

# Disclosure of alcohol-related harm: Children's experiences

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**Ilona Tamutiėnė**

Vytautas Magnus University, Kaunas, Lithuania

**Birutė Jogaitė**

Vytautas Magnus University, Kaunas, Lithuania

## Abstract

**Objectives:** (1) to learn to whom children disclose experiences of harm caused by their parents' or carers' substance abuse, (2) to show whether professionals enable children to disclose this harm, and (3) to highlight what kind of assistance they provide after disclosure of harm.

**Methods:** The study is based on in-depth semi-structured interviews with children living with alcohol-abusing caregivers in Lithuania. Twenty-three children, aged from 8 to 18 years, from social risk families participated in this study. **Results:** Children suffer not only from the maltreatment itself, but also from the associative stigma of the caregivers' drinking. They prefer to disclose their troubles in informal settings because professionals often do not help children to disclose harm and may even ignore it. **Conclusion:** The analysis shows that when children reveal parental alcohol problems, there is no inquiry, follow-up, or management of the children's problems related to the caregivers' drinking. And yet, protective factors such as social support and positive experiences may enhance children's resilience in adverse conditions. Policy-makers should reduce barriers to disclosure and refocus their strategies from risk identification to identification of protective factors. Professionals need to develop an understanding about how they can support children to disclose harms related to the caregivers' drinking so that harms to children can be managed sensitively and well.

## Keywords

alcohol, children, disclosure, harm, maltreatment

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## Corresponding author:

Birutė Jogaitė, Vytautas Magnus University, Kaunas 44243, Lithuania.

Email: birutejogaitė@yahoo.com



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The societal damage caused by alcohol is not confined to harm to the drinker alone. There are also hidden harms caused to others (Laslett et al., 2015; Room et al., 2010) such as children. Alcohol misuse increases the risk of maltreatment of children, including physical and psychological violence and neglect, which have negative long-term consequences for a child's well-being (Esser et al., 2016; Kaplan, Nayak, Greenfield, & Karriker-Jaffe, 2017; Laslett et al., 2017; Raitasalo, Holmila, Autti-Rämö, Notkola, & Tapanainen, 2015; Rossow, Felix, Keating, & McCambridge, 2016; Tunnard, 2002; Velleman, 2004). Alcohol-related harm to children from an adult perspective has mainly been studied in English-speaking countries (Adamson & Templeton, 2012; Freisthler, Holmes, & Wolf, 2014; Laslett, Callinan, & Pennay, 2013; Laslett, Room, Dietze, & Ferris, 2012) and Scandinavia (Raitasalo et al., 2015; Rossow et al., 2016; Werner & Malterud, 2016). However, there is a lack of children's narratives and voices, especially in relation to the disclosure of harm (Adamson & Templeton, 2012; Hill, 2015). Disclosure of harm is hampered by factors such as family reticence, shame, and the stigmatisation of children from alcohol-misusing families (Hill, 2015). Research shows that children who have experienced violence find it difficult to ask for help, especially when their parents are the abusers (Hershkowitz, Horowitz, & Lamb, 2005). In addition, the likely problems and needs of children may be overlooked by professionals too, despite the fact that they work with families where alcohol misuse takes place (Kroll & Taylor, 2000; The Office for Standards in Education, Children's Services and Skills, 2011).

Harm experienced by children due to parental substance misuse is not a completely new theme. It has been analysed in various cross-sectional studies (Esser et al., 2016; Kaplan et al., 2017; Laslett et al., 2012; Werner & Malterud, 2016). Our study not only highlights the challenges and experiences of children, but also reveals their (in)visibility in the statutory child welfare system. This study was based on

the perception that statutory child protection is not solely responsible for responding to children's issues. Consequently, formal networks were broadly understood as including child welfare organisations, schools, municipalities, police, and other institutions surrounding the children, while informal networks – very important recourses of help – consisted of family members, relatives, friends, or strangers. However, some findings suggest that a focus on the parental misuse often leads to children remaining invisible to those who are meant to ensure their welfare (Kroll, 2004). Moreover, it is essential to understand the experiences of children who come to the attention of social care but are classified as “in need” rather than “at risk” (Adamson & Templeton, 2012). In this respect, our study focuses solely on children already within the statutory child welfare system due to parental alcohol or/and drug misuse.

In order to promote children's well-being, it is essential to analyse their own perspectives, based on how they perceive their role in the social service system and how specialists (social workers, child rights specialists, teachers, psychologists, and other professionals) help children to overcome the difficulties that result from having substance-misusing parents. The Lithuanian Law on Social Services (Lietuvos Respublikos Seimas, 2006), which regulates the management of social services for different target groups (the disabled, elderly, social risk families, children who are taken into care), stipulates that families with children where parents misuse alcohol or drugs have to be included on the List of Families at Social Risk by the Child Rights Protection Department. According to the legal definition, social risk families include parents with substance-misuse problems, lack of social skills, and improper care of children. The municipal social workers from the Social Services Centre and the child rights specialists from the Child Rights Protection Department have a duty to work with these families. Social risk families (both parents and children) should be provided both general services (counselling, information,

mediation, etc.) and special services (development of social skills, support, temporary accommodation, etc.). Social workers and child rights specialists work with social risk families to prevent children from being taken into care and to ensure the children's well-being. A municipal social worker assigned to a family also liaises with psychologists, social pedagogues, and class teachers to get more information about the children or to implement an assistance plan (Lietuvos Respublikos Seimas, 2006). While municipal social workers and child rights specialists could be understood as the main experts working with the issues of social risk families, other professionals also have an important role. Consequently, when parental alcohol misuse is officially recognised, all these specialists need to perceive their role in helping the children to disclose alcohol-related harm. This they can achieve by studying the daily lives of children who live in families with substance-misuse problems (alcohol, drugs, or both) and their experiences about the assistance and support provided.

The objectives of this article are: (1) to learn to whom children disclose experiences of harm caused by their parents' or carers' substance misuse, (2) to show whether professionals enable children to disclose this harm, and (3) to highlight what kind of assistance they provide after disclosure of harm.

## Methods

### Design and participants

Our study attempts to understand children as social actors and competent research participants who are constrained by adult structures and related localised practices (James, Jenks, & Prout, 1998; Morrow, 2008). The study is based on semi-structured qualitative interviews with children (see Table 1 for the participants' demographic backgrounds). The sample consisted of 23 Lithuanian children from families with alcohol or/and drug misuse selected from the list of families at social risk (see sampling section), which means that the families were

**Table 1.** Participants' demographic backgrounds (total number of participants  $N = 23$ ).

	<i>N</i>
<b>Age group (years)</b>	
8–9	2
10–11	7
12–13	3
14–15	3
16–17	5
18	3
<b>Sex</b>	
Female	18
Male	5
<b>Living</b>	
With both biological parents	4
With single parent	5
With biological mother and her partner	10
Independently	4
<b>Drinking or drug use</b>	
At least one heavy user within family	23
Both carers	9
Alcohol misuse within family	20
Alcohol and drugs misuse within family	3
Children use alcohol or drugs themselves	3

supervised by the police and the child protection services, and were also supported by social workers. Of these children, 19 were living in families at social risk, two in independent living homes (previously in families at social risk), and two were living independently (previously in families at social risk before attaining the age of majority (18 years in Lithuania)). The children, all living in Lithuania, were 8–18 years old; 18 were female and 5 were male. Parental alcohol misuse was the most common issue within families, but three children had experience of living with parents who misused both alcohol and drugs. In addition, three children had experience of using alcohol and drugs themselves. All children who participated in the research were from different families and were not siblings.

### Sampling and ethical issues

The main selection criteria were that the children had lived with parents who misused alcohol or/and drugs and that the family had therefore been

listed as being at social risk. For all the interviews with children, written consent was obtained from the parents, the children, and the Social Services Centre of Kaunas Municipality.

Gaining research access to children was a complex process with different stages. Firstly, the Social Services Centre of Kaunas Municipality gave written consent for access to social workers working with social risk families. At this stage, we provided detailed information about the research aims and procedures, ethical issues, anonymity, and confidentiality to the gatekeepers (Director of Social Services Centre, municipals social workers, child day centres).<sup>1</sup> The social workers of Kaunas municipality became the main gatekeepers of access to the children: they informed parents about the possibility of taking part in this study. Overall, 31 parents verbally agreed that their children could participate in this study, but five later changed their minds (never answered the phone or did not turn up at an arranged time). The remaining 26 parents signed the informed consent form after having been given detailed information about the research. According to the social workers, parents whose children had been taken into temporary care and had since been reunified were more likely not to let the children be involved in the research. Parents who were visited by social workers but whose children did not attend child day centres commonly did not agree to participate or to give an informed consent initially, and in the end avoided maintaining contact. It was not clear how many parents refused to give consent to social workers; the research topic was a sensitive issue both for the parents and the social workers (who already knew that we were going to ask children about the assistance and support given by social workers).

The children were recruited after their parents had given written consent. Parental consent was not legally needed for four children aged 17–18 years; they were approached after they had given verbal permission to the social worker. Informed consent was received from all the children after they had been informed about research aims, ethics, and procedure. As

a whole, 26 informed consents were signed by parents, and the children themselves agreed to participate in this research, but in the end, six boys and one girl refused to participate in the study without any clear explanation. The study therefore came to involve 23 children in total.

Because of the sensitive nature of the interview topic, the children were told that anonymity would be guaranteed (their real names would not be mentioned anywhere), as would confidentiality. The children were given pseudonyms to protect their identity. Two children requested that the interview not be recorded because of a fear that someone might find the interviews and listen to what they said. For their security and confidence, the interviews were not recorded, but the interviewer took notes.

Confidentiality, anonymity, and protection dilemmas arose in two cases where serious harm was disclosed only to the researchers. In these cases we discussed with the children a possibility to seek professional help. Both children (girls) agreed that the researchers would inform the social worker about their need for help, and further professional help was provided.

Chocolate was given to the children after the face-to-face interviews. The children were not informed about the chocolate before the conversations. Where children were interviewed via Skype, we showed our gratitude by thanking them for the conversation.

### *Data collection procedure and analysis*

Twenty-one interviews were performed face to face, 19 of these in child day centres where the staff ensured confidentiality by providing a private room. One interview was undertaken in a cafe, one at the university, and two via Skype (because of the geographical distance).

The authors conducted the interviews between November 2016 and April 2017, and each interview lasted on average 55 minutes. The interviews started with general questions about the child's age, school, and family life, before moving to questions about the parents' alcohol misuse, the troubles experienced, and

the children's experiences about the disclosure of their troubles to others. In order not to leave the children with negative emotions (after talking about their problems, ineffective institutional responses to the experienced harm, etc.) and without any positive turns, the interviewers devoted the end of the interviews to possibilities for seeking help as well as to inquire about the children's aspirations, desires, and dreams. The interviews concluded with references to well-known Lithuanian politicians, writers, singers, and actors, who had disclosed their experiences of growing up in alcohol-misusing families and still went on to achieve great things in life, giving the children some hope to cling to.

We used thematic analysis as a descriptive qualitative approach (Braun & Clarke, 2006). As the data analysis was recursive, both authors re-read the transcripts many times. Preliminary coding was undertaken, and relevant data extracts were identified (such as alcohol-abusing parents' behaviour, children's feelings, children's problems in the face of parental alcohol or drug misuse, and institutional responses to children's issues) and grouped within themes related to the research questions (disclosure of alcohol-related harm to informal networks, disclosure of alcohol-related harm to formal networks, and the specialists' role in the disclosure of alcohol-related harm to children and the provision of assistance). Coding was undertaken, and themes were identified and reviewed in relation to the coded data and entire data set. After identifying potential themes, we identified and coded illustrative quotations in the text below the themes. Illustrative quotations from the interviews with children allow the reader to better understand the children's perception.

The study protocol was approved by Vytautas Magnus University (PR-S-08-01/01).

## **Disclosure of alcohol-related harm to informal networks**

### *Keepers of family secrets*

Children found it difficult to reveal the struggles they experienced at home related to

maltreatment and violence. They were reluctant at first to initiate conversations and sometimes hid their problems: "I don't show that something's wrong with me. I don't show it" (Lėja, 13). Shame and fear constrained the children: "I was very afraid to tell anyone about the situation at home. I feel ashamed" (Ainė, 16). They feared their parents or carers because they "Could scold, beat" (Domas, 14), or felt a sense of shame. This is similar to associative stigma in society: "I couldn't tell anyone, because I'm ashamed" (Irma, 15). Associative stigma may be defined as a discrediting and disgracing mark solely caused by the relationship with another stigmatised individual (Cathoor et al., 2015; Larson & Corrigan, 2008; Link & Phelan, 2001), in this case, the parents of the children. Due to the stigma, children may be afraid of being judged or disrespected or may feel ashamed (Moore, Noble-Carr, & McArthur, 2010). Fearing the reaction of others, they kept a family secret to themselves, even in the most difficult situations: "Well, I'm not very willing to tell, not even a friend. It's not good if they know too much; she can laugh. She's my best friend" (Tina, 14). Fear also emerges from the perception that the children will not be understood by the people related to them. While they felt that disclosure of neglect and violence might result in even greater parental violence – they "might get punched in the face for telling this . . ." (Ignas, 16), they also feared that social workers might reveal their problems and place them in a child care institution – they "might take us from mum" (Asta, 14).

### *Disclosure of harm to informal networks: Family members and relatives*

In relation to parental drinking, the children's social relationships within the family and with close relatives are often limited. Some of the parents, especially mothers, had no social connections with the children's biological fathers and relatives. In some cases grandparents also misused alcohol.

The children's relationships with their parents, brothers, and/or sisters varied as well. Children who experienced difficulties and who still had close family ties were able to share their problems with siblings, grandparents, aunts, etc.: "When I was younger, if I was sad or disappointed because of my grandfather's drinking, we talked about this with my grandmother and then we both felt better" (Algis, 18). However, there were also opposite experiences, particularly when one sought help from an older brother/sister instead of the mother. In one case the mother's efforts to protect the family secrets made the children feel betrayed:

... I had better talk with my sister. I remember when the bruising was gone, mum took me to see the doctor, because I was often ill with pneumonia, and the doctor asked where I got these scars. And mum said that I fell down the stairs. I was so hurt that she lied. (Rasa, 16)

Research data revealed that while some mothers actively covered the behaviour of the child's offender behaviour and put pressure on the children not to talk about their private family lives, there were also other kinds of experiences of a mother protecting her children from a violent and drinking husband: "Mum doesn't let him beat us. He wanted to beat my older brother, but mum protected him. Then dad did the same to mum that he wanted to do to my brother" (Lėja, 13). Research participants in families where one parent took care of the children and rarely or never drank alcohol tended to talk about their problems more than those from families with two heavy drinkers. Also, children were more willing to seek help if relations with relatives were maintained:

If something is wrong I communicate with my relatives: grandmother, mother's sister, older brother. (Méta, 13)

I haven't told anyone about my troubles, but I kept talking to my sister and I became happier. (Justè, 11)

These relationships were clearly significant for children's emotional well-being, but it was more common for relatives not to interfere in private family lives.

### *Disclosure of alcohol-related harm to friends: Will anyone react?*

Emotional support from friends had a tremendous impact on children from alcohol-misusing families. Friends with similar experiences were those with whom family secrets were typically shared, enhancing mutual understanding and trust, but not all children were able to build strong friendships or had siblings. Some parents forbade relationships or stigmatised the children from alcohol-misusing families: "... my friend's mother called me over and told me that I couldn't be friends with her, because I'll be the same as my mother" (Aisté, 17). The disclosure of the child's problems to friends is related not only to listening but also to active support: "Well, my classmate told her mum, so her mum told me that I can come over if something happens" (Ainë, 16). However, such examples were rare and generally illustrate a lack of support. The disclosure of problems was significant for the children, who thus perceived a sense of community. The sharing of their experiences made it easier for the children to overcome their struggles. Having friends helped children, especially when their parents were misusing alcohol at home and told the children to stay out, sometimes for long periods of time. The possibility for a child to come over and spend some time at a friend's home showed the child that there was help available. This was identified as hugely helpful by the research participants. Neighbours had an opposite role, and most of them in fact appeared to prefer not to interfere in other people's private lives. For example, when the police were alerted, it was because of the noise rather than a child's neglect or abuse:

The police arrived because of the noise in our flat as my father was drunk and kicked everything and

yelled. However, our neighbours had seen many times before how my father shouted at me or my mum, but they just passed by without saying anything. (Aisté, 17)

## Disclosure of alcohol-related harm to formal networks

### *Schools knew, but did not try to help*

Family problems and children's concerns about parental drinking are a taboo subject at school. Research participants expressed clearly that they did not share their troubles with school staff or other students. Several reasons were given: the children did not trust the specialists not to tell somebody else and feared that the classmates would harass them if they found out: "... a shame. I don't believe that they won't tell anyone, because some of the kids can make fun" (Méta, 13). The children were also afraid of their parents' reactions: "... so parents will scold" (Justé, 11), or were reluctant to show their vulnerability: "... to say that I'm being hurt made me feel uncomfortable and unpleasant and they might think that I'm a liar" (Ainé, 16). The children's experiences with the school staff revealed that schools tended to "ignore" children's problems. Formally, schools should know which children have parents on the list of social risk, but the children's experiences indicated that they were invisible to this institution until their behaviour changed or they started to cause bigger problems. One 17-year-old research participant who faced neglect and abuse from her mother and the mother's partner until the age of 14 was "invisible" at school. She was doing well in primary school, but when she entered secondary school, she was bullied because of poverty, her clothing, and her mother appearing in public under the influence of alcohol. This girl was afraid to open up, to talk about her troubles, but was indirectly calling for help:

I stopped attending classes, started talking to teachers harshly and later started self-harming

during the lessons. I was showing how bad it was for me, and later, I started consuming alcohol and drugs at school. (Rita, 17)

Only after the girl was revived several times after repeated overdoses and put into a psychiatric hospital for suicidal tendencies, the doctors wrote a letter to the school and the school drew attention to her. Although the process of noticing this girl's problems had been long and difficult, communication with her psychologist was significant:

The psychologist was the person to whom I opened up. She helped me a lot, I had her phone number and was able to call her even at night. (Rita, 17)

It is particularly difficult for children to talk about the violence, abuse, and neglect they have experienced from family members. The child's trust must be won. For example, when the school's psychologist invited a girl to talk about her worries, an atmosphere of sincerity and a genuine interest in the child's issues encouraged the girl to disclose her experience. This shows what a harmed child needs in order to accept help. According to several children's experiences, the key person can be any specialist (in their cases a social worker or a psychologist). Unfortunately, other participants rarely received help from school staff. A more typical case is the boy who was put under his grandparents' care because of his parents' misuse of alcohol and drugs. His grandfather had alcohol problems, too. The boy did not receive help in time and was most often admonished by the school staff or the police for delinquent behaviour (misusing alcohol himself and not attending the school) instead of any real attempts to find out the reasons for this behaviour. He did not disclose his family's problems (especially about his grandfather's drinking and the abuse suffered by his grandmother). The relationship between him and the school staff was limited to moralisation on the part of the school.

The experiences of children who struggled to cope with problems caused by parental substance misuse can be summarised by this quotation: "I think that nobody at school wanted to know that I don't feel good in my family" (Rasa, 16). Children's experiences revealed that the prevailing tendency of school staff – mentors, social educators, and psychologists – is mainly not to delve deeper into the difficulties these children are experiencing:

The class mentor only asked how many family members there are and if the parents are divorced. That's all. She knew, but she neither tried to help nor was she interested in it. She said that I was acting out because of my age. (Rita, 17)

The children's personal problems caused by their parents' misuse of alcohol therefore tend to stay unnoticed. All these children attended school and for many years struggled with various problems related to parental alcohol misuse, but few had good experiences of help being provided by the school personnel. It was more common to concentrate on learning difficulties or behavioural problems without any analysis about the children's living conditions or their relationships with their parents.

## Specialists' role

### *Role of municipal social workers in children's lives*

When a family is listed as a social risk family in Lithuania, a social worker from the Centre for Social Services is appointed by the municipality to work with them. We asked children to describe how they perceived the work of social workers as well as their own personal experiences. Not all research participants had had contact with social workers or their contact had been limited. Only one girl stated that the social worker appointed to her family was helpful and that the help was connected to the poverty experienced by the family: "...we didn't have money, so she came and said: let's go to the

shop to buy some food" (Ieva, 12). Another positive experience was associated with Christmas charity events: "The social worker brought presents, made a dream come true" (Ignė, 13); "She gave us presents at Christmas" (Ramunė, 12). A more sinister subtext was that children were afraid of the social workers' visits, afraid of being taken into care and losing their families. It can be assumed that these specialists were sometimes seen as "punishers". In these cases, disclosure of one's problems or opening up is a challenge. Also, children often felt that the social workers were not interested in or did not observe the problems of children while visiting families. And indeed, Lithuanian social work with families is focused on adults:

The social worker really never asked me, only talked to mum. (Jurga, 15)

Talks about repairs and leaves. (Justina, 12)

Talks to mum, asks if she's looking for a job... about work... Looks around if it's clean. Looks around and leaves. (Aida, 12)

The specialist's attitude towards the parents under the influence of alcohol was formal and not oriented towards the protection of children. The social workers usually concentrated on adults, excluding children from any participation in the decision-making process, which nevertheless affected them. This prevented children from opening up about their worries, constrained them, and hindered any effective help or protection. None of the respondents had any memories about a social worker trying to make contact with a child. The contact was limited to formal communication, such as asking for the child's Christmas wish.

### *The police: Trapped by bureaucracy*

The police would come to the homes of the research participants for several reasons: parental drinking and violence, and also because of the children's behaviour. Children who had communication problems in childhood were consistently more likely to start using alcohol



or drugs, not to attend school, and to get into trouble with the police sooner or later. Six children out of the 23 were known to police for their personal behaviour. Typically in their interactions, pressure was put on the children to meet certain obligations: “Well, they were pressing me to fulfil obligations. They were threatening me. I was coming back to my friends and continued to use alcohol and drugs” (Algis, 18). In this case, the obligations referred to the child’s formal commitment – laid down in official police documents – not to offend, which included not using alcohol or drugs. Children had also been called to have formal conversations with school social workers or directors about the threat of expulsion from school for inappropriate behaviour. However, as this excerpt of the interview shows, police sanctions or threats from the school were ineffective. They neither helped the children to solve their problems nor did they help the police or school staff to prevent the children’s inappropriate behaviour. Another research participant whose mother was misusing alcohol approached the police herself. Her experience and the unprofessional police response are illustrative:

And when the police came, did they see the child’s living conditions and how did they pay attention to the children?

Only filled out the documents and put the child into the care of the grandmother.

And was the grandmother sober?

No.

And the police left you there?

Yes.

Was at least one of the adults sober?

Well no, nobody there was sober. (Aistė, 17)

This shows not only the difficult conditions under which the children are living, but also the neglect of an institution leaving children in precarious situations. The formal, adult-centred approach used by the police and other services consisted mainly of arriving on the scene after being called out and filling out documents.

Specialists (police officers with social workers) would make decisions about the situation of the children, but would not consult the children. Moreover, a typical encounter with the police was associated with family violence. But even then the children would not be offered help from a psychologist or any other assistance to reduce the shock they had faced:

Did anybody call the police?

Yes.

It helped?

They called an ambulance, and the one who hit [injuring the mother’s head] was taken away by the police.

And who was looking after you, the children?

They left us with the grandmother.

Did they speak with you?

No. Only with adults, filled out the papers and that’s all. (Saulė, 12)

Policing, too, is thus focused on adults, and in cases of violence children remain on the margins without any psychological help or having anyone taking into account their difficult life conditions.

## Discussion

### *Disclosing a parental substance-misuse problem*

Drinking often results in harm not only to the drinker but also to others with whom the drinker has social connections (Laslett et al., 2015; Room et al., 2010). In this study we looked into the situation of children struggling with harm caused by parental or carers’ substance misuse. The main focus of the study was on the disclosure of this harm in formal or/and informal networks from the child’s perspective. The children revealed whether and how they had been seen and noticed and what concrete actions had been taken to help them. All children who participated in this study grew up in social risk families due to alcohol or/and drug misuse (Lietuvos Respublikos Seimas, 2006). All had contact with professionals from many

different institutions. Some of the professionals, such as child rights specialists or municipal social workers, had a legal duty to work with the families. We also studied the children's interactions with other practitioners, such as school staff, police officers, doctors, and psychologists. The official social-risk-family status and the interaction with different professionals had not prevented the children from facing different types of alcohol-related harm. This indicates that the maltreatment of children may occur even when statutory organisations work with the family. Similar insights have also been found in other studies. Moore et al. (2010) discovered that young people living with parents who used alcohol and other drugs did not receive the level of support that they and their families required. Kroll (2004) has highlighted that the focus on the issues of the drinker often leads to children remaining "invisible" to those who are meant to ensure their welfare. Adamson and Templeton (2012) described these children as a hidden group: many live with parents who have different addictions, and many remain under the radar. In our study, all children were known to the statutory organisations as living in substance-misusing families. However, the results show that the disclosure of parental substance misuse does not directly imply the disclosure of children's alcohol-related harm or that they will receive proper help.

It can be hard for children to talk about parental problems (Werner & Malterud, 2017) due to a sense of shame related to substance-misuse problems. There may be a feeling of social stigma, reluctance to reveal family secrets, or an aspiration to protect parents (Benton, 2007; Holmila, Itäpuisto, & Ilva, 2011; Tunnard, 2002). In our study, younger children in particular (aged 8–15 years) cited similar reasons for their silence. Older children admitted that a "don't talk" rule was closely related to a lack of encouragement and support from their environment. This clearly reduced their efforts to reach out for help. The findings also concur with those of Werner and Malterud (2016), who argue that children tend to hide problems for

several reasons: they may have experiences of being betrayed by adults and professionals (especially school teachers) and they aim to live like a normal family. There are some insights that children's ability to uncover harm is related to a professional's ability to see, observe, and hear the child (Adamson & Templeton, 2012; Allnock & Miller, 2013).

The study participants' experiences show that alcohol-misusing parents sometimes use their authority not in the interests of their children but to prevent the disclosure of drinking and child maltreatment problems. Smart (2011) has highlighted that children may be recognised as the most powerless family members, so their adaptation to family rules is a way of accommodating conflicting values. Because of their dependency on the parents in all respects, the children often do not even have such a choice. We found that children had been made to lie about physical violence or that there had been threats to hurt them if they reported physical violence perpetrated against them. Crucially, children were afraid that if they told someone about the family situation, the disclosure would lead to further abuse. This was a central inhibiting factor of disclosure, especially in families where both parents were misusing alcohol or one of the parents actively covered for a child's offender who was abusing alcohol.

Our study showed that the harm to children caused by alcohol-misusing parents was not usually hidden from other members of the family. Rather, the harm was self-evident. In these cases, the relatives most typically chose not to interfere in the private family life. As many participants in our study faced parental emotional neglect, few said that they had the opportunity to talk about their experiences with adult family members (grandmother, aunt, uncle, mother, or father). Interactions with brothers and sisters were more common. Although our data come from a different cultural context, the factors arising from the family and restricting the disclosure of the children's difficulties are similar to those put forward by Allnock and Miller (2013). They recognised six barriers

which prevent children from disclosing harm: victims' feelings of isolation and loneliness; feelings of shame, guilt or embarrassment; development of barriers, as they did not know that what was happening was actually abuse; abuser's tactic as manipulation; a gap that "no one listened, no one asked"; and confidentiality of family problems.

Children who had strong social relationships with protective mothers, and those who had mothers defending them against alcohol-abusing fathers more commonly did not disclose alcohol-related harm to specialists, because they feared for their mothers' safety. It is also more difficult for children to expose abuse if the offender is one of their parents (Hershkowitz, 2006; Hershkowitz et al., 2005). Sometimes children are locked in silence and find it difficult to unburden themselves to anyone (Barnard & Barlow, 2003). This can be attributed to associative stigma (Haverfield & Theiss, 2016; Tamutiené & Laslett, 2016). In our study, associative stigma was linked with a child's strong feeling of shame about parental drinking or drug use. The parents' inappropriate behaviour was something that the children did not want to talk about. Similar insights were found in a study by Werner and Malterud (2016) which analysed why children remained silent or did not initiate disclosure even though they were experiencing severe harm. Werner and Malterud found that disclosure would portray a negative image of an abnormal family, potentially offending their parents as well as the children themselves.

Also, children go unnoticed by professionals, because professionals allow this to happen: they do not ask or interview the children in a private environment and do not create trustworthy connections. Our research correlates with Gorin's (2004) discoveries in that the children wanted someone to talk to, someone who they trusted and would listen to them by providing reassurance and confidentiality. They were more likely to share their problems with such reliable persons in the informal network or

to the professionals who had "earned their trust". Such opportunities were exceptionally rare for our respondents. The participants in our study had been listed as coming from social risk families and knew in theory at least where to look for help. Still, there was a yawning gap linked to the relationships between the specialists and the children. Even when social workers visited families regularly, contact with children was limited. The children consequently had no trust in the social workers, who failed to create a safe environment for them to disclose their struggles and who made no active decisions to protect the child. With such findings, we have contributed to the evidence that some children do not disclose alcohol-related harm not because it is their active choice not to tell anyone about their problems, but because suitable conditions for them to talk about the problems are not created (Allnock & Miller, 2013; Hill, 2015).

Our study revealed two important factors that affect children's disclosure of alcohol-related harm. The first factor relates to the trust, the second to the inability to cope with the accumulated damage. Children tended to disclose alcohol-related harm caused by parental alcohol misuse to reliable individuals either from formal or informal networks who they respected and felt understood them. Those individuals were usually friends, siblings, or close relatives. There were also a few cases when a psychologist and a social worker from the school recognised a child's problems and helped them to overcome them, but these experiences were rare. The importance of the trust factor has been emphasised by other authors exploring the disclosure of maltreatment (Allnock & Miller, 2013; Lyon, Ahern, Malloy, & Quas, 2010; McElvaney, Greene, & Hogan, 2012). It indicates that alcohol-related harm to children may be revealed and reduced, but it is important for the children to be heard by professionals and authorities dealing with family problems (Holmila et al., 2011).

### *Limitations*

The social workers of Kaunas municipality became the main gatekeepers of access to the children. For this reason that they knew their work was being assessed, this may have influenced which children they contacted. This study provides qualitative insights into the experiences of school-aged children living with alcohol-abusing parent(s)/caregiver(s) in social risk families. Preschool-aged children were not included in our study. The majority of respondents were girls, so the experiences and findings are strongly gender biased. Informed consent was more frequently denied by parents and children who did not attend child day centres. The views of children who did not wish to participate or for whom parents did not give informed consent are not known and may be different.

### *Practical implications*

If we are to help children who grow up in alcohol-misusing families, we need to overcome the difficulties that they have with sharing their problems. Professionals who work with the families should try to create suitable conditions so that the children feel able to unburden their minds. They should also be able to identify the alcohol-related harm to the children and to recognise the safety issues in the children's social environment. These conditions include the respect of and attention to the child; initiating conversations without parents; and meeting the needs of both children and adults.

By using conversations with children, social workers and other professionals can both identify the harm experienced by the children and reinforce safety factors in the children's environments, especially the informal network of friends, relatives, and neighbours, who could get involved and offer help. As to the practice of the social services, it is not enough to work with the family if this work prioritises the parents only. It is necessary also to focus on the needs of the children so that they can be seen and heard in the system. Children need help that

is focused on them so that they can talk about their problems and try to solve them – where they can eat, do homework, take a shower, share experiences, and see that there are other children who face similar challenges. This would go a long way towards building the children's resilience.

### **Conclusion**

The analysis highlights that children's experienced harm due to parental substance misuse can be unrecognised even when a family is included in the statutory care and child protection system. There are thus no direct links between the disclosure of parental alcohol problems and the disclosure of children's experienced harm. Policy-makers and front-line workers should lower the barriers to children's disclosure of alcohol-related harm and refocus their strategies from risk assessment to the identification of protective factors. Professionals working with children from alcohol-abusing families need to have knowledge about how to approach children and how to support their transition into adulthood.

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## Note

1. Child day centres are services for minors growing in “dysfunctional” families. Services include: social and psychological counselling of children, free meals, material support according to the capabilities of the institution and the needs of the family, development of children’s social skills, assistance in preparing for lessons, assistance in solving learning problems, organisation of socially significant leisure etc.

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