationships and the family may occur.

In an age where many social workers and other social and health care professionals are increasingly pushed towards hair and urine testing for evidence of substance use, the implication is that with 'clean' tests comes better parenting and happier, less risk exposed children (Willis 2011). Such thinking is positively dangerous for children. Parenting behaviour must not be judged solely by their compliance with a substance use intervention or medication/testing regime.

Further, changing substance use habits can be a very emotionally and physically uncomfortable process and may increase risks not lessen them. It is possible that the ongoing tensions and conflict in relationships identified by the C&YP in this study reflect this difficult process.

Limitations and implications for future research

This study has its limitations and these present opportunities for future research of this kind. First, behaviours in 'unhappy' relationships may not equate to 'domestic abuse'. It is possible that asking explicitly about 'domestic abuse'

could have elicited different responses. However, as Exercise 1 broke down domestic abuse into actual behaviours for discussion, major differences were limited. Second, this is a small study, although with larger numbers of children than other similar projects (Cleaver et al. 2006, Templeton et al. 2009). A larger study with a more ethnically diverse group of C&YP may produce different findings. In spite of initially targeting a wider age range and a mixed ethnicity group, this was not achieved. It is possible that younger C&YP were not allowed to attend or did not fully understand what was required. It is also possible that older C&YP were not interested and had better things to do after school. The agencies reported having few C&YP from minority ethnic groups among their service user group and those who were from non-White groups did not want to take part. Further, the sample size was too small to conduct any meaningful analysis by age group. A larger sample should be analysed by age as the findings from this study suggest a more nuanced understanding of controlling and abusive behaviours by older respondents.

Key Practitioner Messages

- C&YP need clear and factual messages about the relationship between substance use and violent and abusive behaviours, particularly messages about quantity and types of substance. This requires practitioners to be confident in their knowledge and have accurate and age appropriate information to give to C&YP.
- Practitioners need ask C&YP about their experiences of the impact of substance use on the family and the relationships within it. It is possible that

relationships were abusive and/or the parenting was not 'good enough' before the substance use and will not improve in its absence.

- The C&YP highlighted how relationships face different pressures at different times in the process of changing substance use behaviour. C&YP need to be supported and consulted throughout.

Conclusion

There is lack of research evidence reflecting the voices of C&YP living with parental substance problems and their views on the impact of substance problems on violent and abusive behaviour in close relationships. This gap, arguably, has resulted in practice ignorance and policy oversight. This is not good enough, particularly when it is set within an English policy context that is reforming social work education and service delivery (Munro 2011, Social Work Task Force 2009) and that "plans to radically transform the lives of the country's most troubled families" (Cameron 2011). The Government's definition of its 120,000 most troubled families failed to reflect the evidence that some of the children most at risk are those living with the overlapping issues of substance use and domestic abuse. What this small study of 14 children and young people presents is evidence of conflicting understandings of the relationships between substance use and its impact on relationship behaviours. Children and young people need accurate messages on the relationship between the two to protect themselves in their future relationships. However, of equal, if not greater, importance was the message that getting help for substance problems does not

necessarily improve relationships. When applied to a child welfare context, such findings have important implications for practice and assessment of parenting, particularly the need to avoid simplistic assumptions that addressing substance use will lead to better parenting. The views of these C&YP must be heard if children are to remain safe and supported by our social care system.

Word count: 5221

Acknowledgements

Thanks go to the funder of this research, Comic Relief, and the partner charities who made it possible. Particular thanks go to the family support agencies, children and young people who gave up their time to take part in the study.

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Figure 1 – Examples of cards used in Exercise 1

| Buying drinks | Telling them what to wear | Talking about feelings |
|---|---|--|
|  |  |  |

Table 1 – Exercise 2: Statements for the Voting Game

| |
|--|
| 1. When people drink alcohol they become violent or abusive. |
| 2. When people take drugs they become violent or abusive. |
| 3. People who drink a lot are more likely to get hurt in a relationship. |
| 4. People who use drugs are more likely to get hurt in a relationship. |
| 5. People in an unhappy relationship are more likely to use drugs or alcohol. |
| 6. You can drink alcohol and still have a happy relationship. |
| 7. You can use drugs and still have a happy relationship. |
| 8. People who are drunk don't know what they are doing. It's the alcohol that makes them behave badly. |
| 9. People who use drugs don't know what they are doing. It's the drugs that make them behave badly. |
| 10. Getting help for an alcohol or drug problem makes a relationship happier. |

Table 2 – Voting responses for each statement (n=14)

| Statement | Always | Sometimes | Never |
|--|---------------|------------------|--------------|
| 1. When people drink alcohol they become violent or abusive. | 1 | 13 | 0 |
| 2. When people take drugs they become violent or abusive. | 5 | 8 | 1 |
| 3. People who drink a lot are more likely to get hurt in a relationship. | 3 | 10 | 1 |
| 4. People who use drugs are more likely to get hurt in a relationship. | 8 | 6 | 0 |
| 5. People in an unhappy relationship are more likely to use drugs or alcohol. | 5 | 9 | 0 |
| 6. You can drink alcohol and still have a happy relationship. | 6 | 6 | 2 |
| 7. You can use drugs and still have a happy relationship. | 4 | 5 | 5 |
| 8. People who are drunk don't know what they are doing. It's the alcohol that makes them behave badly. | 8 | 6 | 0 |
| 9. People who use drugs don't know what they are doing. It's the drugs that make them behave badly. | 7 | 7 | 0 |
| 10. Getting help for an alcohol or drug problem makes a relationship happier. | 3 | 11 | 0 |