

**EXPLORING THE EFFECTS OF PARENTAL SUBSTANCE ABUSE ON
PERCEIVED FAMILY WELL-BEING IN A SELECTED RURAL AREA
IN THE WESTERN CAPE PROVINCE**

A full thesis submitted in the fulfilment of the requirements

for the degree of Master in Social Work, in the Department of Social Work,

Faculty of Community and Health Sciences,

University of the Western Cape

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ABSTRACT

Substance abuse is a global phenomenon and a leading social issue that affects the user and the well-being of the user's family. Parental substance abuse in particular, has a negative impact on family well-being. South Africa is no exception and is rated by the United Nations as one of the countries in Southern Africa with the highest rate of substance abuse. The Western Cape has very high rates of substance abuse, and the effects on the abuser's family and community is of great concern for social and health practitioners.

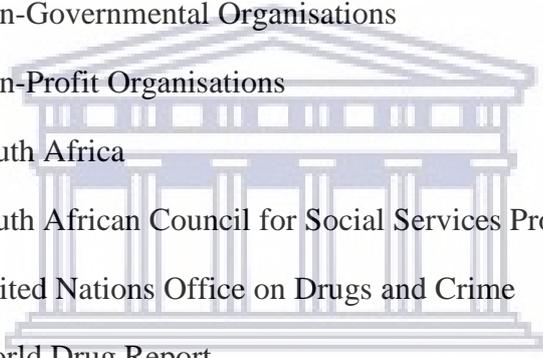
The aim of the study was to explore and describe the effects that parental substance abuse has on family well-being within a selected rural area in the Western Cape. A qualitative approach was followed, with a case study design, to conduct semi-structured individual interviews with 18 participants: six known substance-abusing parents, six family members of substance-abusing parents, and six social workers rendering social work services in the selected rural area. Data were analysed using Braun and Clark's (2006) six steps and resulted in three main themes presented.

Key findings are situated in the manifestation of substance abuse, the various effects on the individual, family and community, and how social work as a profession can intervene in terms of the levels of intervention. Recommendations are suggested in terms of social work practice, social work education, social welfare policy and for future research in the specific field.

Key words: Family, Family systems theory, Family well-being, Parent, Rural area, Substance abuse

ACRONYMS

CDA	Central Drug Authority
CPD	Continuing Professional Development
DSD	Department of Social Development
FST	Family Systems theory
GST	General systems theory
ISDM	Integrated Service Delivery Model
NDMP	National Drug Master Plan
NDP	National Development Plan
NGO	Non-Governmental Organisations
NPO	Non-Profit Organisations
SA	South Africa
SACSSP	South African Council for Social Services Professions
UNODC	United Nations Office on Drugs and Crime
WDR	World Drug Report
WHO	World Health Organization



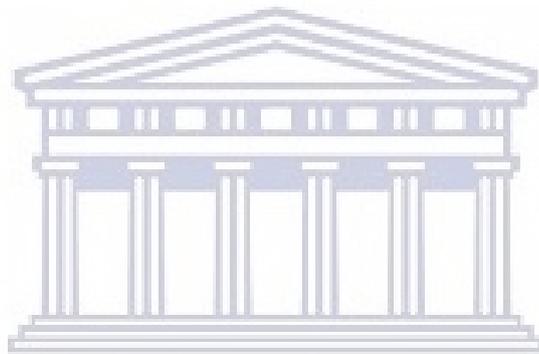
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DECLARATION

I declare that the study entitled '*Exploring the effects of parental substance abuse on perceived family well-being in a selected rural area in the Western Cape Province,*' is my original work; that it has not been submitted for any degree or examination at any other University, and that all the sources I have used or quoted have been indicated and acknowledged by complete references.

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Date: 06 July 2020



Signature:

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I dedicate this study to my son, Kayson Frans, who served as my motivation to further my studies and to set an academic example for him.

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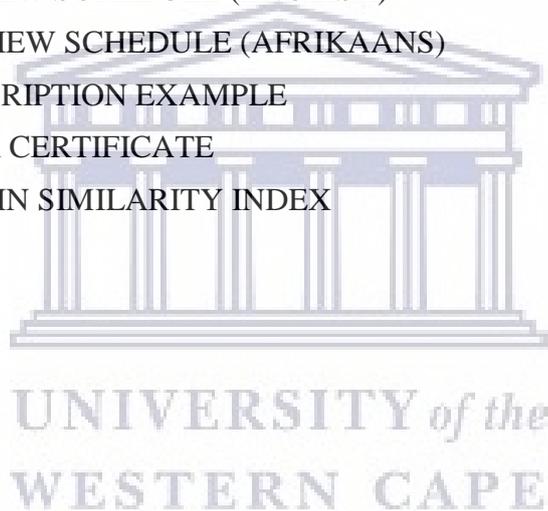
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CHAPTER 1

INTRODUCTION AND STUDY OVERVIEW

1.1 INTRODUCTION

Substance abuse is one of the most frequently researched topics worldwide. It can be linked to various social problems such as child neglect, domestic violence and criminal behaviour (Hughes, 2014; Murthy, Manjunatha, Subodh, Chand & Benegal, 2010; Swartbooi, 2013). The phenomenon has a diverse impact on the well-being of individuals, families and society (Jackson, 2012). Parental substance abuse has an even greater adverse effect on the family, especially children (Straussner & Fewell, 2011). This is particularly because parental substance abuse has a negative effect on parents' ability to fulfil their responsibilities towards their children, and can negatively affect familial attachment (Hughes, 2014; Kühn, 2016; Parolin & Simonelli, 2016).

International studies within rural areas have found that alcohol abuse is a major concern. In Iran, substance abuse within rural contexts has increased (Ziaaddini, Ziaaddini & Nakhaee, 2013). In rural Australia, studies found that farmworkers are more likely to drink excessively (56.9% males and 27.5% females) compared to the nation's average (20.5% males and 16.9% females) (Brumby, Kennedy & Chandrasekara, 2013). The World Health Organization (2014), found alarming alcohol consumption levels within the Sub-Saharan region of Africa. Uganda in particular was listed as one of the African countries with the largest proportion of hazardous drinkers due to risky alcohol consumption (World Health Organization, 2014).

In South Africa (SA), a study conducted in a rural area found that there were high levels of alcohol consumption and that excessive alcohol consumption during pregnancy remains common within the Western and Northern Cape (Lubbe, Van Walbeek & Vellios, 2017). In a

study with farmworkers in the Western Cape, binge drinking was seen as a norm (75%), especially over weekends, compared to the national average (47%) (Gossage, Snell, Parry, Marais, Barnard, De Vries, Blankenship, Seedat, Hasken & May, 2014). A study in the Western Cape by Choi, Watt, Skinner, Kalichman and Sikkema (2015), found that substance abuse by parents precipitated child neglect, abuse and exploitation. This is also concurrent with the findings of Kühn (2016), that alcohol abuse by fathers is likely to lead to child neglect and domestic violence.

The researcher is employed at a non-profit organisation (NPO) that renders social services in the selected rural area where the study took place. The researcher therefore had the opportunity to observe the effects of substance abuse on several people through her professional engagement with clients in the community. She was mindful of the fact that during the apartheid years farm owners in this area had made use of the *dop* system, whereby farm owners paid workers with alcohol for their labour (Dykes, 2010). The researcher therefore became interested in this phenomenon and the effects on family well-being in this area. Thus, in this study, the focus was on the use of alcohol and drugs by parents in a selected rural area.

1.2 RATIONALE AND CONTEXT FOR THE STUDY

The study topic centred on parental substance abuse in a selected rural area of the Western Cape Province in South Africa. There is sufficient studies done internationally to show the extent of substance abuse in rural areas. The studies in Punjab (India) (Sharma, Arora, Singh, Singh & Kaur, 2017), rural Iran (Ziaaddini et al., 2013), the United States (Cucciare & Scarbrough 2018; Oser, Leukefeld, Tindall, Garrity, Carlson, Falck, Wang & Booth, 2011); Australia (Brumby et al., 2013), and Canada (Salm, Sevigny, Mulholland & Greenberg, 2011), all show that worldwide, rural alcohol usage patterns are increasing alarmingly.

In Africa, alcohol abuse seems to dominate in all rural parts of Kenya (Walt et al., 2013), in Zimbabwe (Cubbins et al., 2012), in Uganda (Nalwadda, Rathod, Nakku, Lund, Prince & Kigozi, 2018). Based on these cited studies in the African rural context, it appears that compared to drugs, alcohol remains the substance of choice.

In South Africa, the percentage of individuals indulging in risky drinking behaviour over weekends was higher in rural areas (38% males and 39.3% females) than urban areas (30% males and 29.5% females) (Parry, n.d). A study conducted with women in a rural wine producing area in the Western Cape found that high risk drinking among females (68%) was a major social problem (Ojo, Louwagie, Morojele, Rendall, London, Olorunju & Davids, 2010). Another study conducted with farm workers in the Western Cape found that 69% of these individuals were current drinkers and, of these users, 73% displayed characteristics of problem drinking when compared to the general population (McLoughlin, Little, Mazok, Parry & London, 2013).

In the Western Cape province, a study about alcohol abuse by farm workers on farms in the broader Cape Winelands region revealed that the majority of the participants did not see their alcohol consumption as a problem and that alcohol abuse was a norm within the community (Lesch & Adams, 2016). These authors argue that their study on how participants perceived alcohol abuse was one of the very few qualitative studies conducted with farm workers in the Cape Winelands. They emphasised the need for qualitative studies focusing on alcohol abuse with farm workers in the area (Lesch & Adams, 2016; Kühn, 2016). It is clear that in SA, and specifically in the Western Cape rural context, alcohol consumption seems to be more prevalent when compared to other substances.

These studies underscore the possible impact and effects on family well-being. The impact on the family will vary according to the substance being used, which family member abuses the

substance and their level of usage (Kühn, 2016). Studies have shown that parents who have a substance abuse problem were likely to have been exposed to substance abuse by their family or other related social issues such as domestic violence (Hughes, 2014; Parolin, Simonelli, Mapelli, Sacco & Cristofalo, 2016). Additionally, the impact of parental substance abuse may vary depending on whether it is both parents abusing substances or just one, quality of attachment between family members, availability of support systems and available resources for the family (Straussner & Fewell, 2011). Suikkanen and Virtala (2010:8) therefore assert that ‘parental substance abuse creates conflict and violence as well as a decrease in cohesion and parenting within a family.’ Various studies have identified the following common aspects due to parental substance abuse: family communication problems, conflict, chaos, unpredictability, inconsistent discipline of children, abuse, and breakdown of family rules or tradition (Straussner & Fewell, 2011). Furthermore, parental substance abuse has a direct impact on the parents’ emotions and their behaviour and it results in poor and inconsistent parenting (Miles, n.d). Due to parents’ often volatile emotions and moods, substance abuse interferes with the parents’ ability to develop secure attachments with their children (Suikkanen & Virtala, 2010). Parental substance abuse clearly has diverse effects on the family’s well-being and the matter therefore needs scrutiny.

Studies have indicated that children are generally at risk when they grow up with parents who have alcohol and/or drug struggles (Parolin, Simonelli, Mapelli, Sacco & Cristofalo, 2016; Straussner & Fewell, 2011). Children whose parents abuse substances are more at risk for issues such as neglect, maltreatment, abuse, lack of supervision and not having their basic needs met (Hughes, 2014; Smith & Wilson, 2016). According to Straussner and Fewell (2011), these children are more likely to display impulsive or careless behaviour, poor school attendance, or behavioural problems at a later stage. Parents’ inability to care for their children due to their substance abuse has an enduring effect on the overall development of children and family roles

(Hughes, 2014; Smith & Wilson, 2016). This is particularly the case where children have to assume the care of their parents and younger siblings at the cost of their own development. The consequence of this is that it effects the child's social development including their relationships with peers (Straussner & Fewell, 2011). Various studies found that children who endure a substance-abusing parent may experience difficulties in forging secure attachment and relationships, and may develop their own problems with substance abuse in the future (Herbert, 2015; Straussner & Fewell, 2011). The majority of children displaying troubled behaviour or who live on the street were members of families where substance abuse was prevalent (Setlalentoa, Pisa, Thekisho, Ryke & Loots, 2010). The effects and consequences of parental substance abuse on child well-being are therefore worth investigating.

The Prevention of and Treatment for Substance Abuse Act (70 of 2008) is the primary guiding policy in South Africa to combat substance abuse in South Africa (Dykes, 2010). Another influential policy in South Africa is the National Drug Master Plan (NDMP) (2013-2017). The NDMP specified the role that each government department plays in addressing the issue of substance abuse (The Department of Basic Education, 2013). The White Paper on Families (2012) promotes family well-being, family resilience and the overall strengthening of families (The White Paper on Families, 2012). It is evident that there are sufficient policies and legislations both globally and locally to provide direction for substance abuse intervention. Therefore, the manner in which these are translated into practice should be explored, particularly in the proposed area of study.

Social work interventions should be in line with policies and should include prevention, early intervention-, treatment- and reintegration services to individuals and families involved in or affected by substance abuse (The Prevention of and Treatment for Substance Abuse Act, 70 of 2008). These services should be in line with the Integrated Service Delivery Model (ISDM)

developed by the National Department of Social Development (Department of Social Development, 2005).

The theoretical framework that guided the study was the Family Systems Theory (FST). FST emerged from General Systems Theory (GST); developed by biologist Von Bertalanffy (1901-1972) by applying biological systems theory to understand the social world (Healy, 2014; Lander, Howsare & Byrne, 2013). GST focuses on the 'transaction' between a person and his/her environment, therefore issues such as substance abuse (as opposed to individual aspects), are viewed as socially and culturally produced (Healy, 2014). FST has used these key principles and its premise is thus that no individual can be understood in isolation, because they form part of a system that is interrelated and interdependent (Titelman, 2013). This theory therefore provided a framework for the current study in order to make sense of how parental substance abuse affects the family systems and how a family deals with the changes necessary to maintain a state of homeostasis (Lander et al., 2013).

1.3 PROBLEM STATEMENT

Substance abuse in rural areas is a worldwide phenomenon (Ramlagan, Peltzer & Matseke, 2010). The literature review has shown that substance abuse within the rural context has increased and alcohol is the main substance abused, specifically in African and South African rural contexts (Ramlagan et al., 2010). Research conducted in the Western Cape suggests there is a need for further research around substance abuse and the effects on the family (Falletisch, 2008; Gossage et al., 2014; Kühn, 2016; Lesch & Adams, 2016; Nqadini, Van Stade & Cowely, 2008). Studies have also suggested that parental substance abuse precipitates other social issues such as child neglect, abuse and domestic violence, with dire consequences to overall family well-being (Kühn, 2016; Lander et al., 2013; Shahrabaki, Shahrabaki & Kalantari, 2013). This is especially evident in the caseload of social workers (Strydom, Spolander, Engelbrecht

& Martin, 2017; Van Huyssteen & Strydom, 2015). The researcher, a social worker at a rural NPO with a large caseload, confirms that substance abuse precipitates other social issues as mentioned (Badisa Wellington Annual General Report, 2016).

It is evident that there is insufficient qualitative research on the topic and within the selected rural area in the Western Cape (Falletisch, 2008; Gossage et al., 2014; Jackson, 2012; Kühn, 2016; Lesch & Adams, 2016). The lack of research about substance abuse and the effects on family well-being in rural South Africa makes it difficult to formulate helpful interventions and policies (Gossage et al., 2014). Consequently, a concern is that within the selected rural area, the effects of parental substance abuse on family well-being are under-researched, and this further impacts an already vulnerable and under-resourced population. This study focused on the effects of parental substance abuse on family well-being in a selected rural area, because of the dearth of research in this community which has been historically associated with the *dop* system. The *dop* system was used during the apartheid era when farm owners paid their workers with alcohol (Dykes, 2010).

1.4 AIM OF THE STUDY

The aim of the study was to explore and describe the effects of parental substance abuse on perceived family well-being within a selected rural area in the Western Cape.

1.5 RESEARCH QUESTION

The importance of the research question was to explore and describe the phenomenon. With regard to the study, the main research question was: What are the effects of parental substance abuse on family well-being in the selected rural area?

1.6 OBJECTIVES OF THE STUDY

The objectives include the following:

- 1) To explore and describe the perceptions and experiences of substance-abusing parents regarding the effects of their substance abuse on the family's perceived well-being.
- 2) To explore and describe the perceptions and experiences of family members regarding the effects of parental substance abuse on the family's perceived well-being.
- 3) To explore and describe the social workers' views on the effects of parental substance abuse on family's perceived well-being.
- 4) To explore the social workers' views on appropriate interventions of parental substance abuse regarding the perceived effects on family well-being.

1.7 ORIENTATION TO RESEARCH METHODOLOGY

1.7.1 Research approach

A qualitative research approach was used with the aim of exploring and describing the identified phenomenon (parental substance abuse). According to De Vos, Strydom, Fouché and Delport (2011), qualitative research is subjective and focuses on the individual's in-depth experiences of a phenomenon. The researcher chose this particular research approach as it was the most appropriate way to gather thick and rich information to answer the research question and to obtain information on people's subjective realities (Creswell, 2014).

1.7.2 Research Design

Furthermore, the researcher made use of the case study research design. De Vos et al. (2011) argue that this design focuses on the study of a phenomenon by making use of one or more cases in a specific context. A case study involves the exploration of an issue (for example

parental substance abuse) within a bounded system (setting boundaries to frame the case). The case would be family well-being. Setting boundaries would be in terms of context (for example affected families in a selected rural area) and a period of time (for example collecting data during a specific time frame) (Babbie, 2016; Creswell, 2014; Denscombe, 2014).

1.7.3 Research setting

The research setting was the selected rural area in the Cape Winelands of the Western Cape. This agricultural area is essentially landlocked between the West Coast and Overberg coastal districts.

1.7.4 Research population and sampling

The research population is the large group of people about which a researcher is interested in gaining knowledge (Macnee & Mc Cabe, 2008). As this study consisted of three data sources, the research population mirrored three research population groups: namely, substance-abusing parents, family members of substance-abusing parents, and social workers who render services to these families within the selected rural area. This is a qualitative study and the researcher used non-probability sampling and the use of purposive sampling provided the most information about the topic (De Vos et al., 2011). The researcher initially targeted 10 families but reached data saturation at six substance abusing parents and six family members.

1.7.5 Data collection and data analysis

The interviewing method was used as the main data collection method to gather in-depth data (Creswell, 2014). Interviewing in qualitative research is viewed as one of the key methods of gathering thick data from the perspectives of participants (Creswell, 2014; De Vos et al., 2011; Terre Blanche, Durrheim & Painter, 2014). The researcher used semi-structured interview schedules (Creswell, 2014; De Vos et al., 2011) where a list of open-ended questions was used

as a guideline. The researcher also made use of email interviews with social work participants to follow up face to face interviews and to seek further clarity about a particular finding (O'Reilly & Dogra, 2017). The findings were analysed by making use of a qualitative thematic approach as proposed by Boyatzis (1998).

1.7.6 Validity and trustworthiness

According to Creswell (2014), qualitative validity and trustworthiness is where the researcher assesses the accuracy of the findings by following specific procedures. To ensure trustworthiness, the researcher used Guba's model (Shenton, 2004) which involves credibility, transferability, dependability and confirmability, as will be discussed in Chapter 4.

1.8 ETHICS CONSIDERATIONS

Ethics concerns a set of moral principles concerning right and wrong (De Vos et al., 2011). Ethics clearance was obtained from the institution's various Research Ethics Committees to conduct the research study. The following principles were followed: **Permission to access participants** through relevant institutions connected with the recruitment of possible participants. **Informed consent and autonomy** through consent forms and a participant information letter were provided to all the participants prior to data collection. **Confidentiality and anonymity** through keeping participants' identities anonymous and using pseudonyms. **Minimising emotional risks** through awareness of potential risks and emotional discomfort and arranging a professional counsellor for debriefing. **Storage of information** through firstly gaining permission for audio recordings and securing access to the recordings, which were stored electronically on a computer that is password protected.

1.9 CONCEPTUALISATION

The following are definitions of key concepts:

Abuse: The continuous or periodical excessive use of drugs or alcohol for non-medical reasons (Koob, Arends & Le Moal, 2014). This is important for the study as it conceptualises and clarifies the use of the term.

Alcohol abuse: A maladaptive pattern of drinking that can lead to clinically significant impairment or distress (Butcher, Mineka & Hooley, 2010).

Drugs or substances of abuse: This refers to harmful or hazardous use of psychoactive substances, including illicit drugs, alcohol, chemical or psychoactive substances that affect the central nervous system (World Health Organization, 2018).

Family well-being: Refers to a multidimensional concept encompassing different types of wellbeing: physical, social, economic and psychological. Thus, it refers to the overall quality of life of a particular family unit and to the well-being of the family in society (Wollny, Apps & Henricson, 2010).

Illicit drug: Refers to a substance where the possession, production and selling of such drugs is not allowed (Isralowitz & Myers, 2011).

Problem drinking: Refers to a sufficiently large consumption of alcohol that leads to health and social functioning problems (Rehm, 2011). During this stage the use of substances affects the individual on all levels; however, they have not yet reached the stage of dependency or substance abuse (Peltzer, Ramlagan & Satekge, 2012).

Rural: Refers to large areas normally characterised by low population, farming and fewer resources compared to urban areas (Atkinson, 2014). The selected rural area is characterised by farming and low population density.

Social Worker: Refers to a professional individual who renders social services with the aim of promoting the social functioning of individuals, families, groups and communities (Hornes, 2019; The White Paper for Social Welfare, 1997).

Substance abuse: The misuse and abuse of illicit drugs (e.g. marijuana, methamphetamine) and legal substances (e.g. alcohol, medication) that may be detrimental to the individual's overall well-being (World Health Organization, 2018). This stage is very similar to problem drinking, however during this stage the individual usually develops a dependency that is characterised by cravings and withdrawal when they stop the substance (Peltzer, Ramlagan & Satekge, 2012).

1.10 OVERVIEW OF THE DISSERTATION: CHAPTER OUTLINE

The research report consists of seven chapters as outlined in Table 1.1:

Table 1.1: Chapter outline

CHAPTER 1	<p>INTRODUCTION AND STUDY OVERVIEW</p> <p>This chapter focuses on providing a brief introduction to the research study as well as the background and rationale for the study. Here most aspects of the research study are introduced and briefly discussed to provide an overview and orientation to the study.</p>
CHAPTER 2	<p>THE LITERATURE REVIEW</p> <p>This chapter explores the literature related to the phenomenon being studied. It defines substance abuse and explains the effect it has on family well-being. Furthermore, the section also includes literature on social work substance abuse interventions and policies, and legislation about substances in South Africa.</p>

CHAPTER 3	THEORETICAL FRAMEWORK This chapter focuses on the theoretical framework used for the research study, namely systems and family systems theory, and specifically the relevance of the theory in terms of the study and its findings.
CHAPTER 4	RESEARCH METHODOLOGY This chapter explains the methodology used in this study. It also discusses the ethical considerations and limitations of the research study.
CHAPTER 5	RESEARCH FINDINGS (PART A) This chapter focuses on the research findings and presents the general themes, sub-themes and categories that emerged from the interviews from three data sources. A literature control is presented to compare the findings with previous study findings.
CHAPTER 6	RESEARCH FINDINGS (PART B) This chapter focuses on the type of substance abuse intervention rendered by the social work participants. A literature control is also presented to compare the findings with previous study findings.
CHAPTER 7	CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS This chapter focuses on providing conclusions, recommendations and limitation gained from the research study as discussed in Chapters 5 and 6.

1.11 CHAPTER CONCLUSION

Chapter 1 provided an orientation to the research study. The chapter provided a brief overview of the research study. An introduction to the background and literature was given regarding substance abuse and family well-being. The main aims and objectives of the research study were explained and the theoretical framework for the study was introduced.

It is evident that there is insufficient research on the effects of parental substance abuse on family well-being in the selected rural area in the Western Cape. The study will contribute

valuable knowledge in this specific field and can be used by service providers and policy makers to inform and plan interventions. The research findings can be of assistance to organisations to help plan appropriate intervention services.

In the next chapter presents an in-depth literature review regarding the phenomenon that was studied.



CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

A literature review is a necessary step in the research process where relevant literature on the specific research topic is reviewed, analysed and synthesised, with the aim of obtaining an in-depth understanding of the identified problem (Creswell, 2014; Cronin, Ryan & Coughlan, 2008). The literature review will thus provide a conceptual framework of the topic and previous research within the specific study (Kühn, 2016).

The study focuses on exploring the experiences of known parental substance abusers, family members and social workers in a selected rural area. Therefore, this chapter will focus on discussing what substance abuse entails. A historical overview will be provided about substance abuse in South Africa. Furthermore, the factors that influence substance abuse will also be expounded on. Lastly, social work interventions as well as legislation in relation to substance abuse will also be discussed.

2.2 WHAT IS SUBSTANCE ABUSE?

According to the National Drug Master Plan (2013-2017) substance abuse can be defined as the regular or excessive abuse and misuse of illicit or legal substances such as alcohol, over the counter medication, and illegal drugs such as methamphetamine and cocaine amongst others. The Prevention of and Treatment for Substance Abuse Act (70 of 2008) defines substance abuse as sporadic or sustained, excessive use of alcohol or drugs which includes the unlawful usage of substances. McLellan (2017) defines substance abuse as any psychoactive combination with the potential to cause health as well as social problems, that are used often or used over a period of time. Smith, Dart, Katz, Paillard, Adams, Comer, Degroot, Edwards, Haddox, Jaffe,

Jones, Kleber, Kopecky, Markman, Montoya, O'Brien, Roland, Stanton, Strain, Vorsanger, Wasan, Weiss, Turk, and Dworkin (2013) defines substance abuse as the improper and intentional use of alcohol or drugs to achieve a euphoric effect that is not required by any medical diagnosis.

As seen from the different definitions, the main characteristics point to the relationship between substance abuse and excessive use of alcohol or drugs (including illegal substances) for non-medical reasons.

2.2.1 Substance abuse, addiction and dependency

The terms substance abuse, addiction and dependency are often used interchangeably, but a distinction can be made between the terms. As discussed above, substance abuse refers to the problematic usage of substances; this can be viewed as a milder or less severe form of substance usage than dependency and addiction (Szalavitz, 2016). A consequence of substance abuse is that it can lead to dependency and addiction, where the individual develops cravings for the substance and may feel that he/she will do anything to obtain the substance (Dykes, 2010; Szalavitz, 2016).

The Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM 5) has categorised substance abuse under 'substance-related disorders' that encompasses 10 groups of drugs (DSM 5, 2013). In this instrument, substance-related disorders are separated into two categories, namely, substance use disorders and substance-induced disorders. Substance use disorders refer to the negative effects of the continued substance abuse over time that can result in addiction (Scott, 2015). Substance induced disorders refer to the immediate effect that is experienced and includes intoxication and substance withdrawal, as well as psychotic (such as hallucinations) and depressive disorders (such as depression) (Scott, 2015).

The term dependency refers to being physically dependent on a substance (Fleury, Grenier, Bamvita, Perreault & Caron, 2014). Dependence develops when the user's body physically adjusts to the substance being used and requires more in order to achieve a desired effect (tolerance), and experiences physically unpleasant withdrawal symptoms when the body is not receiving the substance (Baconi, Ciobanu, Vlăsceanu, Cobani & Negrei, 2015). The DSM 5 places abuse and dependence together but calls it 'substance use disorder'. It combines abuse and dependence into one single disorder of graded clinical severity (Baconi et al., 2015).

The term addiction is the more severe form of substance usage and it occurs after dependency. The word addiction emanates from the Latin word *addicere*, which refers to 'bound to' or 'enslaved by' (Potenza, 2006:142). According to the National Institute on Drug Abuse (2015), and Koob, Arends and Moal (2014), addiction is a brain disease that affects the brain's functioning and is also characterised by intense cravings and uncontrollable substance usage despite knowing the negative consequences. Addiction is a learned disorder that occurs as a result of patterned substance usage (McLachlan & Starkey, 2012; Potenza, 2006 Szalavitz, 2016).

As seen in the discussions above, substance abuse is viewed as the early stage of dependency and is characterised by problematic and harmful substance usage. Dependency develops after frequent substance abuse, where the user becomes physically dependent on the substance. After dependency stage, addiction can develop. Addiction involves changes in the brain as well as changes in behaviour. Addiction can encompass both physical and mental reliance on substance use.

2.2.2 Classification of drugs and substances

In this section, the focus will be on providing brief information regarding the various substances that are pertinent in the selected area. This information will provide a clearer

understanding of the substances which in turn will promote better understanding of its effects on the family.

Substances in this context refer to any psychoactive or chemical substances that are likely to be abused; these can include tobacco, alcohol, over the counter drugs, prescription drugs and illegal substances (Prevention of and Treatment for Substance Abuse Act no. 70 of 2008).

2.2.2.1 Drugs

According to Zastrow (2000: 270), 'a drug is any habit-forming substance that directly affects the brain and nervous system.' It impacts the individual's mood as well as the way they see things (Dykes, 2010). According to Edelfield and Moosa (2012), drugs are either natural products or manufactured substances that influence the way we feel, think and behave. Drugs can be categorised into central nervous depressants (downers), stimulants (uppers) and hallucinogens. These three categories will be discussed, along with further explanation regarding the pertinence of each substance in the selected area:

- a) **Central nervous depressants (downers):** This refers to substances that slow down the performance of the nervous system and brain (Jackson, 2012). This includes marijuana and mandrax that are commonly used in the selected area. The usage of marijuana in rural is very pertinent as the findings of Mpanza (2014) indicate that *dagga* remains one of the most accessible substances within the South African rural areas.
- b) **Stimulants (uppers):** These substances speed up the functioning of the brain and nervous system and increases alertness (Jackson, 2012). This includes methamphetamine. A study by Morojele, Myers, Townsend, Lombard, Plüddemann, Carney, Petersen Williams, Padayachee, Nel and Nkosi (2013), suggest that methamphetamine usage within rural areas is gradually increasing.

- c) **Hallucinogens:** These substances hinder the performance of the brain and nervous system, resulting in a distortion of reality, and may include hearing or seeing things that are not there (Jackson, 2012). This includes magic mushrooms and lysergic acid diethylamide (LSD). These substance is not commonly used within the Western Cape or in the selected rural area (Dada, Harker-Burnhams, Erasmus, Lucas, Parry & Bhana, 2019).

As seen in the discussions above. Drugs can be classified into three different categories. The most common central nervous depressants (downer) used is marijuana. Methamphetamine usage as a stimulant (upper) has increased in the Western Cape and in rural areas. The use of hallucinogens remains low within the Western Cape and in the identified area (Dada et al., 2019). Thus, the implications are that regular use of downers and uppers can have adverse effects on the user, the family and the society at large.

2.2.2.2 Alcohol

Within SA, and in particular within the Western Cape, alcohol abuse is the main substance of abuse in urban and rural areas (Harker et al., 2008; Morojele, Myers, Townsend, Lombard, Plüddemann, Carney, Petersen Williams, Padayachee, Nel & Nkosi, 2013; Myers & Pasche, 2012). Alcohol hinders the individual's memory and coordination as well as their senses (Edelfield & Moosa, 2012). Excessive alcohol drinking affects the individual's speech and thinking patterns as well as their body's balance (Edelfield & Moosa, 2012).

Some view alcohol as a stimulant (for example) but, according to Edelfield and Moosa (2012), it is actually a depressant as it slows down the individual's central nervous system and heart rate. Binge drinking, which refers to drinking a lot of alcohol within a short period, can be dangerous as it can cause poisoning or even a coma (Edelfield & Moosa, 2012).

Many studies have indicated that alcohol abuse in South Africa is more prevalent amongst males than females (Harker et al., 2008; Morojele et al., 2013; Peltzer & Phaswana-Mafuya, 2018). However, other studies indicate a higher prevalence of problem drinking among females in the Western Cape (Dada, Harker Burnhams, Laubscher, Parry & Myers, 2018; Ojo et al., 2010). This is especially prevalent in the number of FAS cases in rural areas in the Western Cape (Harker et al., 2008; Ojo et al., 2010). Rural farming communities in the Western Cape have been widely researched on the topic of foetal alcohol spectrum disorder (FAS) and estimated rates of problem drinking are 68% for current drinkers who were classified as at risk drinkers (Ojo et al., 2010). In another study by May, Blankenship, Marais, Gossage, Kalberg, Barnard, De Vries, Robinson, Adnams, Buckley, Manning, Jones, Parry, Hoyme and Seedat (2013), the findings suggest that between 46% and 49% of FAS cases originate in the rural areas. This is also confirmed in a study by the United Nations Office on Drugs and Crime (2017), which indicated that people residing in the rural areas of South Africa, especially people who are poor, have a higher prevalence of binge drinking and this drinking is linked to FAS.

Alcohol abuse also creates a heavy burden on the country's health system as many transport injuries has been linked to alcohol usage (Myers & Pasche, 2012). Furthermore, the Department of Community Safety (2014) indicates that 35% of crimes in the Western Cape can be linked to substance abuse. Another research study indicated that drug-related crimes increased by 2.4% since 2015 until 2017 (Nyabadza & Coetzee, 2017). Findings have also indicated that alcohol-related deaths due to violence was higher in Cape Town in 2004 (54%) (Harker et al., 2008). A more recent study by Nyabadza and Coetzee (2017), indicates that alcohol abuse creates a ripple effect in communities as it increases the number of drug-related crimes as well as sexually transmitted infections. Studies have indicated that people who abuse alcohol are less likely to practice safe sex (Harker et al., 2008; Olley, Seedat, Gxamza, Reuter & Stein,

2005; Rehm, Shield, Joharchi & Shuper, 2012). Thus, alcohol abuse is linked to deviant behaviour such as risky sexual behaviour, which can result in sexual transmitted infections and HIV (Wechsberg, Myers, Kline, Carney, Browne & Novak, 2012).

Alcohol use within South African rural areas has been studied by various authors (Chauke, Van der Heever & Hoque, 2015; Kühn, 2016; Onya, Tessera, Myers & Flisher, 2012). The findings of Kühn (2016) indicate that alcohol usage within rural areas in the Western Cape remains problematic. Other research findings indicate that current alcohol usage patterns within South African rural areas can be linked to apartheid and the *dop* system (Daniels, 2017; Gossage, Snell, Parry, Marais, Barnard, De Vries, Blankenship, Seedat, Hasken & May, 2014; London, 1999; Mudavanhu, 2013).

In summary, it is evident from the literature above that in rural areas, alcohol usage remains the main substance of abuse in South Africa. This in turn has negative implications for the judicial, welfare and health system of the country.

2.3 SOCIO-HISTORICAL CONTEXT OF SUBSTANCE ABUSE IN SOUTH AFRICA

The use of substances can be regarded as old as human history. It was used for medical, recreational and religious reasons (Van Niekerk, 2011). The following sections will provide an overview of alcohol as well as drug abuse within South Africa.

2.3.1 Alcohol

In SA, the use and abuse of alcohol dates back to the arrival of European settlers and the advent of the colonial period, when alcohol was exchanged for the goods and labour of the indigenous peoples (Schneider, Norman, Parry, Bradshaw & Plüddemann, 2007; Parry, 2005). These indigenous people consumed brewed drinks which soon became an important component of

social and religious gatherings (Schneider et al., 2007). Consequently, during the 19th and 20th centuries the wine and brewing industry grew tremendously (Parry, 2005).

Within the rural farming areas in parts of SA, alcohol was used as a means of paying farm workers for their labour, known as the *dop* (tot) system (Gossage et al., 2014; Schneider et al., 2007). According to Williams (2016), the *dop* system was used throughout the Cape Winelands and its origins can be traced back to the establishment of a slave society at the Cape of Good Hope from 1658, the Liquor Laws Commission of 1890, and the Labour Commission of 1893/1894.

The *dop* system was used by farm owners to control their workers and to induce them to work on farms (Setlalentoa et al., 2010; Van der Merwe, 2010; Williams, 2016). On various farms during the apartheid period, farm workers were provided with alcohol in the morning before they began work and also during breaks (Williams, 2016). They were also provided with alcohol at home as a further incentive (Daniels, 2017).

In the apartheid era, farm owners were traditionally white and farm workers were required to address them as ‘boss’ (Williams, 2016). This in turn created a sense of oppression and powerlessness particularly among the farm workers in the Western Cape (Cloete & Ramugondo, 2015). During that era, farm workers had limited rights and their relationships with farm owners were viewed as ‘masters’ and ‘servants,’ where farm workers had to demonstrate considerable respect and obedience towards farm owners (Williams, 2016).

The impact of the *dop* system led to public drunkenness, increased social problems and health impairments. In time, people (farm workers) developed a fondness and dependency for alcohol (Williams, 2016).

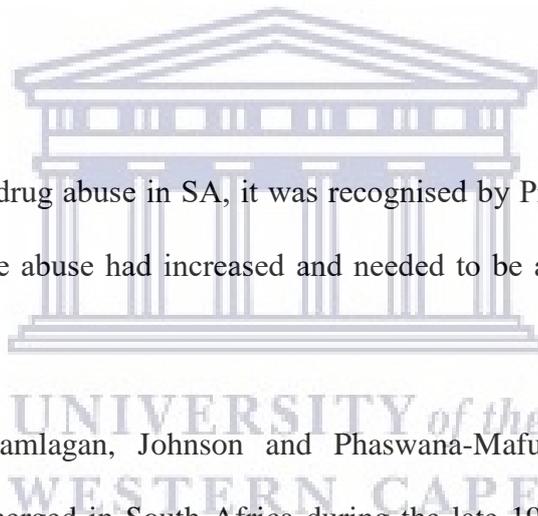
The *dop* system was forbidden in 1928 and has been illegal since 1963 (Williams, 2016). Additionally, the SA government controlled the consumption and distribution of alcohol among black people; this in turn contributed to the creation of illegal shebeens as a form of resistance against oppressive laws (Schneider et., 2007; Parry, 2005).

However, the legacy of the *dop* system seems to still have an influence on the behaviour and lifestyle of people, especially in rural farming areas (London, Sanders & Te Water Naude, 1998; Gossage et al., 2014). A recent study by May, Marais, De Vries, Hasken, Stegall, Hedrick, Snell, Seedat and Parry (2019) found that the legacy of the *dop* system still continue to influence current drinking patterns within rural areas.

2.3.2 Drugs

In terms of the history of drug abuse in SA, it was recognised by President Nelson Mandela during 1994 that substance abuse had increased and needed to be addressed in the new SA (Dykes, 2010).

According to Peltzer, Ramlagan, Johnson and Phaswana-Mafuya (2010), the use of methamphetamine first emerged in South Africa during the late 1990s as a result of socio-political changes after the end of apartheid. The availability of substances has increased since 2000 and is widely used within the Western Cape urban and rural areas (Dada, Burnhams, Parry, Bhana, Timol, Wilford, Fourie, Kitshoff, Nel, Weimann & Johnson, 2014; Meade, Towe, Watt, Lion, Myers, Skinner, Kimani & Pieterse, 2015; Weybright, Caldwell, Wegner, Smith & Jacobs, 2016). According to the United Nations Office for Drug Control and Crime Prevention (UNODCCP) (1999), various factors have contributed to the increase in methamphetamine abuse: this includes an increase in legal and illegal migration, a relaxation of border controls following the end of the apartheid regime, and the arrival of new youth movements such as ‘rave culture’. According to Leggett (2003) and Weybright et al. (2016),



methamphetamine appeared on the Cape flats during 2002. Methamphetamine usage was initially used as part of the gang culture within the coloured communities in the Cape Flats but it has escalated rapidly into the wider Western Cape community (Kapp, 2008; Meade, Watt, Sikkema, Deng, Ranby, Skinner, Pieterse & Kalichmann, 2012).

According to Peltzer et al. (2010), prior to the emergence of methamphetamine in the Western Cape, the use of cannabis, or *dagga*, was more common. The Khoikhoi people used cannabis as an intoxicant & herbal remedy that was chewed or boiled (Perkel, 2005).

Cannabis is not indigenous to South Africa, but can be traced to Ethiopia, where excavations have unearthed cannabis-related pottery dating back to the 14th century (United Nations Office for Drug Control and Crime Prevention- UNODCCP, 1999). Cannabis became more popular in South Africa during the 18th and 19th centuries. At that time, it was not only used for intoxication purposes; in addition, various traditional medicine practitioners, such as sangomas and general practitioners, also made use of the substance. (Carrier & Klantschnig, 2018). During 1928, the South African government introduced the Medical, Dental and Pharmacy Act, No. 13, which made cannabis illegal (Perkel, 2005). Despite this, during the 1950's cannabis usage expanded as it was re-introduced by soldiers returning to the country from South Asia after the World War II (WW2) (Carrier & Klantschnig, 2018). By the 1970's cannabis was more prevalent in rural parts of South Africa than in urban areas (Carrier & Klantschnig, 2018). In September 2019 the Constitutional Court of South Africa ruled for the partial legalisation of cannabis usage and that South African citizen's may use cannabis in the privacy of their homes, which is linked to their right of privacy (Riley, Vellios & Van Walbeek, 2019).

Today, substance abuse is one of the leading problems affecting South Africans (Dykes, 2010). Within the Western Cape rural community, problematic alcohol usage remains very high due

to the *dop* system (Peltzer, Davids & Njuho, 2011; Setlalentoa et al., 2010). Furthermore, cannabis usage also remains common within rural areas (Dada et al., 2018). The use of methamphetamine has gradually increased within rural areas in South Africa (SACENDU, 2017). Thus, the inference is that the history of each substance, combined with globalisation, influences current substance abuse patterns (Fiki, 2007).

2.4. FACTORS THAT INFLUENCE SUBSTANCE ABUSE

According to the World Health Organization (WHO, 2014), there are several factors that have an impact on an individual's substance abuse. These factors can be explained from the perspective of genetic, individual, psychological, family, environment, and societal factors which underline a systems approach (WHO, 2014).

2.4.1 Genetic and individual factors

Individual genetic factors account for a fundamental portion of substance abusers (WHO, 2014). According Straussner and Fewell (2006), literature indicates that genetic factors account for 60% of the risk variance for an alcohol abuse disorder. Although no alcohol or substance abuse genes have been identified, it has been suggested that certain genes may predispose an individual to develop a substance abuse problem and thus places them at risk (Kühn, 2016; Straussner & Fewell, 2005). It is believed that when one identical twin develops a substance abuse problem, the other twin has a 40% predisposition to also develop substance abuse problems (Dodgen & Shea, 2000; Kühn, 2016; Wang, Kapoor & Goate, 2012). Studies about adoptive children and other genetic markers have indicated that genetic factors influence the extent of substance abuse (Edenburg & Furround, 2013). Children who are born to substance-abusing parents, but are reared by non-substance-abusing parents, are genetically prone to be more susceptible to substance abuse (Gelernter & Kranzler, 2010).

Furthermore, certain personality types may also predispose an individual towards substance abuse (Shanmugam, 2017). People with introverted personalities may be more prone to substance abuse, especially if they are concerned with rewards in life or have negative views about themselves (Boogar, Tabatabaee & Tosi, 2014). Neuroticism can be linked to an increased likelihood of substance usage as these people are emotional and respond poorly to stressors. (Boogar, Tabatabaee & Tosi, 2014; Lo, Wang, Kauppi, Sanyal, Fan, Smeland, Schork, Holland, Hinds, Tung, Andreassen, Dale & Chen, 2017). A study by Few, Grant, Trull, Statham, Martin, Lynskey & Agrawal (2014), also found that people with borderline personality traits are more likely to develop substance abuse problems.

2.4.2 Individual and psychological factors

In addition to genetic factors that influence substance abuse, individual and psychological factors will induce people to take substances: a lack of confidence, too much stress, too many problems, a desire for power, or a wish for enhanced sociability (Kühn, 2016). Substance abuse can be a negative reinforcement when substances are used as a coping mechanism. An example is when parents who experience stress at work drink alcohol at home to relax and forget the day. People can also use substances as a positive reinforcement when they use them to boost their confidence so that they can become more talkative and reduce shyness (Kühn, 2016). Furthermore, having a low self-esteem, impulsivity or being sensation-seeking also contribute to substance abuse (Ramsoomar, 2015). This is especially the case with teenagers who are in the phase of exploring and seeking a clear identity, as this makes them even more vulnerable to the misuse of substances (Mohasoa, 2010). Boredom can also be a cause of substance use (Wegner, Flisher, Chibokvu, Lombard & King, 2008), as it has been found that individuals who are unemployed and are idle (especially over weekends) may turn to substances. Furthermore,

the psychological effects of stress can also contribute to substance abuse (Kühn, 2016; Lewis, Dana & Blevins, 2011).

2.4.3 Family factors

The family system is regarded as the most significant influence for substance abuse (Chie, Tam, Bonn, Dang & Khairuddin, 2016; Lander, Howsare & Byrne, 2013; Soul City Institute, n.d; Velleman, Templeton & Copello, 2005). A family history of substance abuse is a significant vulnerability factor that can influence the individual's propensity for substance abuse (Lander et al., 2013; WHO, 2014). Parental substance abuse in particular has been found to have diverse negative effects on family well-being and children (WHO, 2014). Studies have found that children who are reared by substance-abusing parents are more likely to develop a substance abuse problem later in life (Kühn, 2016; WHO, 2014). This is especially the case where children have grown up in households where parental substance abuse was a norm, and the children were negatively impacted by other factors, such as attachment and parental responsibilities (WHO, 2014). In a study conducted by Peltzer and Ramlagan (2009) with learners in the Western Cape, the findings indicated a clear link between risky alcohol usage and a lack of parental support. Thus, exposure within the family to excessive alcohol usage can cause child behaviour such as rebelliousness or association with peers who also drink (Pretorius, 2010). Parental role models play an important part in substance abuse, as children and youth tend to imitate influential people (Kelley, Braitman, Milletich, Hollis, Parsons, White, Patterson, Haislip & Henson, 2016; Soul City Institute, n.d). Consequently, children with negative role models may consider substances acceptable, while children who have more positive role models are less likely to become involved in substance abuse (Garrusi, Amirkafi & Garrusi, 2011; Morojele, Brook & Kachieng, 2006; Soul City Institute, n.d). According to Meghdadpour, Curtis, Pettifor and MacPhail (2012), a nurturing and loving home where there

is open communication between children and parents is associated with lower levels of substance abuse involvement.

2.4.4 Environmental and societal factors

Environmental and societal factors refer to those external (macro) factors within communities and society over which an individual does not normally have any control (Shanmugham, 2017).

These factors include: societal crime, availability and accessibility of substances, affordability of substances and tolerance and acceptance of drug use within communities (Kühn, 2016; Shanmugham, 2017).

In some social settings and communities, individuals decide how often substances are used and this can later become the social norm within that particular community (Shanmugham, 2017).

Rural and farming communities in the Western Cape have been viewed as having a typical drinking norm, passed down the generations, that is linked to the *dop* system (Gossage et al., 2014). In a study with farmworkers in the Western Cape, binge drinking was seen as a norm (75.0%), especially over weekends, compared to national average (47.0%) (Gossage et al., 2014).

Furthermore, the availability as well as the cost of substances also influences substance abuse (Kühn, 2016). Studies conducted in the Western Cape indicate that the sale of substances such as alcohol, methamphetamine and marijuana have become widespread because they are easily available as well as affordable (Hobkirk, Watt, Myers, Skinner & Meade, 2016; Human Sciences Research Council - HSRS, 2015). Studies have found that within some South African schools, marijuana is easily available (Soul City Institute, n.d; South African National Cannabis Working Group, 2013). Furthermore, it appears that substances are more easily available in previously disadvantaged communities such as those on the Cape Flats and other townships (Asante & Lentoer, 2017; HSRS, 2015). This would bring social elements such as poverty,

unemployment, and homelessness into play, as formidable factors that can also influence substance abuse (Asante & Lentoer, 2017; Shanmugham, 2017). Studies indicate that the individuals who face these last-mentioned social issues are even more at risk from substance abuse (Shanmugham, 2017).

Youth peer pressure is regarded as an important factor that increases the likelihood of substance abuse (Louw & Louw, 2007; Shanmugham, 2017). People who have a distorted sense of belonging often try to conform with societal norms, and thus they are more easily influenced by negative peer pressure (Eisenberg, Toumbourou, Catalano & Hemphill, 2014).

Furthermore, other environmental factors such as economic development are linked to the effectiveness of policies that focus on substance abuse, sales and distribution, and intervention strategies (WHO, 2014). Globalisation contributes indirectly to substance abuse as it suggests greater access to international drug markets by SA drug traffickers, access to SA by international drug markets, and an increased circulation of people acting as key drivers of drug trades (Peltzer et al., 2010; Soul City Institute, n.d.).

Literature suggests that although there is not always one risk factor that leads to substance abuse, the more the individual is impacted by multifaceted factors, the more likely it is that substance abuse problems will develop (Kühn, 2016; WHO, 2014).

2.5 THE VARIOUS EFFECTS OF SUBSTANCE ABUSE

Substance abuse has diverse effects, not only on the individual using the substance, but also on the family, environment, society and the economy of the country (Lander et al., 2013; Fox, Oliver & Ellis, 2013; Soul City Institute, n.d.).

In this section, the focus will be on discussing the effects parental substance abuse has on the children and the family.

2.5.1 Effects on children

The family system plays a key role in children's social, emotional and cognitive development and the quality of family relationships has an impact on children's well-being (Louw, Duncan, Richter & Louw, 2007; Lander et al., 2013). Excessive parental substance abuse, in particular, has a more pronounced effect on the family as the substance abuse may interfere with their parenting practices (Barnard, 2007). A study by Neger and Prinz (2015) indicates that parental substance abuse negatively affects parents' ability to implement consistent parenting styles. This would include making use of excessive means of disciplining children, often out of the parent's own substance-related anger (Neger & Prinz, 2015). Furthermore, a study conducted in a rural area in the Western Cape by Kühn (2016), found that a father's alcohol abuse frequently leads to him being a poor role model for his children. This is often due to negative behaviour, such as anger outbursts and violence when under the influence of alcohol. Another study found that parental substance abuse can lead to absent parents and can result to parentification (Tedgård, Råstam & Wirtberg, 2019). Parentification refers to the swapping of roles between children and caregivers, where the child assumes adult roles such as cleaning or cooking (Sang, Cederbaum & Hurlburt, 2014).

Furthermore, studies have indicated that children who are reared by parents who abuse substances have a greater risk of becoming involved with substances themselves (Straussner & Fewell, 2011; Louw et al., 2007). Thus, affected children are also more prone to psychological and mental health problems such as depression, anxiety and externalising behaviour problems such as attention deficit hyperactivity disorder (Barnard, 2007; Straussner & Fewell, 2006). The work of Woititz (1983) focused specifically on adult children of alcoholics (ACOA) and the effects parental substance abuse has on them. One of the key characteristics identified in the work of Woititz (1983), is that ACOA often face emotional challenges, and difficulties with

intimate relationships. ACOA often experience feelings of shame, guilt and anger that can be linked to insecure attachment with parents (Hulm, 2016).

Furthermore, it appears that children of parents who abuse illegal substances tend to demonstrate impulsive or irresponsible behaviour, which in turn places the child more at risk of developing a substance abuse problem (Straussner & Fewell, 2006). Studies by Kühn (2016) and Tsavoussis, Stawicki, Stoicea and Papadimos (2014), have also indicated that children who are constantly exposed to negative family dynamics such as domestic violence tend to experience more psychological challenges.

Parental substance abuse also predisposes children to child neglect and abuse (Lander et al., 2013). Various studies (Kühn, 2016; Marinus, 2015) have found that in many cases, parental substance abuse is the underlying cause of child neglect and abuse. Parents who abuse substances often neglect their children emotionally as these parents are frequently too occupied with their substance abuse and consequently they are emotionally unavailable for their children (Kühn, 2016). Another form of neglect as a result of parental substance abuse is the lack of supervision over children. A study by Freisthler, Johnson-Motoyama and Kepple (2014) has found that parents who abuse substance often leave their children alone or with an older sibling, thus in turn placing the children at risk from issues such as sexual abuse. Another form of child neglect that was reported as a result of parental substance abuse is the neglect of physical needs such as food and clothing (Yaghoubi-Doust, 2013). A study by Tamutiené (2018) referred to parents whose severe addiction to substances cause them to neglect their children's basic needs such as food and health care.

Parental substance abuse places children at the risk of emotional and behavioural problems in all the different developmental stages (Louw & Louw, 2007). Substance abuse during the prenatal stage places the infant at risk of developmental malformations, such as FAS and brain

deficits (Louw & Louw, 2007). Furthermore, prenatal methamphetamine exposure has been associated with abortions, low birth weights, premature birth and small heads (Haight et al., 2005). From the neonatal stage onwards, parental substance abuse can affect the attachment bond between the parent and the child, which in turn can later cause behavioural and psychological problems in the middle childhood and the adolescent stages of development (Louw & Louw, 2007).

Children who grow up in homes where substances such as methamphetamine are produced, used and sold are particularly at risk of anti-social beliefs, teenage pregnancies, school dropout, involvement in criminal and deviant behaviour as well as exposure to hazardous home conditions, such as substance that are in the house and can be easily accessed, or where explosions can take place (Haight et al., 2005). These children are furthermore at risk of traumas such as violent encounters, neglect, abuse or even sexual abuse (Haight et al., 2005).

2.5.2 Effects on immediate and wider family members

The substance abuse of a parent not only adversely effects their children; the immediate and wider family is also affected (Lander et al., 2013). The substance abuse of any family member can cause stress in the household, which in turn may negatively affect the family's relationship and functioning (Straussner & Fewell, 2006). Substance abuse can further cause the following problems in the household and in the families:

Financial strain: The substance user often spends more money on the substances, which in turn can lead to a shortage of necessities in the household (Kafuko & Bukuluki, 2008). In a study conducted by Kühn (2016), about alcohol abuse by fathers within The Western Cape, the findings suggest that alcohol abuse often leads to a shortage of finances, which in turn influences the ability of the family to meet basic needs such as food and clothes. Furthermore, often when people do not have finances, they borrow money from others which in turn keeps

them in the cycle of poverty (Alhyas, Al Ozaibi, Elarabi, El-Kashef, Wanigaratne, Almarzouqi, Alhosani & Al Ghafer, 2015). In a study by Deepti, Kaur and Kaur (2014), 24% of research participants borrowed money from family members and another 10% borrowed money from other persons to maintain their substance usage.

Marital/relationship difficulties: In the case where only one spouse uses substances, the spouse who does not use the substances has to deal with the unpredictability, moods and arguments of the substance-abusing spouses (Fisher & Harrison, 2013). The more serious the substance abuse, the more serious the marital problem may be and this could result in constant arguments, violence or even separation, as explained in a study by Kühn (2016). Furthermore, the unpredictability of the substance abuser may have a disrupting and impairing impact on the family's ability to plan activities or stick to routine (Fisher & Harrison, 2013; Kühn, 2016). A research study by Fleming, White and Catalano (2010) found cohabiting relationships to be associated with high levels of substance use, compared to marriage relationships.

Communication issues: According to Duggan and Molineux (2013), substance abuse can interfere with effective communication patterns. A study by Woolf-King, Conroy, Fritz, Johnson, Hosegood, Van Rooyen, Darbes and McGrath (2019) indicates that in South Africa, substance abuse negatively affects communication patterns within relationships. Thus, substance abuse can increase disagreements amongst people, which in turn can lead to the use of unpleasant means of communication (Kühn, 2016).

Conflict and domestic violence: Substance abuse by parents often increases conflict within families and can even lead to domestic violence (Kühn, 2016). Various studies (Kühn, 2016; Strebel, Shefer, Stacy & Shabalala, 2013; Thesnaar, 2011) have found a strong link between substance abuse and the occurrence of domestic violence. A study by Slabbert and Green (2013), explained that physical abuse, where females are the victims, commonly occurs in

South Africa as a result of substance abuse. Emotional abuse often co-occurs with physical abuse (Leburu & Phetlho-Thekisho, 2015). In a research study by Karakurt and Silver (2013), the findings indicate that emotional abuse has long-term psychological effects on the victim as it can create a sense of powerlessness and decreases the individual's self-confidence.

Weak family bonds: Parental substance abuse can lead to weak family bonds (Kumpfer, 2014). This can be attributed to the level of conflict that can occur between family members, the negative moods of the substance-abusing parent and the lack of quality time being spent between family members. A study by Kühn (2016) highlights that alcohol abuse of fathers negatively affects the overall well-being of the family and that prolonged substance abuse can lead to family members ultimately disassociating with the substance-abusing parent.

Greater involvement of extended family members: Parental substance abuse places extra strain on the family members regarding financial contributions as well as the caregiving of children (Kühn, 2016). Within South Africa, the majority of the children placed in foster care are placed with related family members (Böning & Ferreira, 2013). According to Manukuza (2013), many family members who apply for foster care of related children mainly do so to gain financial support from the government. In one study by Gordon (2018), the findings suggest that grandparents often care for and raise children of substance-abusing parents. Some of the challenges grandparents often face with regards to raising their grandchildren include financial difficulties, health issues, traumatized and difficult children and random visits from substance-abusing parents (Gordon, 2018).

Lack of quality family time: According to Lander et al., (2013), parental figures who frequently abuse substances often give the substance priority over family bonding time. Thus, substance-abusing parents spend more time away from their families as opposed to doing family activities together (Straussner & Fewell, 2011). In the case where family gatherings take

place, these gatherings are often characterised by an increase of drinking that can lead to the embarrassment of other family members (Kühn, 2016). Due to the unpredictable moods and behaviour of substance-abusing parents, family activities often do not go according to plan. Recreational activities for family members often lead to the parent abusing substances, which in turn negatively affects the family's ability to spend quality time together (Fisher & Harrison, 2013).

2.6 SOCIAL WORK SUBSTANCE ABUSE INTERVENTIONS AND SUBSTANCE ABUSE TREATMENTS IN SOUTH AFRICA

Substance abuse services are mainly rendered by the Department of Social Development in collaboration with other role players such as the Department of Health and various NPO's (Western Cape Department of Social Development, 2018). All social work and substance abuse treatment services in the county are in line with the Integrated Service Delivery Model (ISDM), which will be explained below.

2.6.1 Integrated Service Delivery Model (ISDM)

The ISDM was developed by the South African Government (National Department of Social Development) in response to the neglected social welfare service delivery of the past (Shokane, Makhubele, Shokane & Mabasa, 2017). The ISDM is a national comprehensive framework that guides social welfare service delivery within the country (Dlangamandla, 2010). Furthermore, it is a developmental framework that involves the interrelated, intersectoral and integrated service delivery from numerous sectors and government departments (Department of Social Development, 2005). The ISDM is a framework that is developmental in nature as it encourages all social welfare services to focus on enhancing the skills of people (Shokane et al., 2017). This paradigm shift asserts that people are the masters of their own destiny and, instead of helping the poor with handouts in the traditional way, it focuses on the empowerment

of individuals and communities by equipping people with the necessary skills and knowledge so that they can become self-reliant (Department of Social Development, 2005; Lombard & Kleijn, 2006). The Government believes that adopting this approach and working in collaboration with all sectors is the best way to combat the socioeconomic challenges facing the country (Department of Social Development, 2005).

The ISDM thus works from a strength-based approach that focuses on the strengths of individual people and their communities and recognises their capacity for growth and development (Department of Social Development, 2005; Engelbrecht, 2010).

Furthermore, the ISDM is based on the principles of the Batho Pele, the White Paper for Social Welfare and all Constitutional legislations, as seen below:

Participation: This principle implies that people should be involved in all decisions that affect them (Patel, 2016). Thus, intervention plans should be drawn up in collaboration with the individual (Department of Social Development, 2011). They should not only be involved during the planning phase, but should also be involved in the decision making, implementation and evaluation phases (Chavalala, 2016). Thus, service providers should refrain from imposing and prescribing solutions, and instead move towards the promotion of self-determination (Kirst-Ashman, 2013).

Self-reliance: People should be encouraged to become reliant on their own abilities and resources so that they no longer require interventions from others (Department of Social Development, 2011).

Empowerment: People should be empowered with information and skills that can help improve their life and overall well-being. Thus, the aim is to enhance the independence of people (Dlangamandla, 2010).

Universal access: Services should be available and accessible to all, especially those people that are disadvantaged, such as those living in rural communities and all vulnerable groups (Department of Social Development, 2011). No person can be denied access to any social welfare services (Department of Social Development, 2005).

Equity: This principle implies that services and resources should be a disbursement of resources based on historical imbalances and needs (Dlangamandla, 2010).

Transparency: All sectors should provide information to the public regarding administration and management of services. This includes financial statements and reports on how services are distributed. Thus, the public should be informed how certain departments are run and who is in charge (Ngidi, 2012).

Appropriateness: This principle implies that the Government and the relevant sectors should respond to social, economic, cultural and political conditions (Department of Social Development, 2005). Thus, issues such as poverty, substance abuse and lack of housing should not be ignored, but the necessary planning should be implemented with the aim of activating services (Dlangamandla, 2010). Furthermore, services should be based on the actual needs of the people and not on their perceived needs (Chavalala, 2016).

Accountability: This principle implies that all sectors should comply with the legislation, policies and regulations that inform service delivery. This includes the Constitution of South Africa (108 of 1996), which is the umbrella legislation (Ngidi, 2012).

Accessibility: Services should be accessible to all people (Department of Social Development, 2011). This implies that people should not have to travel great distances to access services. Furthermore, services should be accessible in terms of language. Thus, language barriers should not be a reason why people are denied access to services.

Efficiency and effectiveness: This principle implies that goals and objectives should be achieved and in the most cost-effective way possible (Ngidi, 2012).

Partnership: The Government (Department of Social Welfare) is not alone responsible for the provision of welfare services, however it is the collective responsibility of all other government departments, civil society and the business sector to help render these services (Department of Social Development, 2005; Dlangamandla, 2010; Ngidi, 2012; Patel, 2016). Thus, service providers should refrain from working alone, and should work in collaboration with other service providers to provide a holistic service to clients (Chavalala, 2016).

Social integration: All policies and programmes should promote social justice (Department of Social Development, 2005). This involves the promotion of rights of all people as well as challenging unjust policies and practices (Chavalala, 2016).

Sustainability: This principle implies that services and programmes should be sustainable, and that long-term maintenance of desired goals should be put in place (Department of Social Development, 2005). A better life and quality should be ensured now and for future generations (Chavalala, 2016).

All of the principles discussed above are used as a guiding framework for delivering developmental social welfare services. In the next section the levels of intervention will be discussed.

The developmental social welfare services are classified in terms of four intervention levels:

Prevention and awareness services: According to the Department of Social Development (2005), this level of service delivery is very important. These services should focus on the distribution of information with the aim of strengthening the capacity of people. According to Prilleltensky, Nelson and Peirson (2001), prevention services are proactive programmes that

focus on a specific topic in order to promote the well-being of people at various ecological levels. A research study by Ott (2018) measured the impact of an educational prevention session and the results indicate an increase in knowledge after participants took part in the session. The findings of these last-mentioned studies are consistent with another research study by Espada, González, Orgilés, Lloret and Guillén-Riquelme (2015) that found substance abuse prevention programmes to be effective in changing attitudes of adolescents towards drugs.

Early intervention: At this level therapeutic services are rendered to those who have been identified as at-risk, with the aim of reducing risks and increasing their self-reliance (Appollis, 2016). Thus, the aim is to stabilise the crisis experienced within the family in order to prevent the next level of intervention (Nhedz & Makofane, 2015). Furthermore, early intervention services are usually for a period of six to twelve months and are rendered by means of office interviews and/or home visits (Strydom, 2012). Types of services include therapeutic, educational and concrete services, such as helping the clients obtain birth certificates (Strydom, 2012). A research study by Nhedz and Makofane (2015) found that social workers rendering early intervention and family preservation services are challenged, because service users are often unwilling to participate and do not adhere to intervention plans. However, another research study by Strydom (2012) indicated that the majority (43.1%) of the social work participants concentrated on the improvement of problem-solving skills as the main type of early intervention service.

Statutory intervention: At this level of service delivery the legislation, law and court are used, and social services are aimed at supporting and strengthening the individual involved (Department of Social Development, 2005). According to Lombard and Kleijn (2006), developmental statutory social services refers to protection services that aim to provide, in an

integrated manner, all the core social welfare services needed by children, families and the community so as to improve their social functioning in relation to the demands created by their interaction with their environment. Children who are at risk due to their parent's substance abuse can be removed from their parent's care in terms of Section 150(1)(g) of the Children's Act, 38 of 2005 and placed in alternative care. A research study by Sibanda and Lombard (2015) explained that the Children's Act (38 of 2005) is faced with various statutory shortcomings including the act's deficiency in failing to provide adequate post-removal procedures where children have been removed and placed in safe care placements. The last-mentioned study findings are also supported by research study by Hope and Van Wyk (2018), which considered that the Children's Act (38 of 2005) was not being used at its full capacity. Various studies have also supported the notion that despite various policies and legislations being in place, the act provides professionals with few practical guidelines for practice (Coman & Devaney, 2011; Janssen, Van Dijk, Malki & Van As, 2013; Johnson, 2013).

Reintegration and aftercare services: These services focus on providing support and include therapeutic services to families and children who have undergone statutory intervention, with the aim of restoring the family (Department of Social Development, (2011). Family reunification services are rendered to families whose children were removed and placed in alternative care, with the aim of reducing initial risks for removal in order to place the child back with the family (Nhedz & Makofane, 2015). Furthermore, aftercare services are also provided to individuals who complete substance abuse rehabilitation (Van der Westhuizen, Alpaslan and De Jager (2013). These services focus on supporting the person so that they may maintain sobriety through continuous therapeutic individual and group intervention (Mahlangu & Geyer, 2018). In a research study by Elias (2016), the findings highlighted the significance of aftercare services in promoting the overall well-being of people who previously used substances. However, another study by Van der Westhuizen et al. (2013), indicated that despite

the importance of substance abuse aftercare and reunification interventions, these services remain largely neglected.

All of the intervention services discussed above focus on enhancing and promoting the optimal functioning as well as reintegration of people in society so that they are self-reliant and maintain an overall standard of well-being (Department of Social Development, 2005).

2.6.2 Social work substance services

Social work interventions and services are mostly rendered by an organisation, and this is a social arrangement that focuses on achieving collective goals (Carelse, 2018). However, all social work services are managed by legislation, ethics and a supervisor (Carelse, 2018). Thus, social work interventions by external workers should be in line with the policies and should include prevention, early intervention, treatment, reintegration and aftercare services to individuals and families that are affected by substance abuse, as discussed below.

2.6.2.1 Prevention and awareness social work services

According to the Prevention of and Treatment for Substance Abuse Act (70 of 2008) the reason for prevention programmes is to prevent individuals from using or continuing to use substances that may result in abuse or dependence. Prevention programmes focus on educating the youth and general community about the risk and other related aspects concerning substance abuse, with the aim of reducing the likelihood of individuals becoming involved with substance abuse (Kirst-Ashman, 2010). Prevention programmes involve the dissemination of information and are based on evidence and theory for effectiveness (Wilson & Kolander, 2011). Prevention programmes however can also be in the form of sport and games to educate youth about the dangers of substance abuse and to encourage them to be involved in positive activities (Thompson, Taylor, Wanner, Husk, Wei, Creanor, Kandiyali, Neale, Sinclair, Nasser &

Wallace, 2018). The Department of Education has included substance abuse prevention information in their schooling curriculum as part of the life orientation subject. Prevention programmes thus focus on building on children's, communities' and families' strengths to develop resilience (National Department of Social Development, n.d). The minimal norms and standards specify that service providers should continuously engage in training to maximise their ability to implement prevention programmes.

A study that focused on substance abuse by farm workers on wine farms in the Western Cape identified a need for 'further research into accessible, appropriate and sustainable intervention strategies on farms that empower labourers and break the cycle of habitual excessive drinking, social violence and hopelessness on farms' (Falletisch, 2008:v). In South Africa the Department of Social Development implemented the 'Ke moja I'm fine without drugs' programme, which focuses on creating awareness amongst youth about substance abuse (Nqadini et al., 2008). The attempts by DSD and social work NPO's to address substance abuse are evident, however gaps remain, especially in rural areas (Kühn, 2016).

2.6.2.2 Early intervention social work services

Early intervention services are used for those individuals who have been identified as at risk, with the aim of assisting the individual to remain in their family (National Department of Social Development, 2011). According to the Prevention of and Treatment for Substance Abuse Act (70 of 2008), early intervention services should identify and treat risk substance abuse before it results in abuse or dependence.

During this period the social worker will conduct an assessment with the client and determine the extent of his/her substance abuse (Carney & Myers, 2012). With the consent of the client, his/her family will also be involved in this process. A research study by Kourgiantakis and Ashcroft (2018) highlights the significance of family members in supporting substance-abusing

clients. Furthermore, the social worker also conducts individual assessments of the client to obtain background information on the client (Devine, 2015; Raheb, Khaleghi, Moghanibashi-Mansourieh, Farhoudian & Teymouri, 2016). The aim of the assessment would be to identify the problems and highlight the strengths that can be built on (Martin, 2010). Furthermore, the client can be linked to an in- or out-patient programme that can help him/her overcome his/her substance abuse problem (Kühn, 2016f). The South African Community Epidemiology Network on Drug Use (SACENDU) (2014), has identified social workers as the main referring agent for people accessing in-patient substance abuse treatment. Another research study, by Isobell, Kamaloodien and Savahl (2015), found that various challenges exist within the Western Cape in accessing state-funded in-patient treatment, which include long waiting lists and lengthy administration processes.

Furthermore, during the early intervention level of service delivery, therapeutic services are rendered with the aim of addressing and reducing the risks factors associated with the substance usage (Carelse, 2018). Therapeutic services are usually done at micro as well as mezzo levels of intervention (Urbanoski, Kelly, Hoepfner & Slaymaker, 2012). The social worker, in collaboration with the client, draws up an early intervention action plan that specifies the type of service that the client agrees to (Nhedz & Makofane, 2015). Therapeutic interventions often involve the social worker making use of motivational interviewing (MI) (Carelse, 2018). Motivational interviewing is a brief client-focused approach that emphasises the change of negative behaviour or problem situations (Cooper, 2017). A research study by Carney and Myers (2012) found early intervention substance abuse services with adolescents to be particularly helpful in reducing behavioural problems.

Should the client agree to specialised substance abuse treatment, he/she can be referred for in- or out-patient treatment at a rehabilitation centre (Kühn, 2016). The social worker will thus

complete the application and all the necessary documents in collaboration with the client (Isobell et al., 2015).

2.6.2.3 Social work services at in-patient treatment centres

Since the late President Nelson Mandela's address to Parliament in 1994, there has been an increase in the establishment of state-owned and private treatment centres; these include registered and unregistered facilities (Ramlagan, Peltzer & Matseke, 2010). During 2000, the Drug Central Authority was established to oversee the implementation of the National Drug Master Plan (Parry, 2005). The Plan focuses on an integrated approach towards the issue of substance abuse and mandates government to establish provincial drug forums as well as local drug committees (Parry, 2005).

Norms and standards were developed where steps are outlined for in-patient treatment centres and protocols for managing detoxification of patients at secondary hospitals (Parry, 2005). The minimum norms and standards manual aims to establish acceptable quality of care and treatment towards substance dependence individuals at any treatment centre (National Department of Social Development, n.d).

In South Africa, an integrated national response towards substance abuse is used (Strebel, Shefer, Stacey & Shabalala, 2013). Thus, a holistic approach seems to be the preferred method, where it encompasses the whole of the individual (Brooks & McHenry, 2015). Treatment is usually carried out by a multidisciplinary team that may consist of a nurse, social worker, psychologist, occupational therapist, priest, doctor and others (Broyles, Conley, Harding & Gordon, 2013; Brooks & McHenry, 2015). Furthermore, the rehabilitation process also involves the family of the patient, as the client's family plays an important role in the recovery process (Kourgiantakis & Ashcroft, 2018). According to Strebel et al. (2013), substance abuse treatment services face various challenges that include inadequate resources, lack of evidence-

based practice and lack of planning and coordination. This can have an indirect effect on the patient's recovery (Strebel et al., 2013).

Social workers employed within in-patient substance abuse treatment centres have various specialised roles (Sapežinskienė, Švedienė & Guščinskienė, 2003). Their main roles will be discussed in terms of micro and mezzo interventions below:

Micro (casework): Social workers at in-patient treatment centres are expected to have a case file for each patient which contains the necessary identifying details (Gitterman, 2014). The in-patient social worker will be responsible for establishing rapport with the client and conducting an in-depth assessment with the patient (Appollis, 2016). The assessment should focus on the patient's background, social circumstances, history of substance abuse and the impact the substance abuse has on the individual (Appollis, 2016). After the social worker has conducted an assessment with the client, they will draw up an individual treatment plan together (Appollis, 2016; Yeager, 2015). The individual treatment plan should focus on risks, future goals and steps that will be taken towards their goals (Appollis, 2016; Gitterman, 2014). Throughout their interaction, the social worker and the patient should focus on increasing his/her motivation for change and focus on positive aspects (Gitterman, 2014; Straussner & Harrison, 2002). Thus, the social worker is expected to conduct weekly therapeutic sessions with the client to monitor progress and determine whether the patient is still in line with the individual treatment plan (Straussner & Harrison, 2002).

Mezzo (group work): Social workers at in-patient rehabilitation centres are expected to have regular group work sessions with the patients (Straussner & Harrison, 2002). The purpose of the group work is to provide a safe space for patients to share their experiences and to support one another (Yeager, 2015). The social worker normally facilitates the group by giving the

patients the opportunity to engage more fully with one another (Gitterman, 2014; Yeager, 2015).

2.6.2.4 Aftercare and reintegration services

After the client has completed the in-patient treatment of five to eight weeks, their rehabilitation continues (Appollis, 2016; Yeager, 2015). At this point, the client starts to experience the real challenges of maintaining a sober lifestyle because they are returning to their families and communities of origin where they may be continuously confronted with the substance (Maluleke, 2013). Thus, the client needs extensive support not only from his/her family, but also from a professional (social worker) to help them overcome obstacles they may face with regards to substance abuse (Elias, 2016). These services are called aftercare or reintegration services. Furthermore, they include individual therapeutic interventions, group work interventions and occasional home visits conducted by the social worker (Elias, 2016). Various studies (Elias, 2016; Maluleke, 2013; Van der Westhuizen et al., 2013) have highlighted the significance of aftercare support. According to Elias (2016), aftercare support services can last for about two years during which time the social worker and the client draw up an aftercare plan and work towards goals.

2.7 LEGISLATION AND POLICIES RELATING TO SUBSTANCE ABUSE IN SOUTH AFRICA

Various laws and policies inform current substance abuse related services (Carelse, 2018). In this section an overview will be provided on some international treaties that are linked to substance interventions in South Africa.

2.7.1 International Treaties that inform substance related policies

There are various international treaties that inform South African substance abuse interventions (Carelse, 2018). The following laws are applicable to substance abuse services in South Africa:

The United Nations Office on Drugs and Crime (UNODC): UNODC was established in 1997 and operates throughout the world, relying on voluntary as well as governmental contributions (Webster, 2009). UNODC is a global leader in the fight against international illicit drugs as well as crime (UNODC, 2017). The UNODC focuses on research in order to increase knowledge and understanding of drugs and crime worldwide (Lines, Elliott, Hannah, Schleifer, Avafia & Barrett, 2017). Thus, the UNODC is responsible for collecting and disseminating statistics about substance abuse and crime for an annual World Drug Report that is available on the internet (Carelse, 2018). The findings in the World Drug Report can be used to inform policies, programmes and research developments in the substance abuse field (Carelse, 2018).

Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol: This United Nations agreement was signed by international heads of state to combat substance abuse on an international level (Carelse, 2018). The convention focuses on reducing the manufacturing, trade, distribution and consumption of illicit drugs (Lines, Elliott, Hannah, Schleifer, Avafia & Barrett, 2017). Secondly, the convention also focuses on combating drug trafficking through global co-operation (UNODC, 2013). The convention contains five resolutions, as shown below.

- The first resolution is concerned with technical assistance for the fight against narcotic drugs (UNODC, 2013). Here the focus is on working with the International Criminal Police Organisation to make technical arrangements for narcotics control (Carelse, 2018).

- The second resolution looks at the treatment of drug addicts and is therefore applicable to this study. Here the focus is on countries providing treatment at hospitals where there are no drugs to people affected by drug addiction (UNODC, 2013).
- The third resolution concerns illicit traffickers and the attention is drawn to the importance of the technical records on international traffickers as kept by the International Criminal Police Organisation (UNODC, 2013).
- The fourth resolution is linked to an increase in membership of the commission on narcotic drugs (Carelse, 2018).
- The fifth resolution focuses on international control machinery.

The Convention on Psychotropic Substances of 1971: This convention establishes an international control system for psychotropic substances (Lines, Elliott, Hannah, Schleifer, Avafia & Barrett, 2017; UNODC, 2013). Thus, it responds to the diversification and expansion of the spectrum of abused drugs and aims at limiting the abuse of certain psychotropic substances that may impact the central nervous system (Carelse, 2018; UNODC, 2013). The convention indicates that the usage of these substances should be for medical and scientific research only, thus the manufacturing must be limited (Carelse, 2018).

United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988: This convention is against drug trafficking and focuses on three resolutions (Carelse, 2018). The first resolution is concerned with the exchange of information. An agreement was made between members of the state and various other role players to exchange information in relation to criminal investigations concerning illicit substance trafficking (Barrett, 2017; Carelse, 2018).

The second resolution is concerned with the provisional applications of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (UNODC, 2013). Here the focus is on ratifying agreements as swiftly as possible (Barrett, 2017).

The third resolution focuses on the provision of necessary resources to the Division of Narcotic Drugs and the secretariat of the International Narcotics Control Board to enable them to discharge the tasks entrusted to them under the International Drug Control Treaties (UNODC, 2013). Here the focus is on the provision of obligations and provides financial guidelines to combat substance abuse at an international level (Carelse, 2018).

2.7.2 South African laws and legislations that inform substance abuse services

In this section, the main laws and legislations that inform substance services in South Africa will be discussed:

The White Paper for Social Welfare (1997): The White Paper for Social Welfare was implemented to address the imbalances and disparities created by apartheid (Patel, 2016). This is a developmental approach for social welfare services and provides guidelines on how government and NPO's are to address substance abuse (Dykes, 2010). Furthermore, the purpose of this policy is to set out the guidelines, principles, recommendations and programmes for developmental social welfare in South Africa (SA, 1997). The following are the key priorities of this policy:

- Establish a single national department that is responsible for social welfare. This refers to the National Department of Social Development which is mainly concerned with the social well-being of the country (Kaseke, 2015).

- Establish a welfare system that is financially stable. Thus, the Government is this system as income is provided via taxpayers, a relatively stable financial income source (Kaseke, 2015).
- Rationalise the delivery of social welfare services. This refers to the vast variety of social services being offered; this includes SASSA, services to the disabled, children and families, to name a few (Kaseke, 2015).

The main objective of the policy is to improve the quality of life for people by addressing issues such as substance abuse, domestic violence and child abuse (Patel, 2016). This policy is applicable to substance related services it addresses social challenges to help people reach their aspirations (Carelse, 2018).

The Prevention of and Treatment for Substance Abuse Act (70 of 2008): This is the primary guiding policy in South Africa for combating substance abuse (Dykes, 2010). This legislation is in line with the Constitution of South Africa (1996), the Bill of Rights and the White Paper for Social Welfare (1997) with regards to the Government's responsibility towards upholding people's rights and promoting their general well-being (Carelse, 2018). The aims of the Act are as follows:

- To provide a national legislation and response to help combat substance abuse.
- To provide the necessary mechanisms that focus on the demand and harm reduction with regards to substance abuse by means of prevention, early intervention, treatment and re-integration services.
- To guide and inform the registration and establishment of treatment centres, including halfway houses.
- To provide and inform the committals of persons to treatment, rehabilitation and skills centres.

- To provide for the establishment of the Central Drug Authority and matters connected to this.

Various studies have identified gaps in the current legislation: these include the lack of funding available to non-governmental organisations to maintain sustainable substance abuse treatment, and a lack of monitoring and evaluation (SACENDU, 2014; Geyer, 2012). Carelse (2018) states that it is very important to monitor and evaluate non-governmental organisations who render substance abuse services, due to the competition for funding and the growing scarcity of resources.

Central Drug Authority (2013 - 2017): The Central Drug Authority (CDA) is an advisory body that is subjected to the Prevention of and Treatment for Substance Abuse Act, 70 of 2008 (Carelse, 2018). During 2000, the multi-sectoral coordinating body (CDA) was established in order to oversee the implementation of the National Drug Master Plan (Parry, 2005). The CDA mandates government departments to formulate mini drug master plans and to establish provincial drug forums as well as local drug action committees. The purpose of local drug action committees is to effect planning and strategies of the NDMP (Carelse, 2018).

The main purpose of the CDA is to eradicate substance abuse and help promote a substance-abuse-free country (Department of Planning, Monitoring and Evaluation, 2016). Thus, the overall outcome of this structure is to help promote the improved quality of life through the provision of integrated Departmental and Provincial Drug Master Plans (Department of Social Development, 2013).

National Drug Master Plan (NDMP) (2013-2017): The purpose of the NDMP 2013-2017 was formulated by CDA to provide policy direction and to coordinate efforts in response to substance abuse in South Africa (Department of Social Development, 2017). The NDMP's ultimate goal is for South Africa to be free of substance abuse (Geyer & Lombard, 2014). In

order to achieve the objectives, the plan uses integrated strategies for demand reduction, supply reduction and harm reduction (Geyer & Lombard, 2014). Furthermore, the NDMP specifies the role that each government department plays when it comes to addressing the issue of substance abuse so that a collaborative approach is upheld (The Department of Basic Education, 2013).

A review of the NDMP (2006–2011) indicated the main areas that need attention in the current NDMP, which include:

- Reduce the biopsychosocial and economic impact of substance abuse and related illnesses on the South African population.
- Improve the ability of all people in South Africa to deal with problems related to substance abuse within communities.
- Provide recreational facilities and diversion programmes to prevent vulnerable populations from becoming substance abusers/dependents.
- Reduce the availability of dependence-forming substances/drugs, including alcoholic beverages.
- Develop and implement multi-disciplinary and multi-modal protocols and practices, for integrated diagnosis and treatment of substance dependence and co-occurring disorders, and for the funding of such diagnosis and treatment.
- Harmonise and enforce laws and policies, to facilitate effective governance of the supply chain with regards to alcohol and other drugs.
- Create job opportunities within the field of combating substance abuse.

In respect of the information discussed above, it appears that a shift should be made from supply reduction to primary prevention strategies within the various departments and NGO's. Furthermore, evidence-based solutions should be considered (Carelse, 2018).

It is evident that globally and locally there are sufficient policies and legislation which give direction to substance abuse intervention and the way in which these are translated in practice, particularly in the area where the study was conducted.

2.8 CHAPTER CONCLUSION

In view of the information presented in this chapter, it is evident that substance abuse has been a problem for centuries. This worldwide phenomenon has a detrimental effect on the individual, family and society at large. The causes of substance abuse are diverse and are often interrelated with a wide spectrum of social, physical, cultural and developmental factors. Within South Africa, it appears that substance abuse is linked to various other social problems. Parental substance abuse, in particular, creates various negative effects on the well-being of the family which in turn affects communities and society. It appears that alcohol remains the most abused substance within rural areas in South Africa; this abuse stems from the years of apartheid and earlier when the *dop* system was in use.

Furthermore, based on the literature and policies discussed, substance abuse adversely affects society at large, which in turn leads to a greater demand for social and substance-related services and this places strain on all systems of the country. In the next chapter, the family systems theory will be presented in relation to parental substance abuse.

CHAPTER 3

THEORETICAL FRAMEWORK

3.1 INTRODUCTION

According to Henning et al. (2004), the theoretical framework positions the study and is likened to a lens that is used to look at one's research. As mentioned in Chapter 2, the family systems theory was selected as the theoretical base that guided the study. This framework regards the family as a unitary system as a change in one part of the system can influence other parts of the system (Hepworth et al., 2010). Thus, the framework is particularly applicable to the current research as it highlights the impact of substance abuse on the entire family system.

Chapter 2 presented a comprehensive literature review which indicates that the substance abuse of parents has various effects on the well-being of the family. To facilitate an understanding of the family systems theory, an explanation of systems theory (ST) and general systems theory (GST) is required. This is to present the case for the selection of one of its branches, namely family systems theory (FST) as the selected framework, to enhance the understanding of the particular phenomenon.

3.2 TYPES OF SYSTEM THEORIES

As mentioned before, a family systems theory was used in the present study. In order to understand the family systems theory, the systems theory and general systems theory will be explained as they are interlinked.

3.2.1 Systems theory

According to Brandell (2011), the term *systems* refers to an organised whole which consists of components that interact in a manner distinct from their interactions with other entities. Payne

(2014:191) refers to systems as ‘entities with boundaries within which physical and mental energy are exchanged internally more than they are across the boundary.’ Energy in this sense refers to the time, resources, actions, money and effort put in, especially by family members, and referred to as family systems (Payne, 2014). Family systems consists of all the individuals within the family where social interaction occurs (Louw & Louw, 2009). Family systems in today’s society are regarded as diverse and go beyond the nuclear family (Sharma, 2013). Family systems thus not only include the immediate family of a person, but also looks at extended relatives, reconstructed families, adoptive families, single families and same sex families (Louw & Louw, 2009; Sharma, 2013).

Systems theory explains human behaviour in relation to the intersection between multiple interrelated systems (Haines, 2000; Healy, 2014). Thus, the individual’s issues, the family, organisations, society and all other systems are inherently linked and should be considered when attempting to understand and assist the individual (Haines, 2000). Systems theory therefore focuses on connections as well as the resources of families and groups and aims to help those connections function well (Payne, 2014). Therefore, all systems are viewed as interrelated parts that make up a whole, and each system influences other parts of the whole (Haines, 2000).

3.2.2 General systems theory

General systems theory (GST) is linked to the systems theory and has the same underlying principles and assumptions. This theory shifts away from individualised focus and instead looks at the broader environmental systems that influence one another (Healy, 2014). Thus, the theory draws on transactions between the person and their social environment (Healy, 2005). Therefore, from the perspective of this theory, parental substance abuse can be regarded as socially and culturally produced, as opposed to the person’s genetic characteristics (Healy,

2014). This theory is not concerned with past experiences but focuses on current conflicts within a social environment (Teater, 2014).

3.2.3 Family systems theory

Family systems theory (FST) provides a framework for understanding how emotional ties within families can influence the individual's life in a way that they often do not realise or minimise (Walsh, 2010). Some authors refer to FST as 'family emotional systems' to emphasise the emotional ties (Walsh, 2010). The theory also looks at multigenerational family processes and works with the client within his/her family context, therefore making this theory unique (Walsh, 2010; Healy, 2014).

3.2.3.1 Background of family systems theory

FST was introduced to social work in the 1960's and is regarded as a very influential theory when used for family assessments as well as interventions (Walsh, 2010). The theory was developed by Murray Bowen (1913-1990) who viewed families as an emotional unit (Walsh, 2010). Bowen was initially trained as an analyst and his theory regarding the study of families can thus be linked to some of Freud's analytical ideas such as unconscious mental processes (Walsh, 2010). FST took on the key principles of GST, the premise of which is that no individual can be understood in isolation, because they form part of a system that is interrelated and interdependent to each other (Titelman, 2013).

3.2.3.2 Assumptions of family systems theory

The main assumption of this theory is that all family members are influenced by one another and that the relationships are interdependent (Hepworth et al., 2010). Thus, in order to understand the behaviour of one a person, the behaviour of the whole family should be

examined. FST assumes that families are dynamic and that these systems often change over time.

This theory indicates that family system boundaries can be open or closed; however, most family systems are open, and no system can be entirely closed (Hepworth et al., 2010). Open boundary systems allow information and energy to enter the family system and outputs are produced. These systems are influenced by the environment. Closed family boundary systems, on the other hand, do not permit outside inputs to enter the family system. These types of families live in isolation and do not want any other system to interact or influence their family system (Turner, 2011).

Figure 3.1 below demonstrates an open and closed boundary system.

Figure 3.1: Open and closed family systems

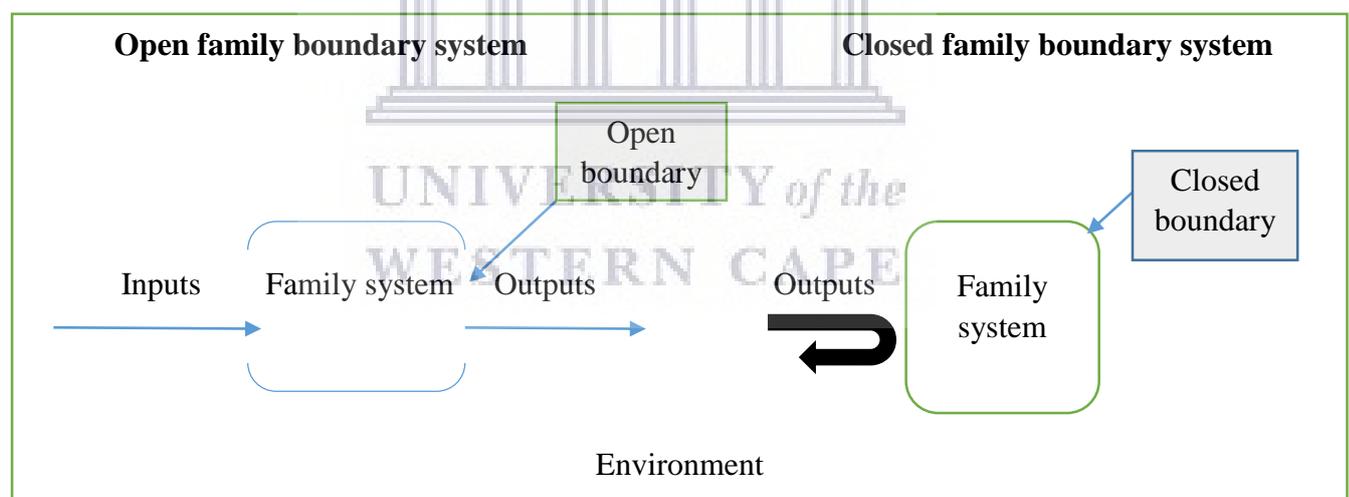


Figure 3.1: Open and closed family systems

3.2.3.3 Characteristics and principles of family systems theory

A primary characteristic of FST is that all parts are engaged in transactions (Hepworth et al., 2010). Thus, systems are interdependent and when one system is affected, the entire whole is also influenced (Hepworth et al., 2010). FST views a family as an open system through which

information enters (inputs) and exits (outputs) the family system (Hepworth et al., 2010). According to Lander et al. (2013), homeostasis, boundaries and feedback are the other key principles in the FST.

- Homeostasis means the tendency of the system to seek equilibrium and stability (Lander et al., 2013). The assumptions of homeostasis are important in understanding the consequences of substance abuse on family well-being, because members tend to function in a manner that keeps the whole system balanced even if it is unhealthy (Lander et al., 2013). An example is when a child conceals her mother's excessive drinking by covering up for her when her father asks questions. The child's efforts allow the mother's drinking to continue with fewer consequences, and keeps the family equilibrium by reducing arguments between the parents (Lander et al., 2013).

- Feedback involves the circular manner in which parts of the family systems communicate with one another (Lander et al., 2013). An example may be when a mother explains that she drinks excessive alcohol because her children are never home. The children in turn may say that they are never home because of the mother's excessive drinking and thus 'each person's behaviour becomes reinforcing feedback for the other' (Lander et al., 2013: 3).

- Boundaries focus on the internal and external limits of the family in order to provide protective barriers around the family (Lander et al., 2013). They provide abstract dividers between systems and between the family and the environment (Hepworth et al., 2010). As the family develops, boundaries may change over time (Hepworth et al., 2010).

Bowen's FST encompasses nine interlocking concepts according to Walsh (2010) and Schiff (2004). These concepts are as follows:

- The multigenerational perspective
- Differentiation of self

- Triangles
- Anxiety and the nuclear family emotional system
- Parental projection
- Fusion and emotional cut off
- Sibling position
- Societal emotional process

All of the above concepts may operate to some degree within all families (Kühn, 2016). Bowen developed the concepts as a result of the universal emotional system that directs all of the growth, functioning and maturation within a family unit (Kühn, 2016). In the case of parental substance abuse, individual family members may be seen as contributing to the problem.

For the purpose of applying the concepts of FST, a case study is presented in Table 3.1 to demonstrate Bowen's concepts in terms of substance abuse intervention in social work practice.

Table 3.1: Case study of parental substance abuse in a rural farming area

Billy and Sue have been married for 10 years and have 3 children together (Ben: 11 years, Amy: 8 years and Jack: 3 years). The couple have been using alcohol for their entire adult life, but five years ago their substance abuse started to become a problem. At first it was only Billy who used alcohol excessively, but Sue later joined him as they had various marital conflicts. The couple's drinking increased from occasional weekend drinking to drinking during the week as well as being under the influence of alcohol at work. Both were absent from work on numerous occasions as they often overslept after a heavy night of drinking. The children's academic performance deteriorated and they were continuously in trouble at school. The eldest child often had to make food for his other siblings when their parents neglected to make food. As a result of the excessive drinking, Billy and Sue neglected their children and their needs. Social services intervened as a result and removed the children and placed all three into the extended family's care. After the children were removed from the household, the couple started to go out more with their friends; however, they went out separately. Sue often went out with Beth, and Billy went out with his friend Bob, who soon introduced Billy to other substances. The couple soon grew apart and eventually started to live with their friends. Although Billy and Sue wanted to maintain contact with their children, they often did not make much effort to maintain regular contact. Furthermore, the couple's relationship was characterised by domestic violence, aggression and lack of communication. Both Billy and Sue's parents had abused alcohol as they were paid with alcohol during the apartheid era (*dop* system). Their childhoods were characterised by alcohol abuse, instability, domestic violence and poverty.

(i) Bowen's perspectives

The above case study will be referred to in the following discussion of Bowen's concepts.

The multigenerational perspective: Bowen's theory assumes that people's individual personalities as well as their patterns of interaction among family members have their origin in the previous generations (Walsh, 2010). The theory believes that the extended family also plays a vital role in the personal development of an individual, as does the nuclear family relationship (Walsh, 2010). Bowen therefore recommends a three-generation assessment of families (Titelman, 2013). The three-generational family will include maternal and paternal grandparents and aunts/uncles. Looking at the family from a three-generational perspective allows the family therapist to understand how certain issues have been passed on by generations.

In the case of Billy and Sue, both of them grew up in troubled households that were characterised by alcohol abuse, instability and domestic violence. Their history and that of the previous generation has had an impact on their parental functioning as well as the well-being of their own family. Both of them were exposed to the above-mentioned social issues, thus it might be that they felt it was normal to expose their children to the same circumstances.

Differentiation of self: This concept, which characterises the ability to achieve a balance between emotional and rational life in order to function as a healthy human being, is the cornerstone of Bowen's theory (Walsh, 2010; Titelman, 2014). The concept also relates to the individual's ability to function effectively within and apart from the family system and the individual's ability to distinguish, by themselves, between their own thoughts and feelings (Walsh, 2010). It includes the ability to physically separate themselves from their family of origin while still preserving certain aspects of the emotional ties and, at the same time, not be constrained by them (Walsh, 2010). Schiff (2004) describes differentiation of self as the extent

to which a person joins with another family member in a close emotional relationship. The concept of self refers to those individual traits that cannot be lost when with others (Kühn, 2016). The less developed a person's 'self' is, the more others can impact their functioning or the more this person may assert control over the functioning of others (Kühn, 2016). People who do not have enough 'self' may manipulate others by means of bullying. A person with a poor differentiation of self may depend on the acceptance of others to feel good about themselves, and say things simply to please others even if they don't believe these things to be true (Kühn, 2016). This suggests that the less developed an individual's differentiation of self is, the more susceptible he/she will be to peer or familial pressure (Kühn, 2016).

A facilitative environment where an individual can establish an identity related to his/her family, as well as separate their identity from the nuclear family will make differentiation possible (Walsh, 2010). People with a high level of differentiation will be more likely to cope with major life transitions, such as when they have to move out of the family home. Others who have a lower level of differentiation will find it more difficult to establish a stable sense of identity outside of the family system (Walsh, 2010). Therefore, each individual's capacity to develop and maintain positive relationships in adulthood is based on their learned patterns of managing family of origin relationships (Walsh, 2010).

In the case of Billy and Sue, both have a poor differentiation of self and this caused them to look for acceptance with their friends; however, their action had a negative impact on their family. Billy and Sue's background and friends had a negative influence on their substance abuse habit and, as a result, their drinking got out of hand and Billy started to use more alcohol, and the couple eventually grew apart. The fact that both parents grew up in substance-abusing homes is another negative factor in their current functioning.

Triangles: The interpersonal triangle is the main unit of analysis in family systems theory (Walsh, 2010). It refers to the tendency of people to relate to each other in systems of three (Kühn, 2016). A triangle happens because a two-person relationship cannot contain and manage much anxiety before a third person is necessary to absorb the excessive anxiety (Kühn, 2016). A third party can be anyone or thing and can include grandparents, children, a lover or substances (Schiff, 2004). Thus, these intimate relationships are seen as inherently unstable because they require a third party to maintain stability (Walsh, 2010). In the case of conflict between two individuals in a relationship, they would normally rely on a third party for mediation, advice or assistance in solving the problem (Walsh, 2010). However, problematic triangulation can occur when couples use a weaker family member, such as a child, to maintain stability in the relationship (Walsh, 2010).

In the case of Billy and Sue, both created a stressor between them by means of their alcohol abuse. The stressor further contributed to ruining the well-being of the family when the parents neglected primary responsibilities.

Anxiety and the nuclear family emotional system: Anxiety is a normal reaction which provides individuals with warning signs for potential risks (Walsh, 2010). The symptoms normally include feelings of tension or nervousness. However, anxiety can become problematic when it influences an individual's capacity for problem solving. The term 'anxiety' is especially central to Freud's psychodynamic approach and Bowen also applied the term to the family systems theory (Walsh, 2010).

Bowen's concept of the nuclear family emotional system consists of four basic patterns of relationship that may foster problematic development, which will be discussed later from paragraph three onwards (Walsh, 2010; Kühn, 2016). The theory posits that most families tend to function according to one or more of these patterns. The term 'nuclear family' refers to the

traditional basic family that consists of a mother, a father and their children (Kühn, 2016). Emotional systems are mostly linked with the anxious reactions of family members and how they respond and interact with each other within the system (Kühn, 2016).

The first pattern is marital conflict. Here each spouse may project their anxiety onto the other, in order to control the other person and by focusing on what is wrong with one another (Walsh, 2010). Marital partners may have experienced conflict in their families of origin and their learned behaviour is to blame their partner for everything. This anxiety needs to be dealt with by the couple; however, people can internalise their anxiety, especially during periods of high tension (Kühn, 2016).

The second pattern is problematic emotional functioning or single-spouse dysfunction. The couple thus depends on the dysfunction of one spouse to manage the family's anxiety (Kühn, 2016). Therefore, with the problematic emotional functioning of one spouse, the other spouse may want to preserve the harmony in the relationship, thus heightening anxiety as a result (Walsh, 2010).

The third pattern is child impairment. This is where the marital conflict has a negative influence on the children (Titelman, 2014). Children may display emotional or physical functional impairments with the result that the parents focus their anxieties on the child, which in turn may cause the child to become emotionally reactive to them (Walsh, 2010). The child may develop a lower sense of self and will be less able to differentiate him/herself (Kühn, 2016). This impairment of a child could lead to delinquent activities and substance abuse (Kühn, 2016).

The fourth pattern is emotional distance and is linked to isolation. If marital conflict continues, it can lead to distance within the family system and between the spouses (Titelman, 2014). Families that are characterised by the above tensions can produce an anxiety-charged

atmosphere that influences all the members in the system. This systems anxiety can be passed on through generations and can also increase (Walsh, 2010). People who are not differentiated will experience a greater level of tension and anxiety and tend to be drawn to people with similar anxieties (Walsh, 2010).

In the case of Billy and Sue, it appeared that Billy's drinking caused anxiety and marital conflict to the extent that Sue later started to drink excessively herself. This anxiety was projected onto the children who in turn became emotionally reactive to their parents. The children's functioning was affected as their school performance decreased and they were continuously in conflict at school. The family's situation and anxiety increased, with the result that the children were removed from the home and the family members became isolated and distanced from each other. The parents grew apart and also made minimal contact with the children.

Parental projection: The term projection is borrowed by Bowen from Freud's theory. Freud's theory used the concept of projection, which is a defence mechanism of keeping unacceptable thoughts out of one's awareness. It describes someone who experiences unwanted impulses and attributes these to (projects them onto) someone else (Kosslyn & Rosenberg, 2006). Bowen believes that projection occurs when one person cannot accept their anxieties, fears and thoughts and transmits them to a nearby willing person (Kühn, 2016). The person who is experiencing the feelings is not aware that they are having these feelings, but believes that the other person is experiencing them (Walsh, 2010). An example is when someone accuses their partner of wanting to drink alcohol rather than recognising their own conscious or unconscious wish to drink alcohol.

Projection involves distortion of reality and can be particularly harmful when parents project their feelings onto their children (Walsh, 2010). Children are thus vulnerable, as they internalise and believe what their parents say. They may suffer if their parents project negative

thoughts and ideas onto them; therefore, parental projection is the main source of transmitted family anxiety (Walsh, 2010). In the case of Billy and Sue, their children are more likely to have a lower sense of differentiation of self, which may make them vulnerable to parental projection.

Fusion and emotional cut off: Emotional cut off is the driving force for emotional distance and 'is an instinctual process between generations' (Walsh, 2010:97). It occurs when people separate themselves from the past and begin a new generation (Walsh, 2010). It includes physical distance or emotional distance or even both. Furthermore, it occurs when family members sort out their unresolved emotional issues by severing emotional contact from each other (Kühn, 2016). Thus, people choose to cut themselves off from significant others so as to prevent anxiety. Emotional cut off is result of one person's inability to resolve issues of fusion and this prevents him/her from forming a relationship with the other person (Walsh, 2010). Where people live together, emotional cut off could involve avoiding speaking to that person. In the case of Billy and Sue, after their children were removed from their care, their emotional cut-off increased. Both of them were living with other people, thus the physical distance between them increased the emotional distance. Furthermore, due to their anxiety and inability to restore family fusion, the parents did not make regular contact with their children, which would likely have a further negative impact on the development of the children.

Sibling position: Bowen believed that the positions of siblings within the nuclear family could also influence the child's personality development (Walsh, 2010). He based his ideas of the sibling position on the work of Toman (1961), who explained that the birth order position of the child influences how he/she relates to parents and other siblings (Winek, 2010). Thus, the birth order also determines the triangles in which a child grows up. Sibling conflict can be a result of triangulation relationships (Capuzzi & Stauffer, 2015). This is especially the case

where parents often have certain expectations of the eldest sibling by, for example, expecting them to help in the house and look after the younger sibling(s). Sibling position is seen as a way of assessing the degree of differentiation as well as multigenerational projections (Winek, 2010).

Billy and Sue's sibling position may have also shaped their personalities. Assuming that one of them was the eldest in their family of origin, they would probably have had to assume various responsibilities. Their eldest child, Ben, also had to take responsibility for his younger sibling, especially when his parents were under the influence of alcohol.

Societal emotional processes: According to Kühn (2016) this concept explains how the emotional system governs behaviour on a societal level. Furthermore, it refers to the way in which social systems can be conceived as analogous to the members of the family in relation to the rules that govern interpersonal behaviour within and among them (Walsh, 2010). This can include the social service system as well as the church which has been conceptualised as a family (Walsh, 2010).

In the case of Billy and Sue, both of them grew up in troubled families where substance abuse was prevalent. The emotions attached to this, combined with other societal anxiety factors, might be contributing factors to their emotional functioning.

Based on the above information, it is clear that FST can specifically be used when studying the impact of parental substance abuse on other family members (Morojele, Parry, Brook & Kekwaletswe, n.d.). The theory therefore will focus not only on the parents' substance abuse, but on how their substance abuse directly affects the family's well-being.

The information discussed above is presented on the next page in Figure 3.2.

Figure 3.2: FST and parental substance abuse

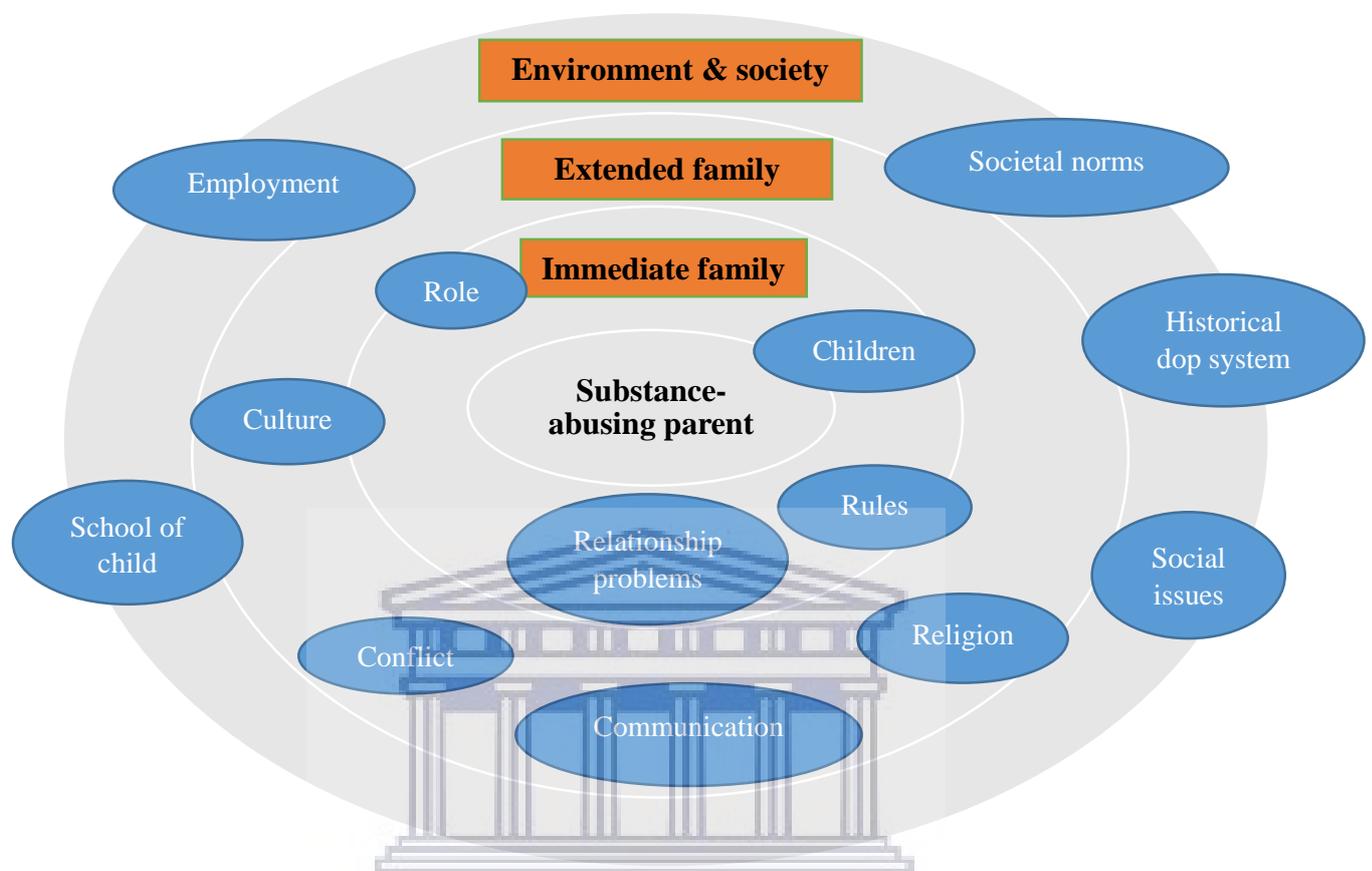


Figure 3.2: FST and parental substance abuse

3.3 STRENGTHS OF FAMILY SYSTEMS THEORY

One of the main strengths of the FST is that it provides a framework for understanding and working with individuals within their environment and understanding them in relation to their family and environment (Healy, 2014; Walsh, 2010). Furthermore, the theory eliminates the idea of pathologisation of individuals, and instead concentrates on the interaction within the various systems (Healy, 2014). The theory provides a unifying conceptual foundation that facilitates understanding as well as appropriate responses to individuals in their environments (Healy, 2014). This theory embraces a psychosocial approach to phenomena; thus, various aspects can be taken into account (Payne, 2014). According to Payne (2014), FST can be

beneficial for social workers because it incorporates social factors as well as psychological aspects of people's lives and thus emphasises the client's interconnection with his/her family, community and society. The FST provides multifactorial explanations, as the core assumption is that everything is connected.

3.4 CHALLENGES AND CRITIQUES OF FAMILY SYSTEMS THEORY

Despite having various strengths, FST have been criticised for having certain limitations. These include a lack of clarity regarding core systems concepts and a lack of specific intervention techniques. This vagueness contributes to a deficiency of theoretical and empirical justification of systems viewpoints, especially in practice (Healy, 2014; Walsh, 2010). In addition, the inconsistency between social work values and systems theories has been criticised (Healy, 2014).

Furthermore, the theories have also been criticised for relying too heavily on disciplines other than social work. The theories do not provide enough information on how to move from a holistic analysis towards systematic intervention (Healy, 2005). Walsh (2010) maintains that Bowen did not write much on spirituality within families. Therefore, the theory is also not sensitive enough to ethnic and cultural family diversity, and there appears to be a lack of clarity with regard to the variations of how females and males experience differentiation as well as fusion (Walsh, 2010).

If interventions using the theory are to be effective, they require at least moderate structural stability in families. Thus, the theory interventions may be difficult to implement in those families which experience issues such as poverty or discrimination (Walsh, 2010).

Furthermore, the theories do not clearly address aspects of the final intervention session. The critiques highlight this barrier to accurate identification of problems and clear-cut prescriptions for action (Payne, 2014).

It is clear from the information discussed above that the FST lack clear intervention guidelines and do not take into consideration social work values.

3.5 RELEVANCE OF FAMILY SYSTEMS THEORY IN SOCIAL WORK FIELD AND CURRENT STUDY

The explorative and descriptive nature of the current research indicates the need for a theory that takes the experiences of families into account. Thus, this study adopted the philosophical viewpoint of family systems theory in order to understand the phenomenon being studied.

According to Payne (2014), family systems theory can be beneficial for social workers because it incorporates social factors as well as the psychological aspects of people's lives, and thus emphasises the client's interconnection with his/her family, community and society. The systems theory gives multifactorial explanations as the core assumption is that everything is connected.

Thus, the researcher chose this theoretical framework as the theory enabled the researcher to look at parental substance abuse not only as an individual factor, but also consider the roles of all other systems. The fact that this theory is concerned with the connectiveness of systems, links with the researcher's research topic that focuses exploring the effects that parental substance abuse has on family well-being.

FST was utilised in the present study as it helped to structure all aspects of the research study. The researcher used to FST to support and construct the methodological plan of the research, which includes the research instrument. FST was used to inform the usage of a semi structured

interview schedule in order to gather in-depth information from various types of participants. Furthermore, the research questions were formulated from a family systems perspective by taking into consideration all systems.

The researcher used this chapter as a guideline during the data analysis process. The key assumptions and principles of the FST were taken into consideration when the researcher coded and presented the data. Codes and themes were constructed by taking into consideration the role FST has on the phenomenon being studied. Furthermore, FST assisted the researcher to connect previous findings with the current findings. Thus, during the data analysis phase, FST assisted with making conceptual distinctions, organising ideas and structuring data interpretations. Furthermore, the basic assumptions of the theory were used to inform recommendations and conclusions by identifying gaps. In Chapter 5 connections with the FST are explained in some sub-themes.

3.6 CHAPTER CONCLUSION

The systems theories, particularly the FST and the concepts discussed, provide a useful social work framework as a means of assessing the nature of family interactions and associated problems that families may experience (Walsh, 2010). In particular, the eight interlocking concepts in FST that focus on family functioning and also family difficulties were highlighted. This framework can be used specifically with families where parental substance abuse is prevalent, in order to determine the effect it has on the family's well-being.

In the next chapter, the methodology of the research study is presented.

CHAPTER 4

RESEARCH METHODOLOGY

4.1 INTRODUCTION

Chapter 2 focused on the literature review of previous findings which relate to the phenomenon being studied, and therefore provided both a framework for determining the importance of the study and a benchmark with which to compare the results (Creswell, 2014). Further, Chapter 3 focused on the theoretical framework used in the study, because it outlines how the assumptions and principles of the family systems theory were used in the study.

The current chapter focuses on the study's research methodology in order to understand the different research approaches as well as the rationale for using a qualitative approach in the present study.

Research methodology deliberates on 'how we come to know' and focuses on the ways and means of understanding a phenomenon better (Henning, Van Rensburg & Smith, 2004:15). Different research approaches are used, each of which consist of their own principles and assumptions, to guide the researcher on how to gather information. Research methodology therefore refers to the specific and systematic techniques, tools and procedures of how a research study is carried out (Daniel & Aroma, 2011; Killam, 2013).

The aim of the present study is to explore and describe the effects of parental substance abuse on perceived family well-being within a selected rural area in the Western Cape. The importance of the research question is to explore and describe the phenomenon. An explorative study focuses on gaining insight into the participants' situations and circumstances (Babbie, 2010; Fouché & De Vos, 2011), i.e. placing the focus on the realities of the participants and their descriptions thereof. Explorative studies are conducted so that researchers and readers can

better understand the topic under study (Babbie, 2010). Furthermore, an explorative study is used where minimal literature exists on the topic as cited (Fouché & De Vos, 2011). Therefore, undertaking an explorative study allowed the researcher to gain more insight into the identified and thus far neglected phenomenon (Kühn, 2016). In addition, using an explorative design gave the researcher an opportunity to better understand the views of substance-abusing parents, of family members where parental substance abuse is prevalent, and of social workers working with substance-abusing parents in the selected area.

Descriptive studies, on the other hand, focus on the ‘how’ and ‘why’ and present specific details of a situation (Fouché & De Vos, 2011; Maxwell, 2013). Thus, a descriptive design focuses on observing as well as describing a particular phenomenon. Descriptive research design also focuses on current issues via a process of data collection that enables the researcher to describe the phenomenon better, where reference is made to specific times and places (Monsen & Van Horn, 2008; Fouché & De Vos, 2011; Fox & Bayat, 2007). In the present study, the researcher observed as well as described the views of the three different participant groups, with the aim of acquiring a better understanding of the phenomenon being studied.

To obtain the necessary data, the main research question was: What are the effects of parental substance abuse on family well-being in the selected rural area?

In the present chapter, the researcher provides a brief overview of the philosophical underpinnings of the different research approaches and provides the rationale for using a qualitative approach for this study. Furthermore, the researcher discusses the main study, the research design, data collection methods and data analysis processes.

A description of the pilot study is presented as well as the findings thereof, and the changes that were made to the processes as a consequence. Ethical considerations, validity,

trustworthiness and limitations of the study are also presented. Finally, a conclusion summarises this chapter.

4.2 PHILOSOPHICAL UNDERPINNINGS OF RESEARCH

Social science research has been identified as a field that deals with aspects of human society (De Vos, Strydom, Schulze & Patel, 2011). This field includes the study of people and their views, beliefs and behaviours. The study of human life is seen as being particularly difficult to measure. Therefore, approaches and worldviews have emerged to help explain human phenomena. All research approaches are linked to philosophical worldview assumptions which are interconnected with the research designs and methods used (Creswell, 2014). ‘Worldview’ in this context refers to ‘a basic set of beliefs that guide actions’ that arise from past research experiences (Creswell, 2014:35).

Researchers also need to be aware of how worldviews relate to different research paradigms, the chosen methodology as well as research findings (Scotland, 2012). In Table 4.1, the following paradigm components are discussed: ontology, epistemology and axiology.

Table 4.1. Explanation of ontology, epistemology and axiology

Paradigm component	Discussion
1. Ontology	This has to do with what exists and the study of being (Scotland, 2012; Killam, 2013; Creswell & Poth, 2018). This component focuses on what is, and is concerned with what constitutes reality (Scotland, 2012). Qualitative researchers often look at multiple realities; thus, the researcher conducts the study with the intent to record the various realities of people (Creswell & Poth, 2018).

2. Epistemology	This component focuses on knowledge and is concerned with how knowledge can be created, communicated and acquired (Scotland, 2012). Thus, the researcher tries to get as close as possible to the participants in order to identify their subjective realities (Creswell & Poth, 2018). This is how knowledge comes to be acquired, via people.
3. Axiology	This has to do with judgements, values and ethics in research (Killam, 2013). Researchers usually bring their own values to bear when conducting research. In qualitative research, researchers admit the value-laden nature and report on their own biases (Creswell & Poth, 2018).

Source: Adapted from Creswell & Poth, 2018

Each paradigm and worldview is based on the researchers' own ontology and epistemology assumptions (Scotland, 2012). Two of the most common worldviews are positivism and the interpretive approach (De Vos, Strydom, Schulze & Patel, 2011), and these will now be discussed.

4.2.1 Positivism

This approach applies natural science techniques to the research and explanation of social phenomenon (De Vos, Strydom, Schulze & Patel, 2011; Creswell & Poth, 2018). The philosophy believes that the specific techniques and procedures used in the field of natural science are appropriate for use in the social sciences field. Furthermore, this approach believes that it is possible for the social researcher to adopt a distant and objective position to social science research (De Vos, Strydom, Schulze & Patel, 2011; Morris, 2006).

Positivism's ontological viewpoint is realism. This refers to the belief that objects have an existence independent of the knower (Scotland, 2012). Positivism's epistemology believes that a phenomenon exists independently and can be discovered through research (Scotland, 2012). Positivism research makes use of the quantitative research approach.

The philosophy does not believe in a phenomenon that cannot be observed directly via experiences and observations (De Vos, Strydom, Schulze & Patel, 2011). It also posits that scientific knowledge should be arrived at through verified facts which include empirical research findings (De Vos, Strydom, Schulze & Patel, 2011).

4.2.2 Interpretive approach

This approach aims to understand people and is also called the phenomenological approach (De Vos, Strydom, Schulze & Patel, 2011). This approach is concerned with the subjective realities of the participants and understanding their realities.

The ontological viewpoint for this approach is realism and it refers to the fact that people's realities differ and are subjective (Scotland, 2012). This means that there are numerous realities, because each person has their own reality.

The epistemology is linked to subjectivism and is based on real world phenomenon (Scotland, 2012). This approach focuses on the behaviour, beliefs and realities of participants. Research is normally qualitative in nature (Tuohy, Cooney, Dowling, Murphy & Sixsmith, 2013).

The researcher's study was conducted by following the qualitative approach and grounded in the interpretivist framework. The emphasis was on capturing the lives of participants in order to understand the phenomenon being studied (Henning et al., 2004). By following this approach, the researcher aimed to get a description and understanding of the participant's lived experiences from their own viewpoint (Babbie & Mouton, 2009). Therefore, the researcher opted for an exploratory and descriptive study by using the case study research design. Furthermore, the main data collection tool, interviews, is also linked to this approach. It is clear that the interpretive approach is linked to the researcher's entire methodology and research process.

4.3 OVERVIEW OF THE RESEARCH APPROACHES

According to Creswell (2014), a research approach refers to the plans as well as the procedures used to conduct research that spans from general to specific methods of data collection, analysis and interpretation. There are three approaches to research, namely qualitative, quantitative and mixed methods (Creswell, 2014; De Vos et al., 2011). The first two approaches differ fundamentally from each other, while a mixed approach is a combination of the qualitative and quantitative approaches (Morse & Niehaus, 2016). The qualitative approach was developed in the social sciences field (Kumar, 2014). It is thus more subjective and focuses on the experiences of the participants, and understanding their realities (Creswell, 2014; De Vos et al., 2011). The quantitative approach on the other hand was developed in the natural sciences field (Kumar, 2014). It is more objective and focuses on gathering numerical and statistical information about a phenomenon (Louw & Louw, 2009). Table 4.2 below presents the key differences between the qualitative and quantitative approaches:

Table 4.2: The main elements between qualitative and quantitative approaches

Qualitative approach	Quantitative approach
Unstructured approach which allows flexibility and focuses on the feelings, thoughts and words of participants	Structured approach that is rigid and unvarying and focuses on numbers, percentages, statistics and frequencies
More subjective in nature, where personal bias may influence findings	More objective in order to obtain unbiased conclusions
Inductive reasoning (particular to general)	Relies more on deductive reasoning (general to specific)
More open-ended questions	More closed questions
Epistemological roots in interpretivism (phenomenology)	Epistemological roots in positivism
Seeks to understand a phenomenon	Seeks to control phenomenon

Source: Adapted from Creswell, 2014; Daniel & Aroma; Fouché & Delpont, 2011

As mentioned before, a mixed methodology is when a qualitative and quantitative approach is used in one study (Creswell, 2014). The rationale for this approach is that using two approaches provides a better understanding of a specific phenomenon, compared to using only one approach (Creswell, 2014; Creswell & Clark, 2017; Fouché & Delpont, 2011). This approach has its own set of designs to choose from.

Furthermore, the rationale for using a mixed methodology may include the need to obtain a more complete and corroborated finding (Creswell & Clark, 2017). Another rationale could be the need to further explain initial findings (Kumar, 2014). An example is a study of homeless individuals in Observatory, Cape Town, conducted by Schenck, Roman, Erasmus, Blauuw and Ryan (2017). In that study, a concurrent mixed method design was applied, where quantitative information was first gathered by means of questionnaires. Afterwards qualitative data was gathered by means of interviews after the questionnaires were completed in order to explore the participants' reasons for living on the street.

For the purpose of this study, a qualitative approach was selected based on the research aim, questions and objectives.

4.3.1 The qualitative approach

A qualitative research approach was used with the aim of exploring and describing the identified phenomenon (parental substance abuse and the effects on family well-being within the selected rural area). Qualitative research is a mode of scientific research that has its origins in the field of anthropology and sociology (Creswell, 2014; Mack, Woodson, Macqueen, Guest & Namey, 2005). Furthermore, the approach has its epistemological roots in interpretivism, which is concerned with the realities that people hold (Creswell, 2014). The approach is therefore holistic in nature and its aim is to understand the meaning the participants attach to their lives and the phenomenon being studied (Fouché & Delpont, 2011). The

approach aims to answer a question about the complex nature of phenomena by describing and understanding it from the view of the participants (Fouché & Delpont, 2011).

The researcher chose this particular research approach as it is the most appropriate way to gather thick and rich information to answer the research question and to obtain information on people's subjective realities (Creswell, 2014; Silverman, 2016). The flexibility allowed the researcher to make use of probing in order to gather more information.

4.3.2 Rationale for using a qualitative approach

The rationale behind a qualitative approach is the researcher's desire to explore and describe the subjective experiences of the participants. The researcher wanted to gain understanding of the specific phenomenon (parental substance abuse and the effects on family well-being) from the viewpoint of the participants (the substance-abusing parents, their family members and the social workers). Therefore, the researcher explored the realities of the participants regarding parental substance abuse and the effects on the family's well-being. By exploring this phenomenon, the researcher was able to gain an insight into the situation from the participants' perspective. Furthermore, the researcher also wanted to describe each participant's experiences as they are and understand the phenomenon from their frame of reference. By using a qualitative approach, the researcher was able to explore the phenomenon by asking open-ended questions in order to gather thick and rich data.

4.4 RESEARCH DESIGN

Research design refers to the type of inquiry that gives direction for procedures (Creswell, 2014). Fouché and Schurink (2011) view a research design as the blueprint of how a study will be conducted. It consists of the plans as well as the procedures for the specific research (Creswell, 2014).

4.4.1 The case study design

The researcher made use of a case study design. Creswell (2014) explains that a case study includes an exploration of a bounded system (bounded by time or context) or a single or multiple case over a period of time by means of detailed, in-depth data gathering that includes multiple sources of information. Marshall and Rossman (2016) explains that case study research design specifically focusses on context and the dynamic interaction over time. Furthermore, this method consists of an issue, case and unit of analysis. The issue refers to the topic being studied and, in the case of this research, it is parental substance abuse. The case refers to the issue's context, a rural area in the Western Cape. Furthermore, the unit of analysis refers to the sample of people being used for information, which include known substance-abusing parents and family members where substance abuse is prevalent and where social workers render services in the identified area.

Furthermore, the research design has various advantages: these include being flexible and incorporating many perspectives (Marshall & Rossman, 2016), although it has been criticised for lacking rigour and objectivity (Rowley, 2002). The case study research design consists of three types of case study designs that will be explained in the next section.

Fouché and Schurink (2011) posit that this design focuses on the study of a phenomenon by making use of one or more cases in a specific context. Because the study is explorative and descriptive in nature and focuses on a particular context or setting in which data would be obtained, the researcher selected the case study research design. The method focuses on in-depth experiences of participants in order to understand a phenomenon from their perspective (Yin, 2009). A case study involves an exploration of an issue (for example parental substance abuse) within a bounded system (setting boundaries to frame the case). The case would be family well-being. Boundaries would be set regarding context (for example the affected

families in a selected rural area) and a period of time (for example collecting data during a specific time frame) (Babbie, 2016; Creswell, 2014; Denscombe, 2014).

The rationale for using a case study research design was because it linked with the aims, objectives and methodology of the identified research study. This study was descriptive and explorative in nature, therefore the case study design linked well with this type of study. Furthermore, the identified study involves an exploration of an issue (parental substance abuse) within a bounded system (rural area in the Western Cape) and a case that would be family well-being. Setting boundaries would be in terms of context (for example affected families in a selected rural area) and a period of time (for example collecting data during a specific time frame).

As mentioned in the previous section, the case study research design has three different types of designs. According to Creswell and Poth (2018), the different case study designs are distinguished by the focus of analysis of the bounded case. Thus, they are distinguished by the focus on one individual case, multiple individuals or even groups. Furthermore, the type of designs may also be distinguished based on the intent of the case analysis (Creswell & Poth, 2018). Table 4.3 will present the three different kinds of case study designs.

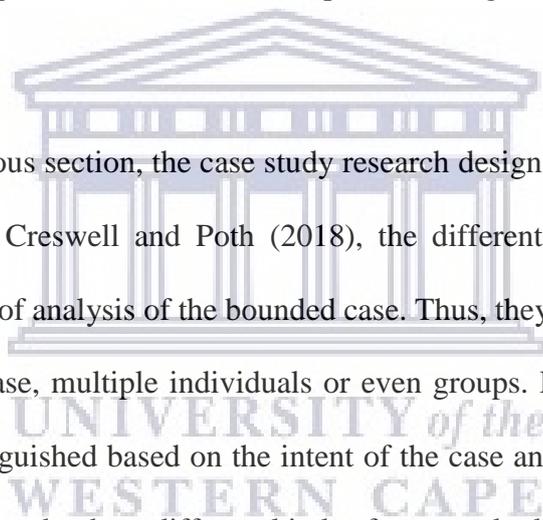


Table 4.3: Types of case study designs

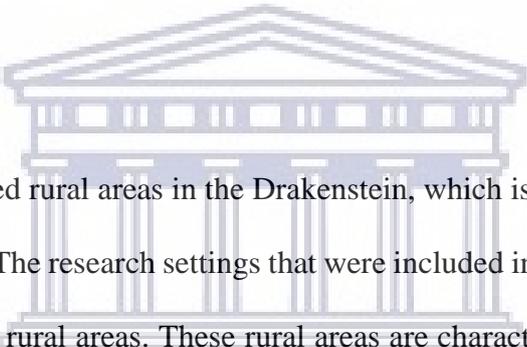
Type of case study design	Description	Application
1. The single instrumental or explanatory case study	Here the researcher focuses on an issue (parental substance abuse) and then selects one bounded case (family well-being in the selected rural area) to help illustrate the situation (Creswell & Poth, 2018). The purpose of this kind of research is to generate new knowledge as well as test existing knowledge so as to provide more insight into the phenomenon being studied (Creswell & Poth, 2018). Thus, the focus is on understanding the phenomenon being studied within the specific context. Therefore, the findings of the single instrument case study may be used to support a theory or disprove it (Fouché & Schurink, 2011).	The researcher selected this type of case study design because the study focus was on a single case.
2. The collective or multiple case studies	This is an instrumental case study that is extended to various cases (Fouché & Schurink, 2011). A researcher therefore chooses one issue of concern but uses multiple case studies to demonstrate the issue (Creswell & Poth, 2018). Multiple cases are selected in order to demonstrate the different perspectives on an issue (Creswell & Poth, 2018). Cases are therefore chosen in order to compare them with each other so that theories can be extended or validated (Fouché & Schurink, 2011). The principle of replication is used by the researcher, where the procedures are repeated for all cases (Creswell & Poth, 2018; Yin, 2013).	The researcher did not select this type of design, because the focus here is on multiple case studies.
3. The intrinsic or descriptive case study	The focus is on describing, analysing and interpreting a specific phenomenon (Fouché & Schurink, 2011; Yin, 2013). Furthermore, this design includes focusing on the case itself by undertaking unique or extreme case studies where the focus would be on a small sample in order to produce detailed data on these cases (Fouché & Schurink, 2011). The purpose of this type of case study is to describe the issue being studied and not to understand the phenomenon (Creswell & Poth, 2018; Fouché & Schurink, 2011; Marshall & Rossman, 2016).	The researcher did not use this type of case study because the identified study did not focus on the uniqueness of one case, but on an issue instead.

Source: Adapted from Creswell, 2014; Creswell & Poth, 2018; Fouché & Schurink, 2011

The researcher made use of a single instrumental case study design as the research was concerned with a single issue (parental substance abuse) and focused on one case (family well-being in the selected rural area) to explain the issue.

The unit of analysis was individuals who were known substance-abusing parents, the family members affected by parental substance abuse, and the social workers who offered services to these families. Participants over the age of 18 years were included in this study. Adult family members were chosen compared to children, because no consent was required from parents or caregivers. Thus, no children were included in this study due to the ethical and emotional implications involved.

4.4.2 Research setting



The research setting included rural areas in the Drakenstein, which is situated within the Cape Winelands, Western Cape. The research settings that were included in the study stemmed from Paarl and Wellington small rural areas. These rural areas are characterised by low population density and high rates of poverty. The agricultural area is essentially landlocked between the West Coast and Overberg coastal districts. The area is one of the 'pearls' of South Africa's rural towns, but with distinctly unequal levels of development (Cape Winelands District Municipality, 2017). The Cape Winelands region is characterised as the wine route and a wine producing area (Bruwer & Alant, 2009).

Furthermore, the area is faced with various social issues, including HIV & AIDS, crime and substance abuse (Cape Winelands District Municipality, 2016). Between the years of 2015 and 2016, 3.1% of substance abuse related cases were reported (Cape Winelands District Municipality, 2016).

Furthermore, the demographics of rural areas in South Africa indicates that past government policies slowed down rural families' ability to remain intact (Drakenstein Rural Development Strategy, 2009). The former homeland legacy during apartheid increased poverty amongst rural families (Drakenstein Rural Development Strategy, 2009). Thus, due to the past policies in apartheid, rural areas have a low-density population that often lives in poverty, are isolated and have minimal services. Within the Western Cape and Cape Winelands area, remainders of the legacy of the *dop* system (paying farm worker with wine) still seems to prevail, exacerbating the ongoing high rate of alcohol abuse, domestic violence and foetal alcohol syndrome (FAS) in rural areas (Drakenstein Rural Development Strategy, 2009). Furthermore, the majority of individuals on the farms are often seasonal workers. This has further implications, as it leaves many households without an income during the off-season. This, in turn, further contributes to poverty and the inability to escape from it. Poverty and the poor level of basic service delivery in rural areas constrains developmental efforts (Drakenstein Rural Development Strategy, 2009). Approximately 70% of people who live in poverty are people who live in rural areas (Black association for agricultural sector, n.d).

Based on the discussed information above, it is clear that the identified area has a rich historical background that may have an impact on current substance abuse and family life.

4.5 POPULATION AND SAMPLING

Population is the large group of people or material about which a researcher is interested in gaining knowledge (Macnee & Mc Cabe, 2008). The population in the study included all families who were affected by parental substance abuse within the selected rural area. The general characteristics common to this population included individuals who lived in the selected rural area and were exposed to parental substance abuse. This also included parents

who were known substance-abusing parents. Furthermore, it also included registered social workers who rendered substance abuse services or family services within the selected area.

4.5.1 Sampling and size

In any study embarked on but especially qualitative research, relatively small samples are used in data collection. The sample was drawn from the main population in the selected area the researcher made use of non-probability sampling. According to Rubin and Babbie (2009), non-probability sampling refers to the procedures for choosing a sample which does not involve randomisation. The researcher chose this type of sampling because not all the individuals had an equal chance of being selected; instead, the researcher looked at specific people where the study topic was most likely to occur.

There are various sampling types in non-probability sampling, for example, theoretical, deviant case, sequential and snowball. The researcher made use of purposive sampling. According to Rubin and Babbie (2009), purposive sampling is based on the judgement of the researcher concerning which sample would best serve the purpose and aims of the study. The researcher chose this type of sampling as it provided the most information in relation to the topic. According to Creswell and Clark (2017), purposive sampling participants are thus used to help inform the understanding of the research phenomenon being studied. The logic for this type of sampling is thus in selecting information-rich participants in order to gather in-depth information about the phenomenon being studied (Patton, 2015).

The researcher targeted eighteen participants until data saturation was reached. To achieve saturation, the researcher was required to continuously evaluate the collected information, as this would determine when data saturation had occurred (Greeff, 2011).

4.5.2 Sampling procedures and inclusion criteria

Participants included known substance-abusing parents and family members affected by parental substance abuse. These individual cases were drawn from the NPO where the researcher was employed, as well as referrals from farmers in the selected area. The researcher made a written request to the management of the NPO for permission to recruit participants for the study. The researcher also made written requests to organisations within the selected rural area to recruit six social workers for the study. The criteria for inclusion were: individuals who were known to organisations and farmers as current substance-abusing parents, and individuals of 18 years and older who were in families who had experienced the effects of parental substance abuse in the home. The rationale for choosing adult family members compared to children was because no other consent (from parents or caregivers) was required. Thus, no children were included in this study due to the ethical and emotional implications involved. The family members included in the study consisted of 4 family members who were related to the substance abusing parents. The other 2 family members were not related to any substance abusing parent included in the study.

The inclusion of social workers was dependent upon their being registered with the South African Council for Social Service Professions and employed at a formal organisation offering substance abuse services in the selected rural area.

Written requests to farm owners were done primarily to get approval to access participants on their farms (private property), especially since the interviews occurred during working hours and the researcher had to transport the clients to her office. Thus, the written request for permission from farm owners were not done due to any power issues.

4.6 DATA COLLECTION METHODS

The researcher made use of one data collection method, namely one on one interviewing. This method was employed because it allowed the researcher to gather thick and in-depth data from the research participants. Furthermore, the researcher chose this method as it allowed the researcher to be flexible and it focused on the subjective realities and experiences of the participants. The interview method linked well with the selected study's aims and objectives. The researcher also chose one on one interviewing due to the given phenomenon being studied. In this method, the participants are asked personal information and thus a focus group might not have been relevant as participants may have felt uncomfortable, and this could therefore result in them providing surface information only.

The interviews took place in the participants' choice of language and within a private room at the NPO where the researcher was employed for safety and privacy reasons.

In the researcher's initial proposal, two data collection methods were identified, namely one on one interviewing and a focus group with the social work participants. The researcher chose a focus group to save time, as one on one interviews tend to last longer. The focus group however could not be realised due to the difficulty in assembling the selected social workers on one day and time.

4.6.1 Data collection tools and procedures

The researcher used a semi-structured interview schedule where a list of open-ended questions was used as a guideline (Creswell, 2014; Greeff, 2011). Furthermore, a semi-structured interview schedule was used as it was flexible enough to allow new questions and make use of techniques such as probing. The aim of probing is to gather more in-depth information and to persuade the participant to provide further information (Greeff, 2011; Seidman, 2013).

Examples of questions used include:

- What do you understand by alcohol abuse?
- What are the ways in which you think alcohol has changed you?
- What are some of the reasons why you drink?

All interviews were audio-recorded in order to provide a more accurate record than note-taking. Furthermore, it allowed the researcher to focus on the interview process as opposed to taking notes (Greeff, 2011). The main reason for audio recording was because the data would be transcribed to facilitate the data analysis process.

The researcher also made use of email interviews to follow up the face to face interviews, when it was necessary to seek clarity about an issue (Meho, 2006; O'Reilly & Dogra, 2017). Various studies (Gibson, 2010; Walker, 2013) have found that email interviewing has emerged as an alternative method in qualitative research. Email interviews are beneficial as they allow the researcher to clarify anything that is unclear or to ask short questions that were not covered during the face to face interview (Hawkins, 2018).

4.6.2 The pilot study

According to Strydom and Delpont (2011), the pilot study is a rehearsal of the research process; this is done on a small scale with the aim of identifying any flaws before the proper study commences. The rationale for conducting a pilot study is to test the instruments that will be used as well as to assess the feasibility of the study (Strydom & Delpont, 2011; Yin, 2016). A pilot study helps the researcher to fine-tune the process and make the necessary changes, to ensure that the main study proceeds without any major problems. It also allows the researcher to familiarise themselves with the research questions and overcome any lack of confidence relating to presenting these questions. The researcher thus did a practice run with two research

participants where she tested the research questions. Two test interviews were done, one with a family member where substance abuse was prevalent and one interview with a social worker. The questions posed were easily understandable to both of the pilot participants and therefore no changes were necessary to the instruments.

4.6.3 Implementation of the main study

Before starting the research, permission to conduct the study was obtained from the Senate for Higher Degrees at the University of the Western Cape. The researcher then asked the NPO at her place of employment for permission to use clients living in the selected rural area, who are affected by parental substance abuse, in the study. Thus, a letter of permission as well as the proposal for the study was sent to the NPO's head office for the attention of the Director for the Social Services programme. The researcher followed up the letter telephonically and permission was granted; this was later sent in writing. After permission was obtained from the NPO's head office, the researcher also requested permission from the NPO's board members. The necessary documents as well as the proposal were given to the board members at the NPO in Wellington during a meeting, where the researcher explained the study, and permission was granted.

Thereafter, the researcher contacted other agencies for permission to interview social workers who were working in the selected area. The researcher was able to get permission from three agencies to interview their social workers in the area. Only thereafter, did the researcher begin to recruit social worker participants. The researcher initially phoned social workers to ask whether they are interested to take part in the study. During this first contact, the research topic, information sheet and participant rights were briefly explained. The researcher also explained to the participants that the interviews will need to be audio recorded. After the participants

agreed to take part in the study, the information sheet and consent letter was emailed to them and a date for the interview were set up.

The researcher was able to interview six different social workers who render services in the selected area.

After completing the interviews with the social workers, the researcher began to recruit participants for the study from her caseload at the NPO. Permission was granted from two farm owners in the area and interviews took place in an office at the NPO. The researcher directly approached the participants at their homes and explained to them the research topic, information sheet and participant rights. After they agreed to take part in the study, the information sheet and consent form was provided to them and a date for the interview was set up.

On the day of the interviews, the researcher first went through the information sheets, explained their rights and why audio recording is necessary. They were then provided with an opportunity to decide whether they still want to continue with the study. After the participant agreed to continue with the study, the consent forms were signed before the actual interview started.

During the data collection process, all ethical principles were upheld as the researcher respected the views of the participants and their right to privacy.

4.7 DATA ANALYSIS

Analysing data is the process during which the researcher tries to make sense of the findings especially in relation to the topic being studied (Henning et al., 2004). The essence of data collection in qualitative research is the subjective realities of the participants and the meaning they give the phenomenon being studied (De Vos et al., 2011).

Therefore, a qualitative thematic approach as proposed by Boyatzis (1998) was used. According to Braun and Clarke (2006), thematic analysis refers to a method that is used to identify themes and patterns in data. The terms ‘themes’ and ‘patterns’ are used interchangeably. Patterns involve similarities as well as differences in an issue that is found throughout the data. Themes are those patterns that are crucial to the description of the phenomenon being studied (Sutton & Austin, 2015). In order to identify patterns and themes in the data, the researcher needs to transcribe the data before coding the important information. Coding refers to the identity of topics, similarities, differences and issues in the data. This allows the researcher to begin to make sense of the findings in relation to the research topic. Coding can be done by hand, by writing in the margin or highlighting the transcribed data (Bazeley, 2013; Sutton & Austin, 2015).

The six phases of data analysis by Braun and Clarke (2006) were used:

- Phase 1: Familiarise yourself with the data and transcribe it verbatim to capture the true nature of the narratives. The researcher transcribed the data between May and July 2018. Data was transcribed manually and this allowed the researcher to get a sense of the gathered information.
- Phase 2: Generation of initial codes. This includes codes that are interesting and have a high data prevalence. Coding was done manually: the researcher read through the transcripts and highlighted interesting information.
- Phase 3: Search for themes. Codes are used to structure themes. During the search, broader themes were generated from the codes when the researcher grouped all the highlighted codes that had commonality, under a theme that described it. The researcher read through the highlighted transcripts again and started to categorise the codes into broader themes, sub-themes and categories.

- Phase 4: Refine and review themes and codes, and check for a coherent pattern. If codes and themes are not coherent, codes can be moved, or new themes can be created. The researcher often found it necessary to create new sub-themes or categories by moving codes around, in order to maintain coherence within the main theme.
- Phase 5: Define concepts and identify the essence and meaning of themes. During the data analysis, the researcher described the meaning of each theme. These are to be found in Chapters Five and Six.
- Phase 6: The report is produced. In this study, Chapters 5 and 6 present the research findings.

4.7.1 Coding and patterns

As mentioned before, the coding and identifying of patterns was done manually. The researcher identified codes and patterns by means of highlighting narratives in the transcripts and writing ideas in the margin column. This was a lengthy process as the researcher had to go through each transcript attentively to identify any similarities.

The researcher found that the data analysis process was not chronological as themes, sub-themes and categories often changed and it was necessary to retrace the movement between the steps. The change in themes, sub-themes and categories occurred when the researcher's supervisors assisted with the editing. Furthermore, the change in themes was also necessary in order to align the findings with the theoretical framework and the literature review.

4.8 VALIDITY AND TRUSTWORTHINESS

According to Creswell (2014), qualitative validity and trustworthiness is where the researcher looks at the accuracy of the findings by following specific procedures as part of the entire methodology. To ensure trustworthiness, the researcher followed Guba's model (Shenton,

2004) which involves credibility, transferability, dependability and confirmability (also see Creswell, 2014). These will be explained below.

- **Credibility:** This refers to the internal validity and ensures that the study tested is what was intended to be studied (Shenton, 2004). Credibility thus refers to the degree to which the findings represent the participants' meanings (Lietz & Zayas, 2010; Moon, Brewer, Januchowski, Hartley, Adams & Blackman, 2016). For credibility, the researcher demonstrates that the true picture of the phenomenon will be presented from the participants' perspectives (Shenton, 2004). The researcher therefore transcribed the data in the exact words, including the slang words used by the participants. The exact quotes of participants were used to substantiate discussions.

The use of triangulation helped to ensure credibility. Triangulation refers to the use of more than one data collection method from two or more data sources (Anney, 2014; Lietz & Zayas, 2010). The researcher thus included three different data source groups in the study, namely substance-abusing parents, family members over 18 years old where substance abuse was prevalent, and social workers rendering substance related services in the area. This allowed the researcher to validate data by means of cross verification from two or more sources. Member checking was also used: the researcher followed up some of the research participants to confirm whether the data analysed was accurate according to their understanding. Furthermore, before the interviews started the researcher explained the process to the participants and made sure they knew that their participation was voluntary. After participants agreed to take part in the study, they were encouraged to provide factual information to the researcher. In the literature review section, the researcher described the findings of previous studies conducted on the phenomenon, to determine the extent to which the current study's findings are congruent with previous studies.

- **Transferability:** This is linked to external validity and has to do with providing sufficient information about the setting of the research as this will allow the reader to determine whether the environment is similar to another setting (Shenton, 2004). It therefore refers to what extent the research findings are useful or applicable for future research, theory and practice (Lietz & Zayas, 2010; Moon et al., 2016). This approach is thus not concerned with generalisability of the study. In qualitative studies, findings often cannot be generalised due to the sample size or situation being studied. Transferability is however achieved when the findings are applicable to another setting or theory (Lietz & Zayas, 2010). In providing information about the environment, the reader can determine if the findings can be generalised with other settings and populations. The researcher thus provided a description in her literature review section, explaining the environment and historical background of the participants. Furthermore, in her literature review and findings section, the researcher also referred to similar study settings where similar methods were used to study a similar phenomenon. This allowed the researcher to assess the extent to which the findings can be true of people in similar settings (Anney, 2014; Shenton, 2004).
- **Dependability:** This approach focuses on the reliability of the findings and is concerned with obtaining the same results when the same methodology is used in the same context and with the same participants (Anney, 2014; Shenton, 2004). It thus refers to the extent to which research procedures are documented so that someone outside can follow or critique the process (Lietz & Zayas, 2010). The researcher was consistent in following the research methodology to ensure dependability. To ensure dependability, the researcher made use of an audit trail; this refers to a written account of what happened during the research process (Lietz & Zayas, 2010), and it is specifically incorporated within the methodology section. Furthermore, the researcher also made use of peer

debriefing. This refers to discussing the research process with colleagues in the field in order to get valuable feedback. Not only did the researcher continuously speak with her research supervisor, she also spoke to her colleagues who were also doing qualitative research. This allowed the researcher to obtain valuable feedback to enhance the quality of the research (Lietz & Zayas, 2010). Furthermore, the final research findings were also compared to the raw transcripts to see whether the findings were consistent.

- **Confirmability:** This refers to demonstrating that the findings came out of the data and are not the researcher's assumptions (Shenton, 2004). The researcher made use of rich, thick quotes to demonstrate that the findings emerged from the data and were not her own predispositions. The use of triangulation helped to reduce the effects of the researcher's bias, as more perspectives were included (Anney, 2014).

4.9 LIMITATIONS/ASSUMPTIONS

The research was a qualitative exploratory and descriptive case study conducted with 18 participants in the Cape Winelands in the Western Cape province of South Africa. Therefore, it was specific to the research context and setting. Due to the small sample size, generalisations could not be made.

The assumption is that this area is a relevant sample rural area and that these families are severely affected and require specific social work interventions. The study focused on a small sample, and thus a different sample may produce different results. The study was qualitative and therefore provided minimal information on the prevalence on the issue in the specific area.

The study findings will benefit social services professions in the field of substance abuse with regard to service interventions, as will be seen from the recommendations in Chapter 7.

4.10 ETHICS CONSIDERATIONS

Ethics clearance for this study was initially obtained from the university's Higher Degrees and Research Ethics Committee. The role of the Ethics Committee is to review a research proposal to determine whether it is in line with strict guidelines and procedures before a study can go ahead (Strydom, 2011). The committee thus looked at the entire methodology, the type of study, the significance of the study, and how risks and human participants will be handled. Therefore, the significance of obtaining research ethics permission is that the study has been evaluated by the committee board, and this assures the public and the participants that the study is in line with ethical standards.

The following principles were followed (as seen in Strydom, 2011):

- Permission to access participants: The researcher needs the permission of external individuals or organisations to access participants before embarking on the research process (Harvey & Land, 2017). Permission was formally obtained from the organisations where the study would be conducted and from the NPO where the student was employed, as well as from farm owners to inform them that the researcher might be on their properties. The reason for this permission was to make the external organisations or individuals aware of the research being conducted with people who work for them and/or who live on their premises. The researcher engaged with the participants prior to the interviews to get permission from them whether they are interested to taking part in the research and to be audio recorded. The researcher directly made contact with the participants, by either contacting them via telephone or conducting visits at their work or home. During this first contact, the researcher explained to them what the research entailed and their rights. After they confirmed their willingness to take part in the study,

they were prepared in terms of what to expect, the informed consent information sheet was provided and an interview date was set up.

- **Informed consent and autonomy/ voluntary participation:** Informed consent refers to the provision of all relevant information in relation to the study, so that the participant can make an informed decision on whether to take part in the study or not (Strydom, 2011; Woodfield, 2018). Consent forms and participant information letters were provided to all the participants prior to data collection. During the initial contact with the participants, the information sheets was provided to them directly or emailed to them. On the day of the interview at the researcher's office, the researcher first explained the information letter and consent form to the participants. Here the researcher explained their rights. Thereafter, the participants were asked to sign the consent forms should they wish to continue with the interview.

Furthermore, autonomy was ensured by stressing that participation was voluntary and that they could leave the study at any stage and for any reason. No participants were forced to take part in the study. One of the participants chose to withdraw from the study after the informed consent was explained. The researcher respected the participant's decision and stopped the interview. The researcher thanked the participant for his willingness to initially take part in the study and asked whether he would like to be referred to a counsellor for therapy services. The participant rejected the offer and there were no consequences for the participant.

- **Confidentiality and anonymity:** This ensured that information is kept private (Anderson & Corneli, 2017; Strydom, 2011). Data was managed in a confidential manner and the participants' identities were kept anonymous through the use of pseudonyms. The researcher explained to the participants that if disturbing information was divulged, the researcher would then have an ethical and professional obligation to break confidentiality

and advise the family to seek help. Furthermore, the researcher explained the purpose of the audio recording to the participants and that the researcher's supervisor would have access to the information.

- Minimise emotional risks: This refers to reducing any emotional risks associated with participating in the study (Anderson & Corneli, 2017). The research did not pose any physical risks, but there was the potential for emotional discomfort to the participants when recalling the effects of parental substance abuse on family well-being. In such instances the researcher explained that she would refer the participants to a professional counsellor for debriefing which had been arranged prior to the data collection process.
- Storage of information: According to Anderson and Corneli (2017), the researcher explained to the participants how data will be handled, stored and who will have access to it. Accordingly, permission for audio recordings was sought and the reason for it was explained. The researcher is the only person who has access to the recordings, and they are stored electronically on a computer which is password protected. The transcripts and recordings will be stored for five years and then destroyed.

4.11 THE RESEARCHER'S REFLEXIVITY

In terms of reflexivity, the researcher chose the specific topic as it appealed to her personal and professional interests. The researcher's personal interest stems from being reared in the Paarl area and her work within the identified rural area with substance-abusing parents. This meant that the researcher observed the devastating effects of substance abuse on individuals as well as their families. With the relevant literature search and inputs from the researcher's supervisors, the research topic was identified as relevant and necessary to address the gap in current research.

Taking into consideration the researcher's social work experience in the field, the researcher was sensitive to the feelings and emotions that the topic could possibly evoke, and she appreciated the subjective inputs of the participants. Thus, the researcher was always aware of her influence on the participants as a social worker in the field. Additionally, the researcher was able to acknowledge her own biases (the assumption that all people were affected by the *dop* system) towards the identified study. Thus, the researcher managed her bias by distancing herself emotionally from what the participants discussed. This was achieved through conscious effort. Furthermore, the researcher refrained from giving her opinion about a matter by staying objective and listened to the participants.

Some of the research participants were clients and colleagues of the researcher. Thus, the relationship between the researcher and those participants could be seen as one where the researcher was the expert and in a position of power. Thus, some participants might have felt that they need to make up a story to satisfy the researcher by providing thick data. It is noteworthy to mention that some participants exercised more caution in providing answers. Furthermore, some other ethical implications involved with recruiting a research sample from the researcher's own caseload is that the researcher is aware of the issues the participants are faced with. However, the researcher must remain objective and act from a researcher's perspective.

4.12 CHAPTER CONCLUSION

In this chapter, the researcher focused on outlining the methodology used in the study. Furthermore, the researcher also explained the reasons for using a qualitative approach. The research design for the study was descriptive and explanatory and this linked it with the aims and objectives of the study. The type of research design was explained and justified. The pilot study and the main study were described. Furthermore, the data analysis method was explained

along with the thematic analysis application method. Aspects related to trustworthiness and ethics were outlined. Finally, the limitations of the study were also discussed.

The research findings are presented in the next chapter.



CHAPTER 5

RESEARCH FINDINGS PART A: PARENTAL SUBSTANCE ABUSE

5.1 INTRODUCTION

In the previous chapter, the research methodology, methods and techniques were discussed and motivated within the specific qualitative study on parental substance abuse. This chapter focuses on the research findings and presents the general themes, sub-themes and categories that emerged from the interviews from three data sources, namely, substance-abusing parents, family members of substance-abusing parents, and the social workers who participated in this study. These findings address objectives 1 to 3 which are:

- 1) To explore and describe the perceptions and experiences of substance-abusing parents regarding the effects of their substance abuse on the family's perceived well-being.
- 2) To explore and describe the perceptions and experiences of family members regarding the effects of parental substance abuse on the family's perceived well-being.
- 3) To describe the social workers' views on the effects of parental substance abuse on family's perceived well-being.

The findings of the empirical study are presented in two different parts, namely, in Chapters 5 and 6. In Chapter 5, Part A presents the general findings of all three groups of participants, with the focus on their perceptions and experiences regarding the effects of a substance-abusing parent on overall family well-being; while in Chapter 6, Part B presents the perceptions and opinions from social work participants about the types of interventions that may be required in the selected rural area.

In the next section, a demographical profile of the participants is provided.

5.2 DEMOGRAPHIC PROFILE OF RESEARCH PARTICIPANTS

Demographic information provides information about the research participants and it is important as it determines whether the research participants of the study are a representative sample of the target population for transferability (Creswell, 2014; Salkind, 2010).

5.2.1 Demographic profile and discussion

In this section, the biographical information of the research participants will be presented in terms of three aspects. These are illustrated in three tables of information.

- Table 5.1 presents the profile of substance-abusing parents
- Table 5.2 presents the profile of family members of substance-abusing parents
- Table 5.3 presents the profile of the social workers who offer services in the field of substance abuse in the specified rural area

The demographic profile of the three participant groups are hereafter presented and discussed.

Table 5.1: Group one demographical profile: Substance-abusing parents

Participant	Parent One	Parent two	Parent three	Parent four	Parent five	Parent six
Gender	Female	Female	Female	Male	Female	Female
Age	33 years old	37 years old	35 years old	27 years old	34 years old	27 years old
Highest education	Grade 8	Grade 3	School of Skills	Grade 9	Grade 3	Grade 9
Racial group	Coloured	Coloured	Coloured	Coloured	Coloured	Coloured
Home language	Afrikaans	Afrikaans	Afrikaans	Afrikaans	Afrikaans	Afrikaans
Employment status	Unemployed	General farm worker	Unemployed	General farm worker	General farm worker	Unemployed
Years living on a farm	11 years	17 years	35 years	9 years	10 years	9 years

Table 5.1 clearly shows that the majority of the substance-abusing parents were females. Only one male participant was involved. Furthermore, the majority of the participants were between the ages of 30 and 39. The majority of the substance-abusing parents did not complete their schooling because half of the sample left school between Grade 8 and Grade 9. Of the other half, two left school in Grade 3 and one attended a School of Skills. Thus, early school drop is clearly indicated in the sample. In a study by Snyders (2013) on school drop out in a disadvantaged community in the Western Cape, the findings suggested that key factors, such as the individual's background and level of poverty, strongly contributed to why young people leave school. In another study, Strassburg, Meny-Gibert and Russel (2010) found that youths aged 16–18 years who are living on commercial farms are far more likely to drop out of school compared to youths living in urban areas. A concerning finding in that study was the high rate (50%) of coloured youths living on farms who were not attending school (Strassburg, Meny-Gibert & Russel, 2010).

In this current study, all the participants in the sample are coloured persons and this links with the findings of the study of Strassburg et al. (2010). During the apartheid era in South Africa, the Group Areas Act (41 of 1950) segregated groups of people by race. This was done by differentiating four official race categories, namely black, white, coloured and Asian/Indian persons. This phenomenon remains in place today with the majority of people living in rural areas in the Western Cape being identified as coloured, as a result of the racial segregation of the past. The participants also spoke Afrikaans as their first language. Afrikaans is traditionally the dominant language spoken by coloured people in rural areas in the Western Cape (Thutloa & Huddleston, 2011). In the table, it is clear that most of the participants have been living on the farm between nine (9) and 35 years, averaging 15 years across all participants. Half of the participants are general farm workers and the other half are unemployed. The findings are concurrent with a study by Visser and Ferrer (2015) which found that while many of the people

living on farms are general farm workers, a large portion of the people, including women, become unemployed due to seasonal and contract work.

Table 5.2: Group two demographical profile: Family of substance-abusing parents

Participants	Family member one	Family member two	Family member three	Family member four	Family member five	Family member six
Gender	Female	Female	Male	Female	Female	Male
Age	66 years old	43 years old	35 years old	47 years old	35 years old	24 years old
Highest education	Standard 3/ Grade 5	Standard 10/ Grade 12	Standard 7/ Grade 9	Standard 4/ Grade 6	Standard 6/ Grade 8	Standard 10/ Grade 12
Racial group	Coloured	Coloured	Coloured	Coloured	Coloured	Coloured
Home language	Afrikaans	Afrikaans	Afrikaans	Afrikaans	Afrikaans	Afrikaans
Years living on farm	66 years	34 years	12 years	28 years	13 years	2 years
Employment	Pensioner	Domestic worker	General farm worker	Domestic worker	General farm worker	Unemployed
Relationship to substance-abusing parent	Mother	Sister	Husband (Spouse)	Aunt	Wife (Spouse)	Nephew

Table 5.2 indicates that the majority of the participants in this sample were again females. Only two participants were males, although this might be due to the fact that that females were more willing to participate in the study. In a study by Dickinson, Adelson and Owen (2012), specific concerns were raised about the imbalance between the number of women and men taking part in research. Thus, the findings indicated that the topic being studied may influence the number of males and females taking part.

The eldest participant was 66 years of age and the youngest participant was 24 years of age, with the average age being 42 years. All the participants in this sample were coloured and

Afrikaans speaking and are therefore linked with the profile in Table 5.2. Most of the participants had been living in the selected rural area for more than 10 years.

Four participants were employed: two were employed on the farm as general workers and the other two work as domestic workers. The rest of the participants were not employed. This profile is consistent with a study by Wiltshire (2016) conducted in a rural area in the Western Cape, where the findings highlighted that people are more exposed to unemployment as a result of labour insecurity such as off-seasonal work, drought and economic down-turns, all of which are beyond their control. Hence, there are often high levels of unemployment and consequently high levels of poverty (Visser & Ferrer, 2015) in these rural areas.

In terms of the participants' relationship with substance-abusing parents, it is clear that most of the participants were closely related to a substance-abusing parent or member of their immediate family. Two of the participants were the spouses of a substance-abusing parent. Further close family members included a mother and sister. The other participants were extended family members for example, an aunt and nephew of substance abusers. Various studies (Denning, 2010; Jesuraj, 2012; Schultz & Alpaslan, 2016) have highlighted that close family members often suffer the most due to the substance abuse of one person.

Table 5.3: Group three demographical profile: Social workers

Participants	Social worker one	Social worker two	Social worker three	Social worker four	Social worker five	Social worker Six
Gender	Female	Female	Female	Female	Female	Female
Age	40 years old	42 years old	23 years old	27 years old	24 years old	28 years old
Highest qualification	Master's degree in social work	Bachelor's degree in social work	Bachelor's degree in social work	Master's degree in social work	Bachelor's degree in social work	Bachelor's degree in social work
Racial group	White	Coloured	Coloured	White	White	White
Home language	Afrikaans	Afrikaans	Afrikaans	Afrikaans	Afrikaans	Afrikaans
Type of social worker	Designated child protection social worker at NPO	Designated child protection social worker at NPO	Social worker at Private company	Social worker at Children's Home	Designated child protection social worker at NPO	Designated child protection social worker at NPO
Years of Practice	15 years	18 years	6 months	4 years	11 months	6 years

Table 5.3 presents the demographic information of the social work participants. All the participants in this sample are females. Traditionally, the social work profession is often seen as female-dominated (Hicks, 2015), so this finding is not surprising. The majority of the participants were between the ages of 23 and 28 years. The youngest participant was 23 years of age and the oldest was 42 years of age. Most of the participants were white which might also be consistent with rural areas and employable professionals in this socio-geographical context (Brown & Neku, 2005). All participants were Afrikaans-speaking which is also consistent with the dominant language spoken in rural areas of the Western Cape (Parker, 2015). Furthermore, most of the participants were child protection social workers who were employed at different non-profit organisation (NPO's). State social workers could not be included in the study due to the lengthy process required to obtain permission. The services rendered by these social worker participants include child protection services, awareness services, early intervention services,

statutory services and reintegration services for children, families and substance abusers. In terms of years of experience in social work, the longest period was 18 years and the shortest was 6 months.

5.2.2 Summary and conclusion of demographic profile

In summary, a total of 18 participants participated in the study. They consisted of six substance-abusing parents, six family members where parental substance abuse was prevalent, and six social workers who rendered services in the identified area. In terms of gender, the majority of the research participants were female, whereas only three (16.7%) of the participants were males. The findings correlated with other studies by Carelse (2018), Goliath (2018) and Kühn (2016) which were conducted with social workers where male social workers remain the minority. Thus, the findings of this study would be mostly derived from female participants and would highlight women's perspectives and perceptions.

There was a good distribution of participants across the age spectrum. The majority (seven) of the research participants were between the ages of 20 to 29 years old; six participants were between 30-39 years of age; and four were between 40-49 years old; and the smallest number were in the 60-69 years age group. Additionally, for this study, the narratives would be represented by persons of different ages, and this would contribute to the significance of the findings.

In conclusion, the three data sources were purposively selected and thus could provide insight and experience regarding the research topic. The demographic findings were generally consistent with research profiles in previous studies contextualised in rural areas. The next section presents the perceptions and experiences that emerged from all three sample groups.

5.3 KEY FINDINGS REGARDING PERCEPTIONS AND EXPERIENCES

Two main themes, nine sub-themes and 26 categories emerged during data analysis. In some instances, where participants named someone, pseudonyms were used in the presentation of the narratives. However, participant numbering was mostly used. Table 5.4 provides an overview of the main themes and sub-themes:

Table 5.4: PART A - KEY FINDINGS

THEME 1: THE MANIFESTATION OF SUBSTANCE ABUSE	THEME 2: EFFECTS OF SUBSTANCE ABUSE
SUB-THEMES	SUB-THEMES
1.1 Patterned use and understanding of substances	2.1 Effects on the substance user
1.2 Co-occurring social problems	2.2 Effects on intimate relationships
1.3 Causes of substance abuse	2.3 Effects on children
	2.4 Effects on parenting
	2.5 Effects on family functioning
	2.6 Effects on community and society

Table 5.4 above presents the findings of the study in terms of key themes and sub-themes that emerged from the data gathered. In the next section, each theme, sub-theme and category will be discussed in detail and contextualised within the literature.

5.3.1 Theme 1: The manifestation of substance abuse

In this theme, it emerged that substance abuse had manifested within the identified area. The focus was on the participants' perceptions and experiences about substance abuse within the identified rural area. This theme evolved from open-ended questions relating to the prevalence of substance abuse in the selected area. The aim was to gain a deeper understanding of the nature and scope of the problem within the specific context. Most of the participants indicated

that there was a high prevalence of alcohol abuse within the identified area. Alcohol abuse remains the most used substance in South Africa (Matzopoulos, Truen, Bowman & Corrigan, 2014). Within the Western Cape rural areas, it appears that the legacy of the *dop* system still influence current drinking patterns (Daniels, 2017; Setlalentoa et al., 2010). Three (3) sub-themes and nine (9) categories emerged which are linked to the manifestation of substance abuse: how substances are used, the consequent social problems, and the perpetuating causal factors.

5.3.1.1 Sub-theme 1.1: Patterned use and understanding of substances

In this sub-theme, participants described the habitual ways in which substances are used as well as the high prevalence of substance abuse within the specific area. The patterned use of substances refers to the frequency of substance abuse within the identified area as well as the common types of substances used. This sub-theme is linked to the questions relating to the incidence of substance abuse and the views and understandings of the participants about the issue in the community. A study by Talevski (2013) concurs that there are different patterns of substance abuse: these include recreational usage over weekends, situational usage that depends on various circumstances, and intensive usage which relates to excessive and frequent use. Most of the participants indicated that substance abuse often occurs over weekends. Furthermore, most of the participants also referred to problematic substance abuse. From this it can be understood that participants alluded to heavy weekend drinking that was problematic in terms of the effects of this on the person and their family. Four categories will be discussed next namely alcohol usage over weekends, other types of substances used, denial and problem alcohol usage and the participants views about substance abuse.

(i) Category 1.1.1: Alcohol usage over weekends

This category emerged when the researcher asked the participants about weekend behaviour and patterns of substance usage. The participants normalised alcohol usage with friends over weekends and viewed it as a common occurrence. In response to questions that focused on the weekend social behaviour of the farm workers who reside on the farm, the majority of the participants referred to alcohol usage. The following narratives present participants' perceptions and experiences in regard to alcohol usage over weekends:

- *“Nawieke is maar eintlik, die meeste is maa ons wat drink....”* [Weekends actually are when the majority of us drink.] (Substance-abusing parent 1).
- *“In die wiek in dan lyk dit daai steady een, maa be..., nawieke dan oordrink *Lizzy hom.”* [During the week he seems steady, but on weekend he over-uses alcohol.] (Family member 1).
- *“...die mense op die plaas het hul eie unieke identiteit. So gewoonlik gebeur hierdie goed oor naweke. Begin al van Vrydag en Sondag, drink ek Sondag 6 uur word die laaste drinkie nog geniet.”* [...the people on the farm have their own unique identity. So usually this stuff (the drinking alcohol) happens over weekends. It starts the Friday and Sunday, Sunday 6 o'clock they have their last drink.] (Social worker 2).

It appears that alcohol usage in the specific area is a norm and that some participants view it as part of the farm's social culture. These findings are confirmed by another study, Falletich (2008) which suggests that habitual weekend drinking on Western Cape farms is seen as part of rural life and a normal ritual of residents that has been passed down for generations. It appears that weekend binge drinking also occurs, especially when the users receive their fortnightly salary, or at the end of the month when they receive their social grants. Gossage, Snell, Parry, Marais, Barhard, De Vries, Blankenship, Seedat, Hasken and May (2014) also

found that weekend binge drinking (drinking a large amount of alcohol within a single sitting) was a norm on farms in the Western Cape. Similarly, the study by Matzopoulos et al. (2014) found that alcohol abuse remains the most widely used substance in South Africa. It would appear therefore that there has not been a dramatic change to the socio-cultural lifestyle of people of colour living and working in rural communities in South Africa. Traditionally, alcohol has played a significant role in their lives because of the severe social limitations brought about by colonialism and apartheid and because alcohol is a known means of dealing with stress (Daniels, 2017; Setlalentoa et al., 2010).

The recognised patterns of alcohol usage mirror the time when workers are usually at their leisure: drinking normally begins on Fridays after work and continues until Sunday afternoons. Substance-abusing parents usually work during the week on the farms and do not have time to drink or are fearful of the 'morning after' effects and thus there is a measure of control. This control is further enforced by the farmers who impose strict sobriety during working hours. Gossage et al. (2014) also found that farmers have become stricter and adopted a zero-tolerance policy for those who report for work under the influence of alcohol. The family members of substance-abusing parents particularly expressed their concerns regarding parental substance abuse over weekends and the negative effect it has on the user. Family members referred to parents being away from their children over weekends due to their alcohol usage, and this is also presented in the findings of Kühn (2016).

Weekend alcohol drinking appears to be part of the rural community for a few centuries. Those who drink alcohol would normally start their weekend with drinking after work on Fridays. It can be concluded that the policies in place at work prevent workers from using alcohol during the week; this can be construed largely as an extraneous factor enforcing control; however there is some (albeit limited) internal locus of control.

(ii) Category 1.1.2: Other types of substances used

The most-used substance in the selected area is alcohol; however participants also mentioned other types of substances such as marijuana (known as *dagga* in South Africa), methamphetamine (colloquially known as *tik* because of the ticking sound the white powder makes when it is warmed up in a lightbulb) and mandrax (also known as *buttons* because this white small pill looks like a small round button). The narratives below support this finding:

- “*Om die waarheid te sê, ek rook nou baie lank dagga.*” [To tell the truth, I have been smoking *dagga* for ages] (Substance-abusing parent 5).
- “*Hy gebruik drank, dagga, buttons en tik.*” [He (referring to the substance using family member uncle) uses alcohol, *dagga*, mandrax and *tik*.] (Family member 6).
- “*...obviously tik gebruik is ook besig om aansienlik toe te neem inie amper vier jaar wat ek nou hier is.*” [Obviously *tik* usage is also busy increasing in the almost four years that I have been here.] (Social worker 1).

It appears that *dagga* is the second most-used substance within the selected rural area. The findings are concurrent with another study by Marinus (2015) that suggested that *dagga*, *tik* and mandrax are the most common secondary substances used within rural areas in the Western Cape. Participants tended to view alcohol and *dagga* as less destructive than *tik*. Furthermore, *dagga* usage seems to be socially acceptable within the selected rural area. Some of the participants were polysubstance abusers. These substances were not only used among adults; the participants also referred to the increasing use amongst the youth in the area. Similar findings in studies by Sauls (2014) and Frenchman (2016) have indicated an increase in youth substance abuse, suggesting that *dagga* or alcohol are gateway substances for other illicit substances such as *tik*.

Participants' reference to the use of *tik* within the selected rural area is supported by studies that show that the use of *tik* is more common within the Western Cape urban areas of South Africa than in rural areas (Watt, Meade, Kimani, MacFarlane, Choi, Skinner, Pieterse, Kalichman & Sikkema, 2014). Concerningly, some participants in those studies referred to the gradual increase of *tik* usage on farms in the identified area.

It seems that the usage of *dagga* is not new within the selected area, and that the drug is used as a secondary substance or a beginning (gateway) substance. Also, the use of *tik* is not as common as alcohol and *dagga*, but this should not be underestimated as *tik* appears to be on the increase in the selected area.

(iii) Category 1.1.3: Denial and problem alcohol use and frequency

This category emerged from the questions regarding participants' perceptions of the frequency of substance use amongst substance-abusing parents. Some participants used secondary substances and of these, *dagga* was the substance of choice. Given the strong tendency for denial, it is therefore not surprising that most substance-abusing participants negated having a problem as can be seen in the following narratives:

- “*Ek het nie 'n alkohol probleem nie, maar is amper dat ek..., ek moet. As ek lus vir drink, moet ek drink.*” [I do not have an alcohol problem, but it's almost like I must. When I have the urge to drink, then I must drink.] (Substance-abusing parent 1).
- “*Nee, ek dinkie ek het 'n alkohol probleemie.*” [No, I do not think I have an alcohol problem.] (Substance-abusing parent 3).
- “*...maar ek het nie 'n drank probleem nie.*” [But I don't have a drinking problem.] (Substance-abusing parent 5).

As seen in the narratives above, the majority (66.7%) of the substance-abusing parents indicated that they do not have a substance abuse problem. Despite the fact that these participants have been drinking for a number of years, they believe that they do not have a problem and that they can stop when they want to. In a similar study conducted by Falletish (2008) with farm workers in the Western Cape, the participants in that study also denied having an alcohol problem, and therefore felt they did not need any help to overcome problem-drinking. Furthermore, in South Africa, alcohol is the most frequently used substance and about 30% of the population has a drinking problem (Botes, 2012; Mudavunhu & Schenck, 2014; Seggie, 2012). Some of the substance-abusing participants believed that because they only drank on weekends and not during the week, it meant they did not have a substance abuse problem. These participants claimed that they had started to drink less, therefore they believed they did not have a problem. Furthermore, most of the participants who denied having a substance abuse problem also alleged that they did not drink anymore. However, when asked when they had last drunk alcohol, most indicated the previous weekend, as can be seen in the narratives below:

- “... *ek het nog laas wies en Saterdag het ek nog twee biertjies gedrink.*” [I drank last week and Saturday I had another two beers.] (Substance-abusing parent 2).
- “...*ek het nou die nawiek wat verby is het ek gedrink by my antie ’le.*” [I drank this past weekend at my aunt’s.] (Substance-abusing parent 3).

The conflicting narratives from the substance-abusing participants correlate with the strong and compelling need for denial and consequently they did not accept that they had a dependency problem. The social work participants also revealed that substance-abusing parents on the farms were often unschooled, having been reared in substance-abusing homes and exposed to

the *dop* system (referred to in Chapter 2). Thus, these factors contributed to their lack of insight into substance abuse as can be seen in the following quotes by the social work participants:

- “*Daars enkeles wat nou deurie week ook sal drink. Dis hoekom baie van hulle voel hulle is nie alkoholiste of daarsie n probleem nie, want ek doen dit net naweke..... daai insig is beperk.*” [There’s only a few (referring to substance-abusing parents) that would drink during the week. That is why many of them feel that they are not alcoholics or have a problem, because they only do it weekends.... the insight is limited.] (Social worker 2).
- “*...hulle sê nee ons drink net naweke, so ons is nie verslaaf nie.*” [They (referring to substance-abusing parents) would say, no we just drink over weekends, so we are not addicted.] (Social worker 5).

The minority (33.3%) of the substance-abusing parents however did admit that they had a drinking problem:

- “*Ja, ek soek hulp want hoekom ek kan ophou.*” [Yes, I am looking for help, because I can’t stop.] (Substance-abusing parent 4).
- “*Om die waarheid te sê, ek het seker maar n drank probleem, want as dit Vrydag gekom het, dan kry ek lus vir drank.*” [To tell the truth, I probably have an alcohol problem, because when Friday comes, then I have an urge to drink.] (Substance-abusing parent 5).
- “*Ek dink ek het n probleem ja, want elke keer as ek net sien miskien my suster hulle, hulle drink en soe...*” [I think I have a problem yes, because every time when I just maybe see my sister drinking and so...] (Substance-abusing parent 6).

While most substance-abusing parents in this study indicated that they did not have a substance abuse problem, most of their family members felt that they did in fact have a problem, particularly with alcohol:

- “*Ja, sy’t n probleem.*” [Yes, she (referring to substance-abusing parent) has a problem.] (Family member 1).
- “*....my oom hy’s verslaaf aan drank, dwelm, enige..., substance abuse is hy verslaaf aan.*” [My uncle is addicted to alcohol, drugs; he is addicted to any substance.] (Family member 6).
- “*... hy raak aggressief as hy nou nie dwelms of drank in die hande kry nie, veral oor nawieke of soe.*” [He (referring to substance-abusing parent) becomes aggressive when he does not get drugs or alcohol, especially over weekends.] (Family member 6).

This finding is supported by Marinus (2015), who found in her research that family members of substance-abusing parents are often challenged by the behaviour and inconsistency of parents who abuse substances. The attempts by family members to speak about the substance abuse tend to be unsuccessful due to the user’s poor insight into their problem behaviour.

In conclusion, while most substance-abusing parents in this study denied having a problem, most of their family members believed that they did. It is significant that all the social work participants averred that most substance-abusing parents were in denial and lacked understanding of the extent of the problem and the impact on themselves and others.

(iv) Category 1.1.4: Views and understandings about substance abuse

In this category, the focus will be on the participants’ understanding of what substance abuse entails. This category is linked to the question regarding the participant’s views and their understanding of substance abuse. When the researcher explored the participants’ understanding of alcohol and substance abuse, especially that of the substance-abusers themselves, the majority of the participants could provide the researcher with valuable information as can be seen in the narratives below:

- “*Alkohol neh, laat jou eintlik baie goetes doen wat djy nie moet doen nie.*” [Alcohol actually makes you do a lot of things that you not supposed to do.] (Substance-abusing parent 2).
- “*... alkohol breek jou lewe op is al. Lat jou kinders of jou mense vir jou afskrywe.*” [Alcohol destroys your life. Lets your children or your family write you off.] (Substance-abusing parent 3).
- “*Alkohol misbruik is iets wat jou lewe beïnvloed. Hy laat jou verkeerde dinge doen... om te kan, jy wil net sterk wees en djy wil net, net violent raak...*” [Alcohol abuse is something that influences your life. It lets you do the wrong things. You just want to be strong and you just want to be violent.] (Family member 3).

The substance-abusing parents could see that alcohol usage influences their thoughts and behaviour. These participants were also able to personally identify the impact of substance abuse on families, their health and why it was harmful for them. Thus, they were able to demonstrate insight with regard to the effects of substance abuse. It is, however, significant that despite their awareness of the effects of substance abuse, they persisted in denying their substance usage and dependence. In the study by Marinus (2015) about parental substance abuse in a rural area, the findings suggest that the research participants knew about the implications and effects of substances, but that these parents continued their substance usage despite interventions by family members. Through this they, in turn, demonstrated their powerlessness and dependence.

It is concerning that, despite their knowledge about the negative effects of substance abuse, substance-abusing parents in this study continued to use substances and some of them believed that they did not have a problem. This distortion can be linked to their lack of comprehensive

insight regarding problematic substance use, the impact of social problems related to substance abuse, and the extent of their addiction.

(v) **Conclusion for sub-theme 1.1: Patterned use and understanding of substances**

The findings of sub-theme 1.1 support the notion that alcohol usage, especially over weekends, is normalised and most prevalent within the selected area. Other types of substances are used but these are secondary. Furthermore, substance-abusing parents were in strong denial and they lacked insight into their drinking patterns even though family members identified their substance use as problematic. While substance-abusing parents may understand the implications of their substance use, they nonetheless have a compelling need to continue with their usage.

5.3.1.2 Sub-theme 1.2: Co-occurring social problems

In this sub-theme, the focus is on the various social issues that have been linked to substance abuse. This sub-theme is also strongly linked with the systems theory, as it focuses on the interaction of all the social issues and how these systems impact the well-being of individuals, families and society (Healy, 2014).

Social issues are generally referred to as problems within society that have a negative impact on others, as well as impacting the country's welfare, health and judicial system (Mooney, Knox, Schacht & Holmes, 2012). Thus, the sub-theme is linked to social issues that occur in the area under study. Several studies have also linked substance abuse with social problems such as crime and violence within the broader community (Nyabadza & Coetzee, 2017; United Nations Office on Drugs and Crime, 2014). Findings of this study support the notion that substance abuse appears to lead to other social issues. All the social work participants indicated

that there is a correlation between parental substance abuse and other social issues; for example, domestic violence and child neglect as discussed in the following two categories.

(i) **Category 1.2.1: Domestic violence**

Domestic violence refers to physical, sexual, emotional, and economic abuse of someone that can be harmful or can cause harm to this person's overall well-being (Goodmark, 2012). Forms of domestic violence also include intimidation, harassment, stalking, damage to property, unauthorised entry into someone's home, or behaviour indicating the control of another person (South African Domestic Violence Act, 116 of 1998). All three groups of participants said that domestic violence within households appears to be the most common social issue resulting from parental substance abuse, as can be seen by the following narratives:

- “... en my man, as ek gedrink is, daar's altyd 'n konflik. Ons baklei en os stry teen alle tyd.” [And with my husband, when I drank, there is always conflict. We fight and argue all the time.] (Substance-abusing parent 1).
- “Sy't baie, hulle't baie baklei hulle. *Lizzy het al blou oë gedra..., van daai man.” [She (referring to substance-abusing parent), they fought a lot. *Lizzy had black eyes due to that man.] (Family member 1).
- “... ons raak betrokke want daar's gesinsgeweld. Dit lei gewoonlik tot gesinsgeweld, ander middele misbruik en dan in die verwaarlosing van kinders.” [We get involved because there is domestic violence. It leads to domestic violence and other substance abuse and then the neglect of children.] (Social worker 1).

Substance abuse is considered to be one of the most significant contributing factors towards domestic violence (Strebel, Shefer, Stacy & Shabalala, 2013; Thesnaar, 2011). Furthermore, females are most often the victims of domestic violence at the hands of their intimate partners.

According to Slabbert and Green (2013), research indicates that the longer the abuse continues, the more the women are at risk. Most substance-abusing parents spoke openly of the domestic violence that occurred in their households. They explained that physical abuse was the most common form of domestic violence endured. It also appears that the physical abuse has an emotional impact on the well-being of the female participants, as they experience a sense of powerlessness and depression (Poutiainen & Holma, 2013). A concerning fact was that in most cases the domestic violence occurred in the presence of the children, and this has a negative impact on the children's emotional well-being (Thornton, 2014).

Furthermore, because some of the female participants were unemployed, they were financially dependent on their partners. The participants said that in consequence, some of their partners had held onto the control of the finances. This is referred to as economic abuse, which includes the withholding of finances (Slabbert & Green, 2013), and leads to disempowerment and subjugation.

The link between the incidents of domestic violence and substance abuse was established. The main type of domestic violence that emerged was physical violence between the two parties who are in a relationship; this is then patterned on intimate partner violence. Emotional abuse often occurs in conjunction with physical abuse. The findings thus also suggest that domestic violence within a family can have devastating effects not only on the victim, but also on the family and children.

(ii) Category 1.2.2: Child neglect

Child neglect is a form of child abuse where a caregiver fails to meet the basic needs and rights of a child (South African Children's Act, 38 of 2005). This would include failure to provide food and shelter to a child, lack of adult supervision of a child, or even failing to ensure the general safety of a child. Neglect includes physical and emotional deprivation that exposes

children to instability and unfavourable circumstances such as domestic violence and constant moving. Child neglect leaves children vulnerable and exposed to other risks such as sexual abuse and kidnapping (Lander, Howsare & Byrne, 2013; Thornton, 2014).

The findings indicated that child neglect was one of the social issues linked to all three groups of participants. Substance-abusing parents and social work participants, for example, reported that child neglect was the initial reason for referral in social work intervention. Social work participants confirmed that parental substance abuse was the underlying cause that contributed to child neglect, and subsequent substance abuse intervention. The children of most substance-abusing participants in this study were removed from their parents' home by social services or taken in by concerned family members because of child neglect. These children were either placed in temporary safety, in foster care or at a child and youth care centre. Parental alcohol abuse over weekends (as discussed in theme one), placed their children at risk as the children were often without adult supervision or exposed to the parents' negative behaviour when under the influence. The following views substantiate this finding:

- *“My kinders het vir my respek verloor, want hulle ma bly elke dag dronk, ‘my ma worry nie van ons nie’. Daar was nie brood in die huis nie, nou hoe kan ons my ma aandag gee as my ma nie ons wil luister nie.”* [My children lost their respect towards me, because their mother was drunk every day. I did not worry about them. There was no bread in the house, now how can they give their mother attention if their mother will not listen to them.] (Substance-abusing parent 1).
- *“...en nawieke het *Lizzy verdwyn. Dan los *Lizzy daai kinnes net soe. Dan kom *Lizzy die Maandag oggend terug”* [And weekends *Lizzy (substance-abusing parent) disappeared. Then she would leave those children just like that. Then *Lizzy would return home on Monday morning.] (Family member 2).

- “...verwaarlosing het plaasgevind want daar was nie finansies nie as gevolg van al die geld en alkohol gegaan vir die gebruik van alkohol. So dit veroorsaak dat daar uhm, kinders nie die nodige behoeftes gehad het nie.” [Neglect occurred because there were no finances due to the money being used for alcohol. So the result was that the children did not have the necessities.] (Social worker 4).

This study revealed different types of child neglect in the selected study area such as physical abuse, lack of supervision and lack of time for children (attentiveness), where parents often chose to spend more time with others during weekends, leaving their children either alone or with other individuals. This finding is consistent with the study by Marinus (2015), where child neglect was also identified as a consequence of substance abuse by parents in a rural community in the Western Cape. The current study findings also revealed that parents tend to show a lack of interest in their children’s development, activities, and abilities. This includes a lack of interest in their schoolwork and extramural activities, along with an overall lack of interest in matters concerning the child. Compounding this, there seems to be a disregard for the child’s physical and emotional needs. Some participants explained that substance-abusing parents neglected their children’s basic needs such as clothes and food, as well as their emotional needs, because their attention is focused on procuring, drinking and recovering from alcohol. Thus, parents do not spend their time forming emotional bonds and strong attachments with their children (Calhoun, Conner, Miller & Messina, 2015). In many instances the child’s school performance tends to suffer, putting them at risk of early school dropout and a compromised future (Lander, Howsare, & Byrne, 2013).

It appears that parental substance abuse (concurrent with other social issues) propagates child neglect. The biggest concern is the lack of basic needs provision such as food and emotional attachments, which expose children to unfavourable and unsafe circumstances, making them

more vulnerable to abuse and violent crime. Thus, it important to explore the causes of parental substance abuse in order to understand the interventions that are needed.

(iii) Conclusion of sub-theme 1.2: Co-occurring social problems

There appears to be a link between parental substance abuse, domestic violence and child neglect. The social issues discussed in this sub-theme seem to co-occur and are interrelated. This sub-theme highlights domestic violence and child neglect as the most significant social issues linked to parental substance abuse in the selected rural area.

5.3.1.3 Sub-theme 1.3: Causes of substance abuse

This theme is linked to perceptions concerning the causes and reasons for substance usage. The causes of substance abuse can also be explained in terms of the systems theory. Various systems such as the individual's personality, their family and community can have an influence on substance abuse (Healy, 2014; Kumpfer, 2014). People abuse substances for various reasons, some of which can be traced to their socio-historical upbringing (Tedgård, Råstam & Wirtberg, 2018). Similarly, globalisation and urbanisation also influence people's reasons for substance usage (Rawson, Woody, Kresina & Gust, 2015). This sub-theme considers the participants' reasons for substance abuse. Most of the participants referred to their socio-historical upbringing, difficult family dynamics, easy access to substances, and substance abuse as a coping resource. Three categories emerged from the data, namely the historical background and difficult family dynamics of participants, environmental and community influences and trauma and stress.

(i) Category 1.3.1: Socio-historical background and difficult family dynamics

Historical background refers to the person's social and economic background and the difficult family circumstances that they might have been exposed to while growing up (Tedgård,

Råstam, Wirtberg, 2018). Historical background, in the context of this study, refers to the upbringing of the substance-abusing participants, which includes their values, norms, family circumstances, family rules, and family roots. Difficult family dynamics refers to negative incidents within the family that had a negative impact on the family. These incidents would include exposure to domestic violence, substance abuse, criminal activities and frequent arguments within the family (Härkönen, Bernardi & Boertien, 2017). Thus, a confluence of a person's upbringing, culture, beliefs and values can produce certain behaviours, either positive or negative (Radebe, 2015).

All substance-abusing parents in this study had a difficult historical upbringing and this has had an impact on their current substance usage. They grew up in difficult family circumstances and were exposed to parental substance abuse, domestic violence, poverty, loss of caregivers at a young age, and exposure to instability. However, they show little insight about the link between their personal historical upbringing and their current substance abuse. According to Kader and Roman (2018), family experiences can either promote or hinder the development of the person. In a study conducted by Gąsior (2014) regarding the childhood experiences of adult children of alcoholics, the findings suggest that traumatic experiences linked to parental substance abuse have lasting effects on the development of their children. Thus, the family is an important factor which influences the overall development and well-being of its members.

The following narratives substantiate this category:

- *“Hy’t altyd sy geld uitgedrink of hy’t nooit rerig vir my ma geld gegie nie. My ma moet altyd gesorg it dat daa eers wyn in die huis is. Os maar keure baie swaar..., dae wat deur gegaan met hom.”* [He (referring to her father) always drank up his money or he would never really give my mother money. My mother always first had to ensure that there was wine in the house. We had very difficult days with him.] (Substance-abusing parent 2).

- “*My ma het baie gedrink en die man wat sy gehad het.*” [My mother drank a lot as well as the man she had.] (Family member 5).
- “*Meeste van hulle kom uit huis gesinne uit wat..., dis is ’n cycle. Is ’n cycle, begin by die ouma en oupa en hulle drink en dit gaan oor na die kinders.*” [Most of them (referring to substance-abusing parents) come from homes that [...] it is a cycle. It is a cycle that starts with the grandparents who drink, and it goes over to the children.] (Social worker 4).

Most substance-abusing parent participants mentioned that their own parents had abused substances. According to Saugeres, Thomas and Moore (2014), parents who abuse substances impose a negative influence on the family. The findings are consistent with a study by Mudavunhu and Schenck (2014) conducted in a rural area in the Western Cape, which suggests that most of the children using substances came from families where they were exposed to different kinds of negative family dynamics, including parental substance abuse. A study in a low-income Western Cape community by Daniels (2017), on the experiences of adults whose parents had abused substances, highlighted that these adult children had been traumatised by their parents’ substance behaviour and that the effects had been carried into adulthood. The findings by Daniels (2017), Marinus (2015), and Mudavunhu and Schenck (2014), concur that parental substance abuse and related issues (such as domestic violence) have enduring negative effects on the children into adulthood. The substance-abusing parent participants in this study shared similar experiences about growing up in chaotic and unpredictable homes where parental substance abuse was present. Similarly, some of the participating family members also referred to the adverse effects of parents who abused substances. Persons who grow up with close relatives that abuse substances are at an increased risk of developing a substance abuse problem themselves later in life (Edenburg & Foround, 2013). Thus, children and adolescents

who are constantly exposed to parental substance abuse are at a greater risk of abusing substances themselves (Jex & Britt, 2014).

Alcohol was the most common substance abused by the parents of participants in this study. This can be linked to the *dop* or tot system that was in place during the apartheid era when farm employees were paid with alcohol for their labour (Cloete & Ramugondo, 2015). The *dop* system thus appears to have a continuing impact on the current rural population in the selected area (Cloete & Ramugondo, 2015; Gossage et al., 2014; Kühn, 2016).

Most substance-abusing parents grew up in poverty and were exposed to some form of instability. Forms of instability include the loss of a caregiver at a young age and a frequent change of residence (Sandstrom & Huerta, 2013). Some substance-abusing parents (participants) related childhood experiences where they had to sleep outside due to conflict and domestic violence in the home. Most substance-abusing parents lost their primary caregivers at a young age. This finding is confirmed by Radebe (2015), who states that life challenges such as death are unforeseen and the consequences vary from individual to individual. Participants related that after the death of their primary caregivers (usually their parents), they were shuttled between relatives. As a consequence, all substance-abusing participants in this study left school at an early age and quickly became involved with substances. They also recalled severe corporal punishment at the hand of their surrogate caregivers and the lack of a good relationship with these caregivers while growing up. Such factors can often form a pattern or cycle of recurring behaviours as the social work participants intimated in the following examples:

- “...en dan op die hoërskool begin hulle uitval.....so dis amper soos sirkel wat continue, want as jy na die ouer gaan dan sien jy maar hier sit ’n ouma ook wat lyk of sy ook kwai lekker doppie kan steek.” [...and then at high school they fall out..., so it’s almost like a

circle that continues, because if you go to the parent then you see a grandmother there who also looks like someone that is a heavy drinker.] (Social worker 2).

- “...soos ‘n siklus gan an en an. Hulle (verwys na kinders van ouers wat middels gebruik) sien hulle ouers gebruik (verwys na die gebruik van middels) en dan dink hulle dit is reg en dan gebruik hulle ook. [...like a cycle, it goes on and on. They (referring to children of substance-abusing parents) see their parents use (referring to the usage of substances) and then they think it is right and they also use it.] (Social worker 3).

As shown in the narratives above, social work participants believe that there is an ongoing cycle of substance dependency that is transferred from one generation to the next. This cycle goes back generations, including the time of apartheid and the *dop* system (Cloete & Ramugondo, 2015). It appears therefore that the legacy of the *dop* system still has an effect on current drinking patterns within the identified area (Gossage et al., 2014). Participants explained that it is common within the identified rural area for youth to become involved with substance abuse at an early age. In a study by Mudavanhu and Schenck (2014), the findings indicate that substance abuse amongst youth is a serious issue of concern as more and more youths leave school early and become addicted to substances. Furthermore, when the researcher asked the social work participants about their views on how to break the cycle of substance abuse within the selected area, they were unable to provide a concrete and sustainable solution (this will be elaborated on in Chapter 6).

It can be concluded that the historical background and family dynamics play a pivotal role in understanding the catalyst for substance abuse, and indeed for other social issues as well.

(ii) **Category 1.3.2: Environmental and community influences**

This category emerged during the questions on environmental factors that influence substance abuse. Environmental factors may be referred to as those aspects in the community and society

that an individual normally does not have control over (Raines, 2014). These aspects have an indirect, but strong, influence on individuals. According to Ramlagan, Peltzer and Matseke (2010), some of the environmental reasons for substance abuse in South Africa include poverty, unemployment and living in an area surrounded by substance abuse, as well as living within easy access and availability of substances. The majority of the participants spoke about normalised drinking patterns, peer pressure, generational drinking, and easy access to substances within the selected area seen in the narratives below:

- “...issie omdat ek soema net soe begine drinkie, manet vir voel hoe is it om te drink, want al my vrinne drink en ek sit oek maa nou...” [It is not that I just started to drink like that, but I wanted to feel how it is to drink and because all my friends drank and I just sat there.] (Substance-abusing parent 3).
- “Nawieke drink hulle almal maar, party hulle..., is maar die lewe op die plaas is. Almal doen net sy eie ding, maar meeste van die tyd omdat daar nie aktiwiteite is vir die jongmense of vir die mense of soe nie, gaan hulle maar almal na drank en dwelms toe... [Weekends everyone drinks, they party, it is the life on the farm. Everyone does their own thing, but most of the time because there are no activities for the young people or for the people, then they all go to alcohol and drugs.] (Family member 6).
- “... daar is defnitief mense wat met alkohol ’n bietjie handel dryf opie plaas of wat os ook er vind die mense kom met bakkies na die plase toe dan kom verkoop hulle die goed.” [There is definitely people that trade with alcohol on the farms. Or what we also find on the farms are people that come with vehicles to the farm and sell the stuff.] (Social worker 2).

There thus appear to be acculturated drinking patterns within the selected rural area. According to Sloboda, Glantz and Tarter (2012), the learned behaviour of normalising substance abuse

within a community is one of the motivating factors for substance abuse. This behavioural pattern of drinking goes back to the apartheid era where the *dop* system was used to pay farm workers with alcohol for their labour. Studies by Kühn (2016), Daniels (2017), and Van der Merwe (2010) have indicated that the effects of the *dop* system still appear to be relevant today, as people within the rural areas have normalised drinking, and weekend drinking in particular. Children are starting to drink from a younger age. In a quantitative research study carried out with adolescents in low income communities within the Cape Town area, the findings brought to light that peer pressure amongst youth is a stronger predictor for adolescent substance abuse than leisure boredom (Hendricks, 2015). In another study conducted with South African youth, the majority of the sample indicated that they experiment with substances because of peer pressure (Rich, 2017). According to Rich (2017), peer pressure is a common reason for people to try out a substance. It should thus be mentioned that the majority of the substance-abusing parents who experimented with substances at a young age were influenced by their peers.

The cycle of substance abuse, especially alcohol use, is strongly influenced by generational behavioural patterns. Social work participants emphasised how the cycle of substance abuse that is affecting the current drinking of the youth. Often when parents are involved with substance abuse, they appear to be emotionally unavailable for their children. As a result, the children's general sense of belonging is severely compromised and they are thus easy prey for negative peer groupings (such as gangs) and peer pressure (Boston & Warren, 2017).

Furthermore, based on the data, it appears that substance-abusing parents struggle to stop their usage due to their partner's substance abuse. Thus, another finding concerned the drinking habits (use and/or abuse) of both parents in a given family.

Within the selected rural area, it appears that alcohol is the substance that is most easily available, legal, and (relatively) affordable. Participants have also pointed to the availability of

dagga and *tik* on farms. Importantly, in rural communities where there are few extra-mural activities taking place during weekends, people (including the youth) are more prone to use substances as a form of entertainment. This is also explained in a study conducted in the Western Cape by Kühn (2016), where the findings also made reference to easy access of substances and the lack of positive leisure activities for people on the farms or in the community. This finding can also be linked to the historical use (during colonialism and apartheid) of coloured people for manual labour (Seekings & Nattrass, 2005; Wiltshire, 2016).

Substance abuse is a social habit. All of the participants commonly drink with someone or with a group of people. They explained that they would drink because everyone in their group drinks (Fujimoto & Valente, 2012; Giovazolias & Themeli, 2014).

This category has provided much insight into the confluence of socio-political and historical factors that have played a leading role in the substance abuse pandemic in rural areas in the Western Cape and in South Africa generally.

(iii) Category 1.3.3: Trauma and stress

In this study, the research participants indicated that they use substances as a coping mechanism to relax and to forget about trauma, stress and other problems. According to Diehl, Chui, Hay, Lumley, Grünh and Labouvie-Vief (2014), coping mechanisms are defence techniques used by people to manage their personal stress or help them to deal with difficult emotions. The narratives below substantiate this category:

- “*Soe it gat oor die geslattery van hom wat ekie kan ophou drinkie, want dit, dit vat an my*” [It is because of him (referring to her partner) hitting me that I cannot stop drinking, because it has an impact on me]. “... *My ander rede is net dat ek kan it nogie oor my hart*

kry dat ek die siek hetie.” [My other reason is that I cannot accept that I have this sickness.] (Substance-abusing parent 6).

- “... *meeste mense sê mos nou hulle koel maar net af.*” [Most people say they are just cooling off.] (Family member 6).
- “*Baie van hulle hardloop na alkohol en dwelms toe want dis die enigste ding wat hulle maak vergeet, maar hulle beseef nie mōre is dit weer daar nie.*” [A lot of them (substance-abusing parents) run to alcohol and drugs because it is the only things that help them forget, but they do not realise that the next day it is still there.] (Social worker 4).

As seen in the narratives above, the participants explained that they use substances as a means of relaxation to forget about their problems and to help them to deal with trauma and stress. By drinking or using drugs, inner control defences are lowered and people are able to relax more and do things or make decisions that they would not normally do; thereby adding to the ‘good time’ feeling (Dunbar, Launay, Wlodarski, Robertson, Pearce, Carney & MacCarron, 2017). In a study conducted by Rich (2017), it was found that some participants said that they continued to use substances in order to escape reality and to feel good. The participants therefore used substances to help them cope with their personal challenges and to suppress traumatic experiences. These findings are also evident in another study with youth by Mudavanhu and Schenck (2014) that was conducted in the Western Cape, where the findings suggest that youths use substances as a means of coping with low self-esteem and to relieve perceived unhappiness in their lives.

In this study, the participants’ difficult current circumstances meant that substance abuse provided them with a brief escape from reality and allowed them to feel happy for that period. Thus, the participants used substance as a means of coping with personal problems such as traumatic experiences, as seen in the narratives above. This finding is concurrent with a study

by Mukhtar (2014), which indicated that people use substances as a way of coping with stressful events, such as childhood difficulties or dealing with a sickness, for example HIV/AIDS.

Some of the substance-abusing parents pointed directly to domestic violence as one of the contributing factors for their substance abuse. In a study conducted by Slabbert (2015), the findings revealed that some participants used substances as a means of coping with domestic violence.

The children of most substance-abusing parents in the present study had been removed by social services. Only a few of the substance-abusing parents admitted that after the removal of their child/children they started to drink even more. Furthermore, a few explained that they turned to alcohol as a means of dealing with their positive HIV status. Other reasons for substance abuse included a poor support system, an increase in confidence, and relaxation after a long week of work.

In light of the information discussed it appears that people use substances to help them cope with life's daily challenges and experiences.

(iv) Conclusion of sub-theme 1.3: Causes of substance abuse

This sub-theme explored three key causes of substance abuse as identified by the research participants. Category one focused on how the substance-abusing parents' historical backgrounds and difficult family dynamics influenced their current drinking patterns. The findings suggest that the upbringing of the individual influenced their current drinking patterns. Category two pinpointed past political conditions as forming the basis for current environmental and community circumstances as these appear to have had a strong influence on substance abuse within the selected area. Lastly, people also use substances as a coping

resource to help them deal with trauma, stress and difficult circumstances, as well as to help them relax (with concomitant high stress levels). All three of reasons often occur in an interrelated manner, and it is common for more than one issue to be the reason for substance abuse.

5.3.1.4 Conclusion of Theme 1

Theme one focused on the manifestation of substance abuse within the selected rural area. Three sub-themes and nine categories emerged and were discussed.

Sub-theme 1.1 focused on the patterns and understanding of substance abuse in the selected area. The findings indicated that alcohol use was more common over weekends. Other types of substances used within the selected area included marijuana and *tik*. Furthermore, the findings also showed that the majority of the substance-abusing parents were in denial about their substance usage and had indicated that they did not have a problem. Despite this, substance-abusing parents understood how substance abuse negatively influenced them and others.

In sub-theme 1.2 the focus was on the co-occurring social problems in the selected area. Two main categories emerged namely, domestic violence and child abuse as a result of parental substance abuse. Parental substance abuse increases the occurrence of domestic violence and can expose children to neglect (Kühn, 2016).

Sub-theme 1.3 explored the causes of substance abuse. Here the focus was on the influence of the historical background and difficult family dynamics that the substance-abusing parents had been exposed to. The findings indicated that majority of the participants grew up with parents who used alcohol. Other causes of substance abuse discussed included easy availability of

substances as well as using substances as a coping mechanism to deal with trauma, stress and difficult circumstances.

5.3.2 Theme 2: Effects of substance abuse

Substance abuse has various effects on the individual as well as everyone around the user (Kühn, 2016). Parental substance abuse in particular has a diverse effect on parents, children, immediate family, as well as the social welfare system of the country (Daniels, 2017). Thus, the link between the effects of substance abuse can be explained by making use of the family systems theory. The family systems theory represents the family as well as the overall nature of the family's functioning (Healy, 2014; Kühn, 2016). Thus, when one member abuses substances, the rest of the family and the community are also negatively influenced. The effects can be short-term or long-term. The family systems theory therefore focuses on how different systems interact and produce a certain outcome (Brandell, 2011).

Theme two will focus on presenting the views of the participants regarding the effects of substance abuse. Six sub-themes and 17 categories will be discussed.

5.3.2.1 Sub-theme 2.1: Effects on the substance user

The use of any substance creates a range of effects on the user. Effects of substance abuse on the individual refers to the physical impact the substance has on the user's body and mind (Fox, Oliver & Ellis, 2013). Short-term effects usually manifest soon after the substance has been used, as it influences the individual's neuron transmissions (Madras & Kuhar, 2014). When the researcher explored the effects of substance abuse on the individual, the following two categories stood out, namely thoughts and behaviour and the user's health.

(i) Category 2.1.1: Thoughts and behaviour

Substance abuse influences the thoughts of the user, which in turn has an impact on their behaviour. Substance abuse interferes with an individual's normal thinking patterns and can result in irrational thoughts (Fox, Oliver & Ellis, 2013). Any substance that is used alters the neuron transmissions in the brain, which in turn has an influence on the way the user thinks and behaves (Madras & Kuhar, 2014). These effects are normally short-term and only last a few hours but can also have negative long-term effects on the individual (Fox, Oliver & Ellis, 2013). Behaviour, on the other hand, refers to an operative term and involves acting on thoughts and doing things (De Klerk, 2011). In the current study, participants mentioned that substance abuse influenced their thoughts and behaviour as seen in the narratives below:

- “...as ek gedrink is, ek verstaanie 'n ander mensie. Soe ek verstaanie, soe. Ek raak gou kwaad...” [When I am drunk, I do not understand another person. I get angry very quickly.] (Substance-abusing parent 4).
- “Hy kom pla die mense of hy's..., even hy steel oek self...” [He (referring to substance-abusing parent) bothers the people and he even steals.] ... “Toe kom hy ook aggressief in die huis in. Hy't die huis se ruite stukkend geslaan.” [He came in the house aggressively and broke the windows of the house.] (Family member 6).
- “...as die persoon so onder invloed is, dan affekteer dit sy liggaam, sy, hoe hy loop, hoe hy praat, sy denke, hy weet nie meer wat reg en verkeerd isie.” [When a person is under the influence, it affects their body, the way they walk, how they speak, their thoughts and they do not know what is right and wrong.] (Social worker 3).

According to Kühn (2016), alcohol abuse is usually linked with an increase in confidence, which in turn leads to an inability to adequately control one's behaviour by indiscriminately acting on impulses. The family member research participants' spoke in particular about the

inappropriate behaviour of substance-abusing parents, especially when they were under the influence of substances. According to Fox, Oliver and Ellis (2013), when people are under the influence of a substance, their normal reasoning capabilities are clouded and they tend to act on impulse, thereby not thinking about the consequences. The participants also mentioned that substance-abusing parents often act aggressively, especially those that use drugs such as *tik*. It appears therefore that substance abuse influences the user's normal thinking patterns, and alcohol and *tik* increases aggressive impulses, thus negatively affecting their physical health.

(ii) Category 2.1.2: The user's health

Health refers to an individual's overall well-being and the term includes physical and mental health (Nash, 2014). Substance abuse has various long-term effects on the abuser's physical and mental health. Depending on the type of substance that is abused and the frequency of abuse, the effects can be devastating. Most participants revealed that substance abuse had had a negative effect on the users' physical and mental health, as indicated by the following:

- “*Ek, begin te hoes, baie begin te hoes en as ek alkohol gedrink het, dan die volgende dag is ek baie bewerig. Kop pyne, warm kry...*” [I started to cough, started to cough a lot. And when I had alcohol, the next morning that I shiver a lot, have head aches and get hot.] (Substance-abusing parent 1).
- “*...toe het ek in die hospitaal beland van uhm..., van tik..*” [Then I ended up in the hospital due to tik.] (Substance-abusing parent 4).
- “**Lizzy kry behandeling vir stress...*” [*Lizzy receives treatment for stress.] (Family member 2). [*pseudonym used]
- “*Kyk die ouers... uhm, is nie bekommerd oor hulle gesondheid nie.*” [The parents are not concerned about their health.] (Social worker 2).

Here the participants reflected on the effect that substance abuse had on their physical health. Additionally, the constant use of substances led to problems within the home, which in turn had a negative impact on the psychological well-being of the user and other family members. The social work participant referred to the side effect of stress. It is evident that physical health issues were often not so easily noticed by the user. Literature suggests that substance abuse has long-term negative effects that can emerge later in life (Choi & DiNitto, 2013; Schulte & Hser, 2014). According to Boden and Fergusson (2011), prolonged substance abuse can cause neuropsychiatric conditions such as depression and anxiety. A research study by Ronksley, Brien, Turner, Mukamal and Ghali (2011), found that heavy drinking increases the likelihood of strokes. The use of methamphetamine has been found to cause liver damage known as hepatotoxicity (Wills, 2005).

In similar study by the Human Sciences Research Council (2015), the findings suggest that substance abuse increases the onset of diseases later in life such as hypertension and cancers. Overall, the constant usage of substances has a detrimental effect on the user's mental and physical health (Madras & Kuhar, 2014).

Based on the research findings, it appeared that the substance-abusing parents usually had not experienced complex health issues at this stage. Reference however was made to the psychological stress they experienced.

(iii) Conclusion of sub-theme 2.1: Effects on the substance user

Substance abuse influences the way the user thinks and behaves. The substance alters the brain's normal functioning, thus allowing more room for the user to do things that they would not normally do when they are sober. Substance abuse has adverse and depressing effects on the user, despite the short-term euphoria they might experience. Substance abuse has negative long-term effects on the user's overall health and well-being.

5.3.2.2 Sub-theme 2.2: Effects on intimate relationships

Intimate relationships refer to the interpersonal relationship, traditionally between two people, that is characterised by intimacy, attachment and love (Louw & Louw, 2009). Types of intimate relationships include marriage, cohabitation and non-cohabitating dating (Fleming, White & Catalano, 2010). Substance abuse has diverse effects on people's intimate relationships. The extent of the effects will depend on whether one or both partners are abusing substances (Lander, Howsare & Byrne, 2013). In this sub-theme, the focus will be to explain the effects of substance abuse on intimate relationships from the participants' viewpoint. Three categories will be discussed, namely, lack of communication, jealousy and unfaithfulness, and conflict and domestic violence.

(i) Category 2.2.1: Avoidance and lack of communication

Lack of communication in this context refers to the difficulty of two or more people to effectively and efficiently talk about an issue in order to reach a peaceful, mutual agreement (Galvin, Braithwaite, Schrodt & Bylund, 2018). Avoidance can also be linked to lack of communication where two or more people either do not talk to each other or do not pay attention to one another (Roloff, 2012). According to Duggan and Molineux (2013), substance abuse often increases the likelihood of communication problems within a relationship. All the substance-abusing parents referred to difficult communication patterns associated with alcohol abuse. A variety of communication problems were mentioned by the research participants and included the frequent use of expletives and aggressive language, avoidance of one another, inability to peacefully discuss issues, and refusal to talk about problems that occurred, as seen in the narratives below:

- *“Hy is net..., kom net saans inie hys in, dan sit hy, drink koffie of kyk tv..., miskien oek... hy praatie saam met my nie...”* [He (referring to her partner) just comes home at night,

then he sits, drinks coffee or watches tv. He does not speak to me.] (Substance-abusing parent 6).

- “*Om eerlik te wies, os praat nie oor os probleme nie, want ek, ek praat met hom want dan gie hy nooit vi my antwoordie.*” [To be honest, we do not talk about our problems, because when I talk to him (referring to her partner) then he never gives answers.] (Family member 5).
- “*...die manier hoe hulle dan met mekaar praat is nie positief nie, want dis baie keer vloekery of diskriminerend of afbrekend.*” [The manner in which they (referring to substance-abusing parents) speak to each other is not positive, because often they swear and speak to each other in a discriminatory or belittling way.] (Social worker 2).

This finding confirms the assertions by Woolf-King, Conroy, Fritz, Johnson, Hosegood, Van Rooyen, Darbes and McGrath (2019) in their study on the effect of alcohol abuse on intimate relationships in rural South Africa. These authors found that alcohol usage within relationships was linked to poor communication patterns. Similarly, according to Mattoo, Nebhinani, Kumar, Basu and Kulhara (2013), frequent arguments constrain communication patterns within intimate relationships. In the present study, substance-abusing parents explained that they were unable to have a conversation with their partner regarding issues that they were unhappy about. The issues therefore remained unresolved as they could not speak about what was troubling them or about household issues. The participants thus did not use any problem-solving skills, so they did not get a chance to see if these worked. These unresolved issues tend to surface when the individuals are under the influence, especially the influence of alcohol.

It can be concluded therefore that substance abuse appears to hamper communication patterns and problem-solving between individuals who are in an intimate relationship. When people are

under the influence of substances, their ability to communicate effectively and to problem-solve is severely hampered.

(ii) Category 2.2.2: Jealousy and infidelity

Jealousy refers to a negative emotional reaction that is triggered by a perceived or actual threat to the self-esteem or self-worth of the person (Ortigue & Bianchi, 2011). It is specifically linked to a person in the context of an interpersonal relationship. In the current study, it appears that substance abuse increases the distrust between intimate partners. Some participants reported infidelity, as the following attests:

- “...hy het mos ’n verhouding gehad met ’n ander vrou.” [He (referring to her partner) had a relationship with another women.] ... *Ek het bymekaar geraak met ’n ander man...*” [I got involved with another man.] (Substance-abusing parent 1).
- “Met die gedrinkery was hy mos soe jaloers op haar. En baklei met haar en haar soema manne gegee...” [With the drinking he (partner of substance-abusing parent) became jealous of her (substance-abusing parent). He fought with her and gave her men.] (Family member 4).
- “...die vrou het ’n verhouding gehad, maar hulle wil baie graag aan hulle huwelik werk...” [...the woman had an extra marital affair but they (referring to both the husband and wife) really wanted to work on their marriage.] (Social worker 1).

It seems that substance abuse increases both the user and the family member’s paranoia about real or imagined infidelity. Such paranoia indicates insecurities in intimate relationships. Similar findings emerged from the study by Woolf-King, Conroy, Fritz, Johnson, Hosegood, Van Rooyen, Darbes and McGrath (2019, which suggested that alcohol abuse has a negative influence on trust between intimate partners. Having said this, most substance-abusing parents

admitted to having had an affair with someone other than their partner. In addition, some substance-abusing parents also indicated that their partners had had affairs with others.

It appears that substance abuse does play a significant role in terms of infidelity because most of the substance-abusing parents said that they were unfaithful when under the influence.

(iii) Category 2.2.3: Conflict and domestic violence

Substance abuse is generally associated with conflict between people that can lead to domestic violence (Slabbert & Green, 2013). Thus, conflict and domestic violence generally occurs at the same time. Conflict refers to disagreements, struggles or arguments between two or more people with opposing beliefs or values (Thakore, 2013). According to the Domestic Violence Act (116 of 1998) in South Africa, domestic violence refers to physical, emotional, sexual, verbal, economic and psychological abuse. Participants said that conflict often occurred between them and their partners, as can be seen in the narratives below:

- “...en met my man, as ek gedrink is, daar’s daa altyd ’n konflik. Ons baklei en os stry teen alle tye.” [With my husband, when I drink there’s always conflict. We fight and we argue every time.] (Substance-abusing parent 1).
- “...hy’s bakleiering as hy nie goed kan sy sin kan kry nie, en dan raak hy gewelddadig in die huis.” [He (referring to partner) fights when he does not get his way in the house.] (Family member 6).
- “Dis meer die gesinsgeweld tussen die ouers. Soe die ouers wat mekaar sal., wel nie eers slaan nie. Hulle donder mekaar somer.” [It is more domestic violence between the parents. The parents fight seriously.] (Social worker 1).

Physical and emotional abuse often occur together when people engage in arguments. Studies indicate that a correlation exists between substance abuse and domestic violence within

families (Crane, Schlauch, Hawes, Mandel & Easton, 2014; Slabbert, 2015; Thesnaar, 2011). From the participants' narratives, it seems that women are often the victims of domestic violence at the hands of their male partners. South Africa Demographic and Health Survey (2016) confirms that one in every five females older than 18 years of age has experienced physical violence.

In conclusion, it appears that substance abuse heightens the conflict and propensity for domestic violence within intimate relationships.

(iv) Conclusion of sub-theme 2.2: Effects on intimate relationships

As seen in the categories discussed in this sub-theme, substance abuse has a negative effect on the intimate relationship of individuals. It negatively affects communication patterns and it leads to an increase in jealousy and unfaithfulness (as a result of loss of control and inhibitions). Furthermore, substance abuse also increases the occurrence of conflict between partners which can lead to domestic violence. Thus, substance abuse generally places strain on the intimate relationship of individuals and can weaken their relationship.

5.3.2.3 Sub-theme 2.3: Effects on children

Substance abuse, by one or more parents in a household, can have diverse effects on children (Reiter, 2015). According to the Children's Act (38 of 2005) in South Africa, the term 'child' refers to an individual under the age of 18 years. Studies by Haefele and Ovens (2013) and Kühn (2016), have shown that parental substance abuse has various negative effects on children, and this can have long-term negative effects on the child's development. The negative effects of substance abuse can begin as early as during the prenatal phase of a child's life when the mother is using substances during pregnancy. The use of any substances including alcohol, drugs, cigarettes or any medicine can have serious effects on the development of the unborn

baby (Louw & Louw, 2009). A devastating effect of prenatal alcohol abuse is Foetal Alcohol Syndrome (FAS), which is characterised by mental and physical birth defects. The most common features of FAS includes facial abnormalities, low weight at birth, as well as developmental difficulties (Nash & Vavies, 2017). According to Olivier, Curfs and Viljoen (2016), FAS occurs more often in South Africa and is estimated at 58.5 per 1000 people compared to anywhere else in the world (Lubbe et al., 2017). Is especially prevalent in rural parts of the Western and Northern Cape. Heavy alcohol drinking by pregnant females, especially in a binge-drinking pattern, occurs in over 20% of females in the Western Cape (Olivier, Urban, Chersich, Temmerman & Viljoen, 2013). In this sub-theme, the focus will be on discussing the effects of parental substance abuse on children, as explained by the research participants. Four categories emerged namely, the exposure children had to difficult family dynamics, effects on attachment, effects on schooling and parentification.

(i) Category 2.3.1: Exposure to difficult family dynamics

Family dynamics in this context refers to unhealthy patterns of interaction within a family (Härkönen, Bernardi & Boertien, 2017). This category thus refers to the various difficult circumstances to which children are exposed as a result of their parents' substance abuse. In the current study, all three research participant groups said that children were often exposed to parental conflict and domestic violence as a result of substance abuse, as can be seen in the narratives below:

- *“As hy begine slat vir my of soe, dan begin hulle hyl. Hy hetal vi *Candy geklap al. Hy’t al die babatjie, toe’s *Mandy nog ’n babatjie. Toe het hy al vir *Mandy raak geslat al.”*
[When he (referring to partner) starts hitting me, then they (referring to children) start to cry. He smacked *Cindy (child) before. When *Mandy (child) was a baby, he accidentally hit her.] (Substance-abusing parent 3). [*pseudonyms used]

- *“Die aand toe baklei sy, Oeh!, die kinnes was..., mensdom. Hulle het soema die badkamer in gehardloep en die deure toe gemaak die way hulle kan op hulle senuwee’s gewies het toe die pa en die ma soe baklei het.”* [The night they (referring to both parents) fought, my word, the children. They (referring to children) ran to the bathroom and locked the door the way they were on their nerves due to the mother and father’s fighting.] (Family member 4).
- *“..wat die ouers doen, omdat die ouers so geweld raak, of miskien hulle spouse slaan en so, sien die kinders dit en dan affekteer dit hulle toestand, hulle kry nagmerries, hulle kanie konsentreer by die skool nie.”* [What the parents does, when they get involved with domestic violence and the children see it, it affects the children and they get nightmares and struggle to concentrate at school.] (Social worker 3).

Studies by Daniels (2017), Haefele and Ovens (2013) and Kühn (2016), have found that children of parents who abuse substances are often exposed to negative family dynamics such as domestic violence between parents, frequent arguments and conflict, and the use of foul language by parents. Children are often exposed to incidents where their parents physically fight, and/or where they throw objects at each other and ultimately the police (or other external source) are contacted for help (Lander, Howsare & Byrne, 2013). These types of incidents have devastating emotional effects on the children who witness them. Children become extremely emotional when their parents engage in fighting. The children would scream, cry and beg their parents to stop fighting (Pingley, 2017). The constant exposure to these negative family dynamics has a detrimental impact on the emotional well-being of the children as well as the development of the child (Wathen & MacMillan, 2013). As seen in the study by Daniels (2017), adult children of substance-abusing parents carry their childhood experiences (frequent domestic violence by parents) with them throughout adulthood and describe them as traumatic experiences that influence their entire lives. As such, children who constantly witness domestic

violence may experience dysfunction later in life (Habib, Toumbourou, Mcritchie, Williams, Kremer, Mckenzie & Catalano, 2014). The majority of substance-abusing parents in this study grew up with substance-abusing caregivers, went through traumatic childhood experiences, and are left with painful memories.

Furthermore, the frequent conflict at home negatively influences the child's sense of belonging as this child often chooses not to be home due to the unhappy circumstances (Horgan, 2011). Similarly, in a study by Daniels (2017) that focused on the experiences of adult children who grew up with problem drinkers in a low-income community in the Western Cape, the findings suggest that the participants chose not to be at home rather than continuously face the unbearable circumstances linked to their parents' substance abuse. Furthermore, parental substance abuse causes family chaos, and children in particular are more at risk as they are likely to be exposed to dysfunctional behaviour and traumatic incidents (Daniels, 2017).

It is clear, therefore, that the exposure of children to difficult family dynamics such as domestic violence has a negative effect on their emotional well-being and development. Furthermore, the effects of this exposure may have lasting effects on the child as he/she matures into adulthood.

(ii) Category 2.3.2: Effects on attachment

Attachment refers to the emotional bonds that are formulated between people (Music, 2017). Parental substance abuse can have a negative effect on the attachment bond between the parent and the children (Lander, Howsare & Byrne, 2013). In the current study, it appears that substance-abusing parents spend less time with their children, which in turn contributes to weak attachment with children, as seen in the narratives below:

- “*My kinders het hulle respek vir my verloor, want hulle ma bly elke dag dronk, my ma worry nie van ons nie.*” [My children started to lose respect for me, because their mother is drunk every day and she doesn’t worry about them.] (Substance-abusing parent 1).
- “*...hulle sê bloot dat dit, daai’s nie hulle ma nie. Hulle wil niks met haar te doen hê nie.*” [They (referring to children) say that she isn’t their mother and they want nothing to do with her.] (Family member 2).
- “*Die kind voel unwanted want my ma en pa voel alkohol is meer wanted.*” [the child feels unwanted because the parents feel that alcohol is more wanted.] (Social worker 4).

The narratives depict how children have lost respect for their parents, the ensuing estrangement, and their feelings of being unwanted. Studies by Choi et al. (2015) and Daniels (2017) found that parental alcohol abuse creates an emotional distance between the parent and the child. Children who do not have a secure attachment with parents are more vulnerable to negative influences (Järvinen, 2013; Lander, Howsare & Byrne, 2013). In the current study, the participants explained that the older children are often the ones who become resentful towards their substance-abusing parents. These studies found that these children often develop a negative view of their parents and choose to live elsewhere. The younger children on the other hand are often too small to fully understand what is going on, thus they still have a desire to be with their parents. The findings of the current study also suggest that children with weak attachments with their parents often viewed their parents negatively. The conclusion can be drawn that parental substance abuse hinders healthy parent/child attachments.

(iii) Category 2.3.3: Effects of parental substance abuse on children’s schooling

This category focuses on the effects that parents’ substance abuse has on their children’s school performance. When a child experiences rejection, their sense of connectedness with the parent is negatively influenced, which in turn can have a negative influence on their emotional and

academic functioning (Cottee & Roman, 2014). The following narratives reveal how parental substance abuse has a direct effect on children's schooling:

- “...laas wies toe word my meisie kindtjie oek hys toe gestuur. Oor goed wat sy oek by die skool aangevang het ...” [Last week my daughter was sent home due to things she did at school.] (Substance-abusing parent 6).
- “It gaan baie op hulle skool werk beïnvloed. Hulle ganie wil fokusie. En, juffrou het nou al afsprake oek begine maak vi die oudste eenetjie, want hy wilie leerie.” [It will affect their schooling. They will not be able to focus. The schoolteacher already made appointments for the eldest one as he does not want to learn.] (Family member 5).
- “...die kind raak aan die slaap by die skool, want hy moet heelnag op gewees het want die pa wat so an gegaan het ...” [The child fell asleep at school, because he had to be up the whole night due to his father's violence.] (Social worker 3).

From the above narratives, it can be seen that participants saw a clear link between the parents' substance abuse and the effects on their children's schooling. According to Lander, Howsare and Byrne (2013), chaotic home environments, unstructured routines and exposure to domestic violence can increase learning difficulties, as well as cause the children to have behavioural problems at school. In a study by Kühn (2016), conducted in the Western Cape about the effects of fathers' alcohol abuse, findings indicated that the father's alcohol abuse influenced his children's ability to function at school, and could also lead to behavioural problems at school. Furthermore, the majority of the substance-abusing parents explained that they did not complete their schooling and decided to drop out. This could be linked to their parents' substance abuse that led to weak attachments, which in turn made the children vulnerable to negative influences.

It can be concluded that substance-abusing parents spend less time providing learning-based stimulation for their children. Also, parental substance abuse not only affects the emotional development of a child, it also affects their children's school performance because their focus and concentration are severely compromised.

(iv) Category 2.3.4: Parentification

Parentification refers to roles that are switched between parent/s and a child, where the child performs all of the parent's roles and responsibilities (Dykes, 2014; Engelhardt, 2012). In the current study, the participants spoke of how children often had to do household chores when their parents were under the influence of substances. Furthermore, some of the participants explained that the substance-abusing parents raised their children in a manner where they were given many household responsibilities, including cleaning, laundry, and childcare of younger siblings, as seen in the narratives below:

- “...ek is mos dronk, dan moet hulle maa hulle eie kos maak.” [I am drunk, then they have to make their own food.] (Substance-abusing parent 1).
- “Toe’s *Candy maa nog sub B, graad 1 of sub B gewies, dan moet hulle nou daai plek aan die kant kom maak, moet daai skottelgoed was. Party dae het *Candy ’n bondel wasgoed gewas...” [When *Candy was in grade 1, then they had to clean the place and wash the dishes. Some days *Candy had to do the laundry.] (Family member 1).
[*pseudonym]
- “...klein kinders van 5 jaar oud, 6 jaar moet oorvat en hulle self versorg.” [Small children from 5 years and 6 years old must take over and care for themselves.] (Social worker 3).

The narratives detail duties and responsibilities that go beyond what would be considered conventional household chores. For example, Family member 1 attests to the young age of one of the children who had to perform adult tasks in the home. A child who is catapulted in the adult role in this way will also be compelled to provide emotional or instrumental caregiving towards other siblings or even towards the parents in the household (Jankowski & Hooper, 2014). Emotional parentification refers to the provision of emotional support, and instrumental parentification refers to the physical action of doing tasks such as cooking or cleaning (Hooper, Doehler, Jankowski & Tomek, 2012). Parentification thus results in the suppression of the child's own developmental needs and this can disrupt their future development (Hooper et al., 2012). In a similar study by Kühn (2016), findings also suggest that when a father drinks excessively, the child tends to take on the role of the parent. Furthermore, parentification can create an over-awareness of others' needs (Lander, Howsare & Byrne, 2013). Although Van der Mijl (2017) found that parentification can have positive effects on children such as empathy and resilience, it also has to be argued that this would depend on the level of parentification taking place.

In conclusion, parentification can hinder the normal development of children because children often assume the roles of their parents and thus cannot enjoy their childhood; parentification may also negatively impact their future relationships.

(v) Conclusion of sub-theme 2.3: Effects on children

This sub-theme specifically focuses on the effects of parental substance abuse on children. It is evident that children who are constantly exposed to negative family dynamics may experience emotional or behavioural problems. In addition, parental substance abuse negatively affects children's schooling. Specifically, parentification seems to have a negative impact on the children's sense of being a child and this can hinder their general development.

Thus, all of the categories discussed above indicate that parental substance abuse has a diverse impact on the child's emotional, physical and educational development.

5.3.2.4 Sub-theme 2.4: Effects on parenting

Parenting refers to the activity of parents in raising children by ensuring that the children's basic needs are met (Bibi, Chaudhry, Awan & Tariq, 2013). Parenting is regarded as a difficult task and the abuse of substance places an extra strain on the existing parenting skills (Kühn, 2016). This sub-theme will focus on the effects that substance abuse has on the parenting skills of substance-abusing parents. Three categories emerged namely, absent parent/s and parental roles, poor role models and inconsistent parenting.

(i) **Category 2.4.1: Absent parent/s and parental roles**

This category refers to the absence of a parent in the child's upbringing and the effects on a parent's ability to fulfil parental roles. Parental absence can be a result of separation of parents, abscondment, or death of a parent. Within the current study the majority of the participants spoke of growing up without their biological fathers and said that the substance abuse of the remaining parent had had a negative effect on the fulfilment of parental roles. Significantly most participants made reference to the absence of a parent, as seen in the narratives below:

- *“My pa hetie by os gebly nie ..., my pa ...”* [My father did not live with us.] (Substance-abusing parent 3).
- *“.. .die pa is nou weg, os wiet nie waa hy issie.”* [The father is absent, we do not know where he is.] (Family member 2).
- *“Baie keer is daar nie 'n pa of as daar 'n pa is, hy is actually nie so betrokke nie.”* [Often there is not a father, or in the instances where there is a father, he would actually not be so involved.] (Social worker 2).

Substance abuse interferes with the ability of the parent to fulfil their role. The participants explained that some parents, when under the influence of alcohol, might prioritise the use of alcohol by not fulfilling their daily tasks such as cleaning, washing the children, or feeding the children. In the case where there is only one parent, and that parent fails to fulfil his/her responsibilities towards their children, the extended family would usually feel compelled to step in to ensure that the basic needs of the children are met. When a parent abuses substances, he/she often spends more time away from the children, leaving children feeling abandoned, traumatised and sad (MacMillan, Tanaka, Dukua, Vaillancourt & Boyle, 2013). Thus, children are left vulnerable and at risk. Rich (2017) additionally found that a correlation exists between youth substance abuse and being raised without a father.

It is clear that the absence of a parent can have a negative influence on the remaining caregiver's parenting capacity. Furthermore, substance abuse often causes frequent drinking sprees by parents while they are away from their children. This, in turn, has a negative impact on their parenting capacity and their ability to fulfil parental roles and responsibilities.

(ii) Category 2.4.2: Poor role models

A poor role model refers to a person to whom another person admires or looks up to who behaves in a negative manner (Matshabane, 2016). As seen in the category 2.2.3, parental substance abuse is usually characterised by conflict and domestic violence. Thus, in the current study, it is clear that parents who abuse substances are often poor role models for their children. This is due to their destructive behaviour when they are inebriated and their lack of interest in their children, as can be seen in the narratives below:

- *“Ek het elke nawiek gedrink, partykeers het ek gevoel ek ..., jong ek los my kinders.”* [I drank every weekend and sometimes I felt that I should just leave my children.] (Substance-abusing parent 1).

- “...daai tye wat sy soe op die yard gesit het. Dan het os die kinnes gaan haal opie yard.”
[That time when she sat at the shebeen, we went to fetch the children at the shebeen.]
(Family member 2).
- “...van die ouer kinders..., respekteer nie hulle ouers nie as hulle onder die invloed is nie.” [Some of the older children do not respect their parents when they are under the influence.] (Social worker 6).

These narratives reveal a lack of parenting skills. Substance-abusing parents are often negative role models for their children due to their intoxicated behaviour and this predisposes their children to similar types of behaviour. Children who are constantly exposed to parental substance abuse and the various commensurate behaviours often form a negative view of their parents. In the current study, the older children are usually the ones who distance themselves from their parents and show antipathy towards them. The findings are concurrent with Kühn’s (2016) study about alcohol abuse by fathers in the Western Cape, where the findings suggest that negative parental role models for children can result from parental alcohol abuse.

In the current study, substance-abusing parents appear to subject their children to constant domestic violence, expletives, drinking and/or using drugs in front of the children, and violent and destructive behaviours. Therefore, parental substance abuse has a negative impact on a child’s view of their parents. Children tend to lose respect for their parents when they see their parents in a constant state of intoxication. Substance-abusing parents are therefore negative role models for their children, as they often expose their children to destructive behaviour.

(iii) Category 2.4.3: Inconsistent parenting

Inconsistent parenting refers to unstable parenting practices, where parents often change their parenting styles and employ different forms of parenting; this includes varying means of

discipline (Sandstrom & Huerta, 2013). In the current study, substance-abusing parents often display inconsistency when fulfilling their parental roles and responsibilities, following family rules and disciplining children, as seen in the narratives below:

- “*Djy kan maa 10 uur in kom, want ek is mos nou dronk.*” [You can come home at 10, because I am drunk.] (Substance-abusing parent 1).
- “*Ek sal vir hulle slat, want ek is mos nou onder die invloed van drank.*” [I would hit them because I am under the influence of alcohol.] (Substance-abusing parent 6).
- “*...as sy nou soe gedrug is en soe, dan warrie sy nie.*” [When she is drugged, then she does not worry.] (Family member 4).
- “*...hulle is nie constant in wat hulle doen nie. Vandag sê hulle so, môre sê hulle so...*” [They are not consistent in what they do. Today they say one thing, the next day they say another thing.] (Social worker 2).

When parents are inebriated, they make use of inconsistent and sometimes harsh means of disciplining their children. This is because the substance they use influences their mood. Thus, when parents are in the withdrawal stage of their substance usage, they often become aggressive and may reach breaking point easily. The current study found that when parents are inebriated, the family rules are often flouted. Children are thus allowed to stay outside later, and they tend to take more chances. In a study by Lippold, Davis, Lawson and McHale (2016), the findings suggest that inconsistent parenting can create stressful parent and child relationships, especially during the adolescent stage. Furthermore, when parents are intoxicated, their means of disciplining their children may not be the same as when they are sober. The common form of discipline used by substance-abusing parents involves hitting the children and yelling.

In conclusion, parental substance abuse disrupts the family's normal routine by means of excessive discipline and misplaced family roles.

(iv) Conclusion of sub-theme 2.4: Effects on parenting

In this sub-theme, it is clear that parental substance abuse has a negative impact on their parenting capacities. It interferes with their time spent with their children, and often the quality of time spent is also compromised. Substance-abusing parents are negative role models for their children due to their destructive and sometimes violent behaviour when intoxicated. Importantly, when parents are intoxicated, they use inconsistent and inappropriate parenting practices, especially in disciplining and enforcing family rules.

5.3.2.5 Sub-theme 2.5: Effects on family functioning

Family functioning is a multidimensional concept that indicates how family members interact and collaborate with each other in achieving a common goal and outcome (Botha & Booysen, 2013).

As explained by the FST, when a person uses substances, the entire family is affected (Kühn, 2016). In this sub-theme, the focus will be on the effects that parental substance abuse has on family functioning. Three categories emerged namely, the misuse and lack of money, lack of quality time and the impact on extended family members.

(i) Category 2.5.1: Misuse and lack of money

The misuse of money is a form of financial strain where finances are not utilised in the best interests of the family. A lack of finances within a household can influence the ability of the family to buy basic necessities such as food (Adams, Meyer & Beidas, 2016). Parent substance abuse thus places strain on the family's finances. In the current study, most of the participants

explained that the substance abuse of the parent had a negative impact on their finances and resulted in a shortage of basic necessities, as seen in the narratives below:

- “*..my bier skuld is nou..., ek maak..., om die waarheid te sê, maak ek omtrent elke week R150.*” [My beer debt is R150 almost every week.] (Substance-abusing parent 5).
- “**Lizzy het al sy hele pay yt gesyp...*” [*Lizzy drank up her whole salary.] (Family member 1). [*pseudonym]
- “*Die finansies is so min. So op die einde van die dag is daar gebrek aan kos oor naweke veral.*” [The finances are tight. So over weekend there is a shortage of food.] (Social worker 2).

These narratives indicate that substance abuse has a negative impact on the family’s finances and results in a shortage of basic necessities. The current findings are in accord with a similar study conducted by Kühn (2016) on alcohol abusing fathers in the Western Cape, where the findings suggest that alcohol abuse leads to the inability of parents to ensure that basic necessities, such as regular (and nutritious) food, are available in the house. Substance-abusing parents therefore also find it difficult to save money for the future, as most of the money is used for buying the basic necessities and supporting their substance abuse (Radebe, 2015).

Based on the discussion above, it is evident that parental substance abuse has a negative impact on the family’s finances and increases the risk of the family remaining in the cycle of poverty.

(ii) Category 2.5.2: Lack of quality time

Lack of quality time refers to the inability of a person to spend time with their family by giving them their full attention, without the unwanted presence of substance abuse (Ellington, 2011). This would include doing activities together (e.g. hiking) or merely spending time talking. Parental substance abuse has a negative effect on the parent’s ability to spend quality time with

his/her family, as they often spend more time with the substances than with their families. In the instances when they are sober, they are often moody, sleepy or emotionally unavailable. In the current study, most of the participants indicated that the substance-abusing parents did not spend quality time with their families, especially with their children, as seen in the narratives below:

- *“Maar ek maak oekie moeite om te stap na haar toe, om by haar te gaan sit en gesels.”*
[I don't make effort to walk to her and sit and talk to her.] (Substance-abusing parent 5).
- *“Nie van Maart maand af wat sy weg is was sy nog nooit by die kinnes nie.”* [Since March month she (referring to substance-abusing parent) hasn't been with the children.] (Family member 4).
- *“...daar's nie tyd vir die kind en om op die kind te fokus nie...”* [There is no time for the child and to focus on the child.] (Social worker 2).

These narratives show the inattentiveness of substance-abusing parents where time with children is neglected. By not spending time with children, it would then mean that they are emotionally (or physically) neglected and, importantly, left to their own devices or left to the care of others. The parents are absent from their children during weekends, when the children themselves are free. Thus, no time is made for family activities. For example, public holidays and special days are often associated with an increase in substance usage. Similar trends were indicated in a study by Ellington (2011), that suggested that the lack of quality family time can have a detrimental effect on the attachment between the parent and the child. Furthermore, the last-mentioned study also revealed that a lack of family time can hinder a child's emotional and social development and make them more vulnerable to negative influences. Another study by Radebe (2015), also referred to the way parental substance abuse disrupts social and

recreational life within families and can result in a change in the communication patterns between family members.

Thus, parental substance abuse hinders the parents' ability to spend quality time with their family members.

(iii) Category 2.5.3: Impact on extended family members

This category refers to the necessary involvement of extended family members, such as maternal grandparents and aunts/uncles, who become compelled to provide support to the substance-abusing families. The type of support given includes economic support as well as support with child rearing. The following narratives show how extended family members are often involved in the caring of the children and in providing economic support:

- *“Een is by my niggie en die ander is by hulle antie en hulle ouma.”* [One (referring to one child) is with my cousin and the other referring to the other children) is with their aunt and grandmother.] (Substance-abusing parent 3).
- *“...dan het *Lizzy nawieke weggeraak, dan moet ek met die kinnes lê, heel nag.”* [Then *Lizzy would disappear on weekends and I have to lie with the children the whole night.] (Family member 1). [*pseudonym]
- *“As die ouer alkohol misbruik isit baie strain op die res van die familie.”* [When the parent abuses alcohol, it places a lot of strain on the rest of the family.] (Social worker 3).

The narratives above indicate that when parents abuse substances, extra strain is placed on the extended family in terms of caring for the children. In some instances, the substance-abusing parents indicated that their children were living with extended family members as a result of the substance abuse. Some family members mentioned that they were involved with the

caregiving of children due to the biological parents' substance abuse and the subsequent neglect or parental absences. Family members often assume full or partial responsibility of the children of substance-abusing parents when they become aware that the parents are unable to ensure the best interest of the children (Tsantefski, Parkes, Tidyman & Campion, 2013). An additional finding of the current study was that on weekends when the parents were out, the extended family members often took care of the children. The extended family members (aunts, sisters and maternal grandparents) were not only involved with the caregiving of children, but also picked up the financial burden associated with raising a child and providing financial support to the substance-abusing parent (Lander, Howsare & Byrne, 2013). Thus, the inability of substance-abusing parents to care for their children due to their substance abuse places extra financial strain on other family members (Mattoo, Nebhinani, Kumar, Basu & Kulhara, 2013). This is also confirmed in a South African study by Radebe (2015), about the effects of substance abuse on the family; here the findings suggest that extended family members provide economic, emotional and child rearing support to substance-abusing parents. This of course places extra strain on the extended family's finances. Furthermore, family members are not only involved in the caregiving of children, but they are often also in the middle of the conflict between substance-abusing parents (Sen, Victor & Saxena, 2016). Most family members indicated that they often have to intervene in conflict situations or when domestic violence occurs. This in turn has a negative effect on the relationship between the substance-abusing parent and the extended family members (Lander, Howsare & Byrne, 2013).

Thus, parental substance abuse places extra strain on the extended family members, especially when it comes to finances and taking care of the children of the substance-abusing parents.

(iv) Conclusion of sub-theme 2.5: Effects on family functioning

It is evident that the substance abuse of parents has a diverse effect on the family's functioning. It appears that when substance-abusing parents experience financial issues, they often turn to the extended family members for support. Parental substance abuse also affects the parent's ability to spend quality time with his/her family. Parents who abuse substances often spend less quality time with their children due to their substance abuse. Thus, in the case where parents abuse substances, the extended family members are also affected and are more involved especially with childcare and financial support. Thus, parental substance abuse deeply affects the extended family.

5.3.2.6 Sub-theme 2.6: Effect on community and society

The community in this context refers to the geographical location where a group of people live (Pierson & Thomas, 2010). The term 'society' is similar to the term 'community': it refers to the overall population that lives within a given context and shares a common location and culture (Scott, 2014). Parental substance abuse not only affects the individual and their family, but the community and the society are also affected. In this study, there are two categories that stand out, namely the impact on community violence and the increased demand on judicial and social welfare services.

(i) Category 2.6.1: Impact on community violence

Community violence refers to the exposure to domestic or interpersonal violence in public areas (Abt, 2017). People living in a community where substance abuse is normalised are often exposed to public drunkenness or even interpersonal conflict and violence in public open spaces or with their neighbours. In the current study, participants explained that community

members were commonly exposed to a public display of violent behaviour, which could include fighting, hitting children and swearing. The narratives below substantiate the finding:

- “... *alkohol laat jou sommer mense buite pla watie vir jou pla nie,*” [Alcohol lets you bother other people that do not bother you.] (Substance-abusing parent 2).
- “...*maar daai kind sal soema vining 'n klap kry... en dit word nie as verkeerd gesien nie.*” [That child would get a smack and it is not seen as wrong.] (Social worker 1).
- “...*begin gebruik die alkohol vir hulle om skandaal te wies, moeiligheid te maak...Party mense drink alkohol om moeilikheid te maak, om te baklei...*” [The alcohol let them cause shame and trouble. Some people drink alcohol to cause trouble and to fight.] (Family member 1).

The participants explained that when substance-abusing parents were intoxicated, they often caused trouble. This would include starting a fight or arguing with people in public areas. In a study by Kliwer and Zaharakis (2013) about exposure to community violence and problematic alcohol abuse, the findings suggest that most of the participants were exposed to some form of community violence and substance abuse. The findings are concurrent with a study by Khan (2013) which focused on substance abuse and community violence on the Cape Flats; in this instance the findings indicated that people were often exposed to public substance abuse and interpersonal crimes such as theft, robbery and assault.

Substance abuse thus has a direct influence on people's sense of community safety as inebriated public behaviour can increase public violence and petty crime.

(ii) Category 2.6.2: Increased demands on judicial and social welfare services

Participants claimed that they often went to the police services for help for protection against the conflict and violence perpetrated by substance-abusing parents. Policy can be enacted

through the courts for people to obtain an interdict, which refers to a protection order from the magistrates' court; this forbids someone from making contact with another person, in order to ensure the latter's safety (Swanepoel, 2017). The following narratives substantiate this finding:

- “... *toe loop ek net soe met die bloed kop polies stasie toe.*” [Then I walked just like that with my bloodied head to the police station.] (Substance-abusing parent 6).
- “...*dan het hy nou weer vir my soe beskuldig, toe gat ek vir die interdik.*” [He still accused me and I went to get an interdict.] (Family member 5).
- “*baie van ons tyd ophou is die kinders wat eintlik verwyder moet word.*” [Removing children actually takes most of our time.] “... *ons werk samet ons stakeholders in die gemeenskap, soes die polisie...dat ons so half'n holistiese benadering kan kry tot die problem.*” [We work in collaboration with other stakeholders such as the police so that we can have a holistic approach towards the problem.] (Social worker 1).

Here the narratives show the use of police services as a resource in substance abuse issues. The increased violence and physical assaults mean that the emergency health service becomes a role player and, because of the impact on the family's well-being, welfare services are also impacted. In a recent study by Carelse (2018), findings suggest that substance abuse places extra strain on a country's social welfare, health and judicial systems. According to Kirst-Ashman and Hull (2012), the welfare system of a country refers to the social benefits provided by the government to help citizens meet their fundamental needs, so that they can function in society. Substance-abusing parents are often involved with domestic violence that escalates to a point where statutory services are needed. In the current study, the participants often referred to altercations they had reported to the police, or had applied to court for an interdict or protection order. Police are often in the frontline when it comes to domestic violence cases. In a study by Retief and Green (2015), the findings indicated that physical abuse, damage to

property and sexual abuse are some of the common forms of domestic violence dealt with by police officers in the Western Cape. In a study by Maluleke (2018), the majority of South African women reported assault cases to the police during 2018. In a study by Swain, Pillay and Kliewer (2017), the findings implied that children can experience post-traumatic stress when they are constantly exposed to interpersonal violence, thereby impacting their emotional and scholastic functioning.

It is evident that substance abuse can escalate to the point that a person feels he/she is no longer safe and needs extra protection and services from the state.

(iii) Conclusion of sub-theme 2.6: Effects on community and society

The effects of substance abuse on the community and the society place severe strain on the welfare and judicial system of a country. It also impacts government resources such as social welfare benefits and policing services. The intervention by social work services will be further explicated in the next chapter.

5.3.2.7 Conclusion of Theme 2

Theme 2 focused on exploring the effects of substance abuse from the perspective of the research participants. Six sub-themes and seventeen categories emerged.

The first sub-theme focused on the effect of substance abuse on the parental user. Here the focus was on the negative influences of thoughts and behaviour. Furthermore, the health of the user is also negatively influenced.

The second sub-theme explored the effects of substance abuse on intimate relationships. This includes: a lack in communication patterns, jealousy, infidelity and regular conflict that can lead to domestic violence.

The third sub-theme focused on the effect parental substance abuse has on children. This sub-theme highlighted the fact that constant exposure to difficult family dynamics can have a negative impact on a child's emotional state and their school performance. Furthermore, parental substance abuse negatively affects attachment bonds between children and parents, and sometimes increases parentification.

The fourth sub-theme focused on the effects of parental substance abuse on parenting capacity. This sub-theme indicated that parental substance abuse can lead to absent parents, a switch in parental roles, parents being poor role models to children, as well as inconsistent parenting.

The fifth sub-theme focused on the effects on family functioning. Parental substance abuse leads to financial strain within the family, a lack of quality time for family members, and a greater involvement of extended family members to help with caregiving of children affected by substance abuse.

The last sub-theme focused on the impact of parental substance abuse on the community and society. This leads to community violence and an increased demand on the judicial and welfare services (Carelse, 2018).

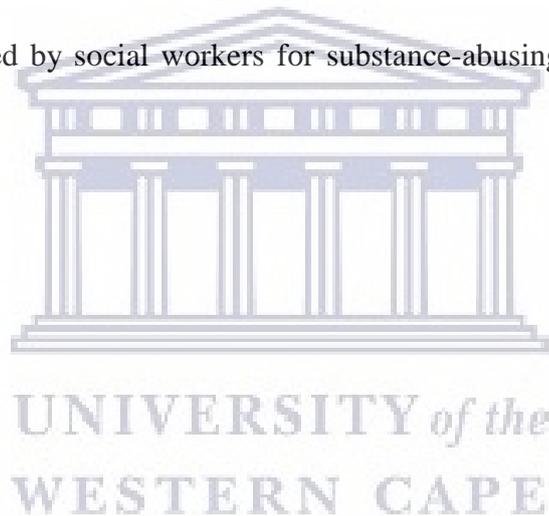
5.4 CHAPTER CONCLUSION

In this chapter, the analysis of the research findings was presented. The bibliographical profile of the participants was presented in terms of three aspects which were illustrated in three tables of information. The three data sources were purposively selected and thus could provide valuable insight regarding the research topic. The demographic findings were generally consistent with contextualised research profiles in previous studies in rural areas.

The findings of this chapter were interpreted based on the literature reviewed and the family systems theory. Two main themes, nine sub-themes, and 26 categories emerged from the data,

all of which support the negative manifestation and effects of substance abuse. The research findings indicate that parental substance abuse within the selected area remains a concern. The regular drinking over weekends and the lack of insight regarding drinking and substance abuse patterns is concerning. Despite the fact that participants understand the implications of substance abuse, they continue with usage. Furthermore, parental substance abuse also appears to give rise to other social issues such as child neglect and domestic violence. Ultimately, parental substance abuse negatively affects the user, their intimate relationships, children, parenting capacity and family functioning, as well as the community and society.

In Chapter 6, Part B of the research findings is presented. The focus of the chapter is on the different interventions used by social workers for substance-abusing parents in the specific area.



CHAPTER 6

RESEARCH FINDINGS PART B: SOCIAL WORK INTERVENTIONS

6.1 INTRODUCTION

The findings of the empirical study have been presented in two different parts. In Chapter Five, Part A looked at the perceptions and experiences of the three participant groups in order to address the first three objectives of this study on parental substance abuse. Two main themes, nine sub-themes and 26 categories emerged from the data. Theme one focused on the manifestation of substance abuse. In this theme, three sub-themes surfaced which told of the patterned use of substance abuse, co-occurring social issues, and the causes of substance abuse. Theme two focused on the effects of parental substance abuse and produced six sub-themes that revealed the effects on the substance user and their intimate relationships, as well as the effects on their children, parenting, family functioning, community and society.

The FST was used as a theoretical framework to contextualise the findings. Thus, the focus was not only on the parent who abuses substances, but also on the impact this has on other systems such as the children, extended family, community and society (theme two).

In this chapter, Part B will thus focus on social work interventions. This therefore concerns objective 4, which is:

To explore social workers' views on appropriate interventions of parental substance abuse and the effects on family well-being.

The findings in this chapter centred mainly on the data source represented by the social work participants of the study, as this particularly focused on their perspectives regarding appropriate interventions. These findings therefore build on the findings presented in Chapter 5 and

juxtapose the opinions and experiences of professional social workers who render services in the selected area. The focus is therefore on the interventions that these participants thought were relevant to the topic and for the selected rural area.

In the next section, specific demographic information is provided about the professional services offered by the social work participants.

6.2 DEMOGRAPHIC PROFILE

The information in this section builds on the demographic profile contained in Table 5.3 (Chapter 5). The information will focus on the professional services rendered by the six social work participants. This is presented in Table 6.1.

Table 6.1: Professional services of social work participants: Group three

Parti- cants	Social worker 1	Social worker 2	Social worker 3	Social worker 4	Social worker 5	Social worker 6
Type of social worker	Designated child protection social worker at an NPO	Designated child protection social worker at an NPO	Social worker at Private company	Social worker at children's home	Designated child protection social worker at an NPO	Designated child protection social worker at an NPO
Fields of service	Child protection and family preservation services.	Child protection and family preservation services.	Alcohol awareness and prevention services.	Child protection services.	Child protection and family preservation services.	Child protection and family preservation services.
Types of services	Awareness and prevention services.	Awareness and prevention services.	Awareness and prevention services.	Family reunification services.	Awareness and prevention services.	Awareness and prevention services.
	Early intervention services.	Early intervention services.			Early intervention services.	Early intervention services.
	Statutory services	Statutory services.			Statutory services.	Statutory services

Parti- pants	Social worker 1	Social worker 2	Social worker 3	Social worker 4	Social worker 5	Social worker 6
	Reintegra- tion and family reunifica- tion services.	Reintegra- tion and family reunifica- tion services.			Reintegra- tion and family reunifica- tion services.	Reintegra- tion and family reunifica- tion services.

Table 6.1 presents the type of social worker employed in the specific area and the professional services rendered by the social work participants. The ensuing discussion will focus on the three main variables of this demographic profile (Table 6.1).

6.2.1 Type of social worker

The majority of the participants (66.7%) are child protection social workers who are employed at non-profit organisations (NPOs). One social worker was employed at a childcare facility and the other was a private social worker whose main responsibility was substance abuse. The sample was mainly drawn from the NPO sector because within the selected area there are several types of NPOs that render social work services. Furthermore, the researcher was unable to obtain ethical clearance to interview state employed social workers. In the current study, the majority of the social work participants were employed at a designated child protection organisation. According to the Children's Act (38 of 2005), designated child protection organisations are registered social welfare service providers that may render the full scope of child protection services as identified in the act. Thus, designated child protection organisations can render statutory child protection services to children in need of care and protection.

Within the selected area, the main type of social workers employed appears to be child protection social workers. This includes social workers employed by the state and NPOs.

The Department of Social Development (DSD) in the Western Cape is the largest social work employer within the province (Department of Social Development, 2018). Within the identified area there are eight designated child protection NPOs, and the majority employ two social workers. The average caseload of these social workers ranges between 100 and 120 cases. In a study by Dlamini and Sewpaul (2015), the findings indicated that the average caseload of social workers was 1:150, which is a high number. Furthermore, a study by Wicomb (2015) highlights the increase of child abuse within the Western Cape and the need for social workers as well as community members to become more informed about this issue.

6.2.2 Fields of service

The services that the social work participants render are mainly child protection services, as opposed to other fields of service, such as probation, victim empowerment, or school social work. According to Van Huyssteen and Strydom (2015), in South Africa child and family care remains the largest area of service rendering in social work. These services are provided as a result of the disintegration of the family unit and, consequently, family functioning across South Africa caused by a myriad of socio-political and economic systemic issues. In South Africa, child protection social work services appear to be overwhelmed by the vast number of investigations of children who need care and protection (Ndonga, 2015; Schiller, 2017). This is a result of all the social issues in the communities, such as substance-abusing parents, high rates of poverty and orphaned children. In some instances, the children are cared for by family members, who then apply for foster care in order to receive the necessary financial assistance. Based on all the social needs within communities, child protection services are in high demand within the communities. Thus, DSD often employs child protection service providers in order to provide a full scope of services to children and their families (Shiller & Strydom, 2018). This is not only the case in South Africa but in other countries as well. For example, in the

United States of America, child and family services are the most common form of services provided by social workers (Salsberg, Quigley, Mehfoud, Acquaviva, Wyche & Sliwa, 2017).

6.2.3 Types of services

The types of services being rendered in the specific community reside under child protection services and mirror the sub-themes of this chapter. These include awareness services (prevention), early intervention services, statutory services, and reintegration services.

In South Africa, all social work services should be developmental and based on the collective responsibility of and the collaborative partnerships between the public sector, civil society, private sector, research institutions and training institutions (Department of Social Development, 2013). According to Patel and Hochfeld (2012), there appears to be a gap between the intentions of the developmental approach and the actual implementation thereof. One of the main challenges hampering the successful implementation of a developmental approach, especially for NGOs, is funding (Lombard & Kleijn, 2006; Patel, 2012). A lack of funding suggests that projects are not sustainable and that some NGOs have had to close their doors. This, in turn, has had a negative impact on the collaborative partnerships that render services to the public.

There are various studies (Hope & Van Wyk, 2018; Shiller & Strydom, 2018; Van Huyssteen & Strydom, 2015) that critique the efficiency of the current structure of child protection services within South Africa. In a study by Van Huyssteen and Strydom (2015), the findings suggest that social workers who render child protection's early intervention services often only make use of individual casework, and this can lead to fragmented services within the family and the community regarding the issue.

Furthermore, in a study by Shiller and Strydom (2018), the research participants claimed that statutory child protection services involved too much administrative work, and this reduced the amount of time required for deeper counselling and intervention. Hope and Van Wyk (2018) also indicated that as a result of high caseloads, staff turnover and lack of funding, the current intervention strategies in child protection are too administrative-focused, rushed, and emotionally disconnected from the child and family. However, these problems do not only pertain to SA, as revealed by a study by Dainess (2017). This revealed that within Namibia, child protection social workers are also hampered by high caseloads and a shortage of social workers. This, in turn, has a negative impact on their ability to effectively implement early intervention services for families at risk. Similarly, in Australia, a study by Tilbury, Hughes, Bigby and Osmond (2017) found that many child protection programmes are not aligned with current theory and there appears to be limited information regarding the effectiveness of programmes. The role of parental substance abuse in family dysfunction and child protection has been highlighted in various studies such as Bateman (2015), Mathews and Martin (2016), and Wicomb (2015).

6.2.4 Conclusion and implications of demographic profile of professional services

As seen in Table 6.1, six social work professionals took part in the research study. The majority of the participants were designated child protection social workers in the selected area. Thus, the main field of social work service delivery in the selected area is child protection with its concomitant services such as awareness, prevention, early intervention, statutory and reintegration (aftercare) services. Based on the demographic profile, it is clear that there are significant challenges within this field of service, as social workers grapple with high caseloads, compromised funding, and insurmountable social issues within communities, most notably parental substance abuse.

6.3 PART B - MAIN THEME 3: SOCIAL WORK INTERVENTION SERVICES

Part B focuses on the various social work interventions that are rendered within the selected rural area. The views of the social work participants are discussed here. The data analysed makes use of the participants' dialogues to demonstrate their viewpoints. The relevant literature is also incorporated in this section. The findings are represented by one theme and four sub-themes. The four sub-themes are as follows: Awareness and prevention; Early intervention; Statutory intervention; and Reintegration and aftercare services.

The majority of the social workers reported that they focus on the provision of awareness/prevention, early intervention, statutory and reintegration/aftercare services to substance-abusing parents. This is mirrored in a study by Carelse (2018), where the findings suggest that social workers employed in the NPO sector provide awareness, prevention, early intervention, intervention and reintegration/after care services to substance-abusing individuals and families. These services will be discussed in terms of two important constructs: the family systems theory and the Integrated Service Delivery Model (ISDM).

- **The Family Systems Theory:** The systems and Family Systems Theory (FST) focus not only on the substance-abusing parents, but on all other systems, such as the family, children and community (Healy, 2014). In terms of the FST, early intervention services are rendered to parents where substance abuse occurs and this requires family discussions to explore the role played by each family member and the impact the substance abuse has on each family member. In a study by Usher, McShane and Dwyer (2015), the findings indicated that family-based services stemming from an FST perspective seek to facilitate change in all the sub-systems, in an attempt to strengthen all spheres of family functioning.

- **Integrated Service Delivery Model (ISDM):** The ISDM is a service delivery framework developed by the South African Government (ie. DSD) for rendering comprehensive social services in South Africa (Department of Social Development, 2005). This developmental framework, that focuses on interrelated and intersectoral service delivery, is strongly focused on empowering people so that they are enabled to solve their own problems, and ultimately to become more in control of their own reality (Zhuwau, Ndlovu, Naidu, Ngwenya & Mkhize, 2016). The implementation of the ISDM has been criticised, as can be seen in the studies by Ndonga (2015), and Strydom, Spolander, Engelbrecht and Martin (2017). The study of Strydom et al. (2017), argues that due to high caseloads and lack of staff, social workers often do not spend enough time with prevention and early intervention services, as outlined by the ISDM. Although it was identified that more prevention services were necessary, there was no increase in funding to help with the extension of service responsibility (Strydom, 2010). Therefore, organisations, especially NGOs, struggle with the increased demand of preventative and early intervention services as well as the lack of funding.

The four sub-themes will now be presented to discuss the types of services rendered by social workers in the selected area to substance-abusing parents.

6.3.1 Sub-theme 3.1: Awareness and prevention programmes

Awareness programmes refer to the professional activities undertaken to inform the target group (the community receiving the service) about substance abuse so that they have knowledge about the substances (The City of Cape Town, 2013). These services are thus on a macro level and represent the third level of social work intervention (Kirst-Ashman & Hull, 2015). In terms of the FST, the environment and social circumstances that characterised the formative years of substance-abusing parents continue to influence their current substance

usage (Healy, 2014). In the macro system, FST focuses on the relationship between the substance-abusing parent and the environment/society (Regina, 2011). Thus, awareness and prevention services are in place to make people aware of the consequences of substance abuse and how societal systems influence their decisions. The differences between these two social community service types are discussed below.

- 1) **Awareness programmes** are run to provide the target group with the necessary information regarding substance abuse so that they can make informed decisions. Furthermore, awareness programmes focus on expanding the consciousness of people and enhancing their knowledge base (Bloomfield, Bommarito, Borden, Brown, Butler, Hawkey, Kuhl, Rea, Rudi, Sherman & Shortreed, 2015). They are also defined as organised communication events that aim to create awareness of particular topics in order to promote behavioural change among the general population and to improve the focus on enhanced outcomes (Ceneric, Looney & De Greef, 2014). By providing people and communities with information and skills, they are in a better position to make informed decisions for the benefit of themselves and others.
- 2) **Prevention programmes** refer to planned activities that delay or prevent the onset of substance abuse in order to reduce the health and social consequences (The City of Cape Town, 2013; McCave & Rishel, 2011). Prevention programmes are specifically used in the social work field where workers become proactive in their efforts to curb social problems (Sambo & Spies, 2012). The timely provision of services to vulnerable groups promotes social well-being before problems develop (Hepworth, Rooney, Rooney, Gottfried & Larsen, 2010).

Thus, awareness and prevention programmes seem inseparable and are often done together. There are two categories that pertain to this sub-theme: types of services, and monitoring and evaluation.

6.3.1.1 Category 3.1.1: Types of services

This category refers to programmes employed by social workers in the form of group or community work, with the aim of creating awareness about substance abuse as well as preventing people from embarking on substance use, in order to help decrease substance abuse within the community. Prevention and awareness programmes usually involve the collaboration of various role players. Thus, these types of interventions are traditionally implemented in collaboration with other stakeholders such as schools, police, community leaders, clinics and other organisations. Role players often work together by planning and implementing programmes, especially on special awareness days (South African Police Service, 2017). An example would be the International Day Against Drug Abuse and Illicit Trafficking which is held on 26 June each year. Common types of awareness campaigns include marches in the communities that create awareness about a specific topic. The narratives below substantiate the information discussed above:

- “...ons probeer deur education en gespreke vir hulle bewus maak...” [We try by means of education and discussions to create awareness.] (Social worker 2).
- “Die programme metie plaas skooltjie, ek het gereelde groepe gehad met hulle” [The programme with the farm school, I had regular sessions with them.] (Social worker 3).
- “Ons het groep werk gehad. Groep werk wat gegaan het oor alkohol misbruik en wat die nadele is van alkohol misbruik...” [We had group work. Group work that focused on alcohol abuse and the negative impact thereof.] (Social worker 4).

These narratives indicate that social workers in the selected area have made use of group work to raise awareness about substance abuse and other social issues. Most of the social work participants indicated that they implement awareness and prevention programmes about substance abuse with the aim of reducing substance abuse. In the findings above, the participants mostly focused on creating awareness about the topic. These findings do not necessarily correlate with the study by Carelse (2018) with social workers in the NPO sector, where most social workers indicated that they render awareness and prevention services in relation to substance abuse. Carelse (2018) also contends that the awareness and prevention programmes are predominantly presented in the form of a group setting, and this is confirmed by the findings of this study. In the context of work, the findings of a study by Smook, Ubbink, Ryke and Strydom (2014) suggest that employers should adopt a substance abuse policy that includes substance awareness and prevention programmes to inform employees of the impact of substance abuse. The context of work for this setting would be the farm, which is admittedly a complicated setting for prevention programmes but nonetheless points to a measure of responsibility of farmers or farm owners.

6.3.1.2 Category 3.1.2: Monitoring and evaluation (M&E) services

Monitoring and evaluation (M&E) are two concepts that are integral to the social work process. Various authors (Markiewicz & Patrick, 2016; Mtshali, 2015) have defined these concepts differently and according to the specific context. Within the social work field, monitoring refers to the regular follow-ups that keep track of the progress being made, as this will determine which action should be taken (Bell & Aggleton, 2016; Mtshali, 2015), and what support is to be provided to service users (Markiewicz & Patrick, 2016).

Evaluation, on the other hand, determines the progress that has been made and whether intervention goals have been reached (Kirst-Ashman, 2010; Markiewicz & Patrick, 2016).

Furthermore, evaluation is a tool that is used to assess the efficiency and effectiveness of interventions, to determine whether services should continue or be terminated (Zastrow, 2014). The purpose of M&E is to produce information in order to make informed decisions about service delivery (Mtshali, 2015).

It is evident from the above definitions that monitoring and evaluation are parallel processes, as evaluation is done by means of the information gathered during the monitoring stage (Mtshali, 2015). Within the current research, the social work participants referred to M&E services, as seen in the narratives below:

- *“As die ouers nou onwillig is dan monitor ons hulle, ons gaan kyk wat die situasie is.”*
[If the parents are unwilling then we monitor them, and we investigate their situation.]
(Social worker 2).
- *“...metie familie home visits te doen ..., metie familie ofie person gereeld te sien... So ek weet nie of da nou n impak is nie (verwys na die impak van bewusmakings dienste).”*
[To do regular home visits with the family or the person ... So I do not know if there is an impact (referring to the impact of awareness service).] (Social worker 3).
- *“...ek dink tuisbesoeke is altyd goed...”* [I think home visits are always good.] (Social worker 4).

These narratives indicate that social workers in the selected area rendered monitoring services by maintaining regular contact with their clients. The main method of monitoring was to conduct home visits to assess the circumstances of the service users. According to Winter and Cree (2016), conducting home visits as a method of monitoring is the heart of social work practice in the field of children and families. By doing home visits, social workers are able to assess clients in their natural habitat and determine their living circumstances (Ferguson, 2018). According to Ferguson (2018), research about home visits as a monitoring tool in social work

has largely been ignored despite the important role it plays. This service is thus micro-level based.

The participants indicated that it was difficult to measure the success of awareness programmes; this could indicate that very little research has been done to monitor and evaluate the effectiveness of programmes. In a study by Setlaletoa, Ryke and Strydom (2015) that focused on school-based programmes, the authors contend that the outcome of awareness programmes remains negative. In a study by Das, Salam, Arshad, Finkelstein and Bhutta (2016), the authors argued that it is difficult to measure the success rate of, for example, school-based awareness programmes, although these programmes do contain protection factors against drug abuse. Another study about substance abuse prevention programmes in the Western Cape by Cupido (2017) also argued that awareness and prevention interventions should be evidence-based, and that they should be adjusted to the local context and closely monitored. The participants in this current study did not necessarily focus on evaluation and their monitoring services seemed to become conflated with evaluation; there was thus no clear delineation between the two tasks. This is discerned as a gap in service rendering in the selected area.

6.3.1.3 Conclusion of sub-theme 3.1: Awareness and prevention programmes

It is evident from the literature that awareness and prevention programmes must be continuously monitored and evaluated to determine whether they have a positive impact on the community or not. From the findings it is clear that social work participants focus strongly on monitoring tasks, but not significantly on evaluation. Social workers often start with prevention programmes, but the effectiveness of these programmes is not always clear. Thus, evaluation remains a significant gap in overall services.

6.3.2 Sub-theme 3.2: Early intervention services

In terms of the Children's Act (38 of 2005), early intervention services are provided to families where risks have been identified with the aim of strengthening the family and building their capacity to independently address problems in the future. The Prevention of and Treatment for Substance Abuse Act (70 of 2008) indicates that the purpose of early substance abuse intervention services is to identify and treat potentially harmful substance usage prior to the symptoms of dependency on substances. This sub-theme produced two categories of data namely, types of services and challenges experienced.

6.3.2.1 Category 3.2.1: Types of services

Types of early intervention services include educational, therapeutic and counselling services which help the client develop skills and encourage resilience (Strydom, 2012). These services usually consist of individual sessions and referral services such as to voluntary in-patient treatment centres or psychological services (micro level), and substance abuse group work (meso level). Individual interventions include psychoeducation, therapy, regular home visits, and the provision of necessary support for the family.

In the current study, most social work participants indicated that they rendered early intervention services to families where substance abuse was prevalent. The chief types of early intervention service discussed were psychosocial support services and screening for referrals to treatment outpatient centres:

- “... *somtyds verwys ek mense wat nou rehabilitasie toe wil gaan...*” [Sometimes I refer clients who want to go to rehabilitation.] (Social worker 1).

- “...lewer ook dienste aan hoë risiko gesinne, veral omdat daar alkohol ook mos nou by kom.” [...render services to high risk families, especially because alcohol abuse is prevalent.] (Social worker 2).
- “As hulle wil praat, kan hulle praat en kan hulle praat met my. Dan sal ek ook vir hulle refer as daar verdere hulp nodig is.” [If they want to talk, they can talk to me and I refer them for further services.] (Social worker 3).
- “Ons het groepwerk gehad. Groep werk wat gegaan het oor alkohol misbruik en wat die nadele is van alkohol misbruik.” [We had group work that focused on substance abuse and the negative effects thereof.] (Social worker 4).

The above narratives reveal that social workers render individual (micro) and group work (meso) services to those clients and their families who have been identified as being at risk. These narratives indicate that most of these services include counselling, educational and supportive group work, as well as referrals to external sources for further support, such as rehabilitation centres and psychological services. In one study, Strydom (2012) suggested that substance abuse counselling by social workers was one of the most frequently used therapeutic services in early intervention. Social worker 1 also alluded to voluntary referrals for particular clients who were eager to receive treatment regarding their substance abuse. According to the World Health Organization (2011), and Smook, Ubbink, Ryke and Strydom (2014), referrals to rehabilitations should be voluntary as this increases the success rate for recovery. People who choose to enter rehabilitation voluntarily and have a high level of motivation tend to cooperate with the process and commit to the process of recovery (Isobell, Kamaloodien & Savahl, 2015).

In one study, Carney and Myers (2012) revealed that individual early intervention sessions had a stronger and more positive impact on the individual compared to group work. In another

research study, Kühn (2016) found that all types of support services play an important role in helping the family deal with another family member's substance abuse. However, in a study by Setlalentoa et al. (2015), the findings suggest that early intervention services are often not prioritised due to the high demand for statutory services. The research findings by Van Huyssteen and Strydom (2015) also indicate that social workers do not often make use of group work as a method of early intervention. The current study's findings indicated that substance abuse early intervention services are rendered predominantly on a micro level.

6.3.2.2 Category 3.2.2: Challenges experienced

Social workers face serious challenges in the fulfilment of their duties. Various studies (Dhludhlu & Lombard, 2017; Mangena & Warria, 2017; Muchanyerei, 2015; Sibanda & Lombard, 2015) have revealed the series of obstacles experienced by social workers in South Africa. In the study by Sibanda and Lombard (2015), the findings indicate that social workers face various human resource deficiencies, including a shortage of social workers in the field. This, in turn, leads to high caseloads (Dhludhlu & Lombard, 2017). These findings thus impact the other services that social workers are compelled to render, such as substance abuse services. This concurs with the study by Alpaslan and Schenck (2012) about challenges experienced by social workers working in rural areas, where the findings highlight lack of resources, lack of funds, high caseloads and shortage of staff. These findings also serve to contextualise the findings of this study.

The narratives below included some of the challenges identified by the social work participants:

- *“Ek werk van die een krieses na die ander. So ek kan nooit rerig in diepte met 'n familie gaan werk en vir hulle die ondersteuning gee wat hulle rerig nodig het nie ... somtyds verwys ek mense wat nou rehabilitasie toe wil gaan ..., dan moet hulle 3 maande wag.”*

[I work from one crisis to the next. So I never can actually work in-depth with a family

and provide them with the support that they really need ... sometimes I refer people who want to go to rehabilitation, then they have to wait 3 months.] (Social worker 1).

- “... *ons kanie vir mense maak goed doen of forseer nie ... die mense se gewilligheid is ook maar 'n challenge.*” [We cannot make or force people to do things ... the people’s unwillingness is a challenge.] (Social worker 2).
- “... *ons het nie tyd om intensiewe terapie te kan gee nie...*” [We do not have time to provide intense therapy.] (Social worker 5).

As seen in these narratives, social work participants explained that due to their high caseloads, they find it difficult to provide comprehensive early intervention services. This is concurrent with a study by Sibanda and Lombard (2015), who found that social workers often have high caseloads and this results in their inability to render thorough and in-depth services. In another study by Nhedz and Makofane (2015), the findings suggest that challenges such as high caseloads and lack of resources adversely affect the well-being of social workers.

Additional difficulties identified by the social work participants include long waiting lists for clients to access services such as rehabilitation treatment. In a study conducted by Isobell, Kamaloodien and Savahl (2015) about access barriers to state-funded treatment centres in the Western Cape, the findings indicated that the long waiting periods of between three to nine months decreases the motivation of service users. The longer a client has to wait for rehabilitation treatment, the more demotivated clients become, and by the time the admission date eventually materialises, clients may have become resistant to accepting treatment (Reichert & Jacobs, 2017). In a study by Mlenzana, Eide and Frantz (2018), the findings suggest that there appears to be a blockage in the access to rehabilitation services for low- and middle-income families. The findings by Setlalentoa et al. (2015) suggest that substance abuse early interventions should include easily accessible and timeous rehabilitation treatment to all,

and that continuous evaluation of interventions is necessary to ensure challenges are addressed (see sub-theme 3.1.2).

Further difficulties explained by social workers include working with involuntary substance abuse clients. According to Jacobsen (2013), the engagement of involuntary clients is more difficult and can involve lengthier processes. The social workers explained that they try to work on an early intervention level with involuntary substance abuse individuals by instilling insight into their problem so that they see the need for treatment; however, it remains a challenge to motivate involuntary substance-abusing individuals. This is similar to the findings by Nhedz and Makofane (2015), where social workers revealed that they often found it difficult to motivate involuntary parents to participate in family preservation services; this includes clients who do not adhere to intervention plans and do not attend scheduled sessions.

6.3.2.3 Conclusion of sub-theme 3.2: Early intervention services

It is evident from the information discussed above that early intervention substance abuse services are crucial as the aim is to work with those people who have been identified as being at risk for substance abuse dependency. The continuance of regular services, and especially group work (meso) level services, seems to be a gap in service rendering in this selected area. Various challenges were identified by social workers, which included staff shortages, high caseloads, long waiting periods and the difficulty working with involuntary clients. All these factors influence the successful implementation of early intervention substance abuse services by social workers.

6.3.3 Sub-theme 3.3: Statutory services

Statutory social work interventions refer to the services that are guided by the necessary acts and policies where courts are approached as an intervention strategy (Healy, 2012). Thus,

social workers who practice in the statutory field will perform assessments and influence decisions which may have a significant impact on the lives of their clients (Johns, 2011). Types of statutory social work include: the removal of children from caregivers and the placing of these children in alternative care (*in terms of the Child Care Act 38 of 2005*); providing pre-sentence investigations and reports to criminal courts (*in terms of the Criminal Procedure Act 51 of 1977*) (only state social workers in SA); and referring involuntary substance abuse clients for substance abuse treatment (*in terms of The Prevention of and Treatment for Substance Abuse Act 70 of 2008*). Two categories of findings emerged from Sub-theme 3.3, namely, primary and secondary statutory services.

6.3.3.1 Category 3.3.1: Types of services (primary)

In this category, involuntary substance abuse committal services were under-represented in the discussions by the social work participants. Only one social worker made reference to involuntary committals to rehabilitation. Some of the social workers responded via email interviews about the reasons for not making use of involuntary substance abuse referrals.

Involuntary committals are made in accordance with the Prevention of and Treatment for Substance Abuse Act (70 of 2008) and should be carried out via the court. Family members of involuntary substance abuse clients have to approach the local Magistrates' office and make an affidavit regarding the matter. This process can be very lengthy as it has to serve at the Magistrates' Court for decision and finalisation (Department of Social Development, 2016). According to the abovementioned act, a person can be committed to involuntary substance abuse treatment if they pose a harm to themselves, others or they make use of crime to support their habit. In a study by Kalogo (2015), the findings suggest that often when involuntary clients do not complete their mandatory treatment, they are more likely to relapse or reoffend.

The narratives below substantiate the information above:

- *“My main reason for not using the involuntary rehabilitation referral route is because I believe that if an addict is not committed to becoming ‘clean’ the process won’t work. It is also time-consuming for you have to still get the person to a doctor, complete reports and take the matter to court. If there is no children involved, the case does not really enjoy priority.”* (Social worker 1).
- *“...maar ons kan ook kommiteer na rehabilitasie sentrums toe.”* [but we can also do committals to rehabilitation centres.] (Social worker 2).
- *“....we therefore do not focus on involuntary clients, as it would be time-consuming as our main focus are ensuring the immediate safety of children in need of care and protection and not necessarily taking the responsibility of an adult in our own hand.”* (Social worker 3).

As seen in these narratives, it is evident that due to the lengthy process involved, the social workers in the selected area do not often work with involuntary substance clients as child protection is their priority. The social work participants predominantly focused on voluntary referrals as opposed to involuntary clients, as discussed in sub-theme 3.2 (category 3.2.1). It is significant that in various studies (Carelse, 2018; Kühn, 2016; Marinus, 2015) little or no reference is made to involuntary admissions of substance abuse clients. According to Weich, Perkel, Van Zyl, Rataemane, Naidoo, Nowbath, Flegar, Mahomed, Ramjee, Hitzeroth and Kramer (2017), there appear to be limited studies about involuntary committals of substance-abusing individuals available in South Africa. Werb, Kamarulzaman, Meacham, Rafful, Fisher, Strathdee and Wood (2016) also argue that the committal of involuntary clients seems to be less effective and that people should be engaged in motivational interviewing to promote

voluntary admission into substance abuse treatment. Thus, involuntary substance abuse services form a gap in the current study.

6.3.3.2 Category 3.3.2: Types of services (secondary)

Statutory child protection services are also rendered in instances where parental substance abuse has a negative impact on the child's best interests. Statutory child protection services are guided by the Children's Act (38 of 2005) which specifies conditions under which children may be removed from unfavourable circumstances (Nhedz & Makofane, 2015): for example, parental substance abuse. In the current study, most (67%) of the social workers are child protection social workers who render statutory services when children are in need of care and protection due to parental substance abuse. Statutory services allow the social workers to remove the children from their home circumstances and place them in alternative care. These services therefore denote the generalist nature of social work in South Africa and the minimal opportunity for specialist services in the formal sector (as opposed to private social work services). Most of the social work participants reported that they had to remove children from parents due to substance abuse, as seen in the narratives below:

- “...baie van ons tyd ophou is die kinders wat eintlik verwyder moet word.” [The removal of children takes up a lot of our time.] (Social worker 1).
- “Ons grootste taak is mos nou maar beveiliging van kinders.” [Our biggest task is the safety of children.] (Social worker 2).
- “Ek moes mos ’n verwydering doen waar die ma dwelms misbruik...” [I had to do a removal where the mother abused drugs.] (Social worker 5).

Based on these narratives it appears that statutory services are only undertaken when a parent's substance abuse does not improve and threatens the well-being of the children. The children

are then removed in terms of the Children's Act (38 of 2005), section 150(1) as a means of ensuring their well-being and also to support the parents in making positive changes. In one study, Nhedz and Makofane (2015) contended that social workers often struggle with involuntary parents who do not cooperate with the service plans. The last-mentioned study's findings also suggest that some parents are reluctant to care for their children and even welcome alternative care placements so that they are thus free to continue their habits unencumbered.

The high demand for alternative care placements is an additional challenge for statutory social workers along with all the investigations that need to be completed (Dhludhlu & Lombard, 2017). The findings of Hope and Van Wyk (2018) are concurrent with Shiller and Strydom (2018), whose findings indicated that social workers are overwhelmed by the number of child protection investigations which leads to rushed investigations with, inevitably, scant attention to detail. Consequently, Nhedz and Makofane (2015) argued that despite social work interventions, there is often a lack of improvement within the parent's circumstances and thus the child is prevented from returning home.

6.3.3.3 Conclusion of sub-theme 3.3: Statutory services

Statutory social work services within the identified area are mostly rendered in terms of the two acts: The Prevention of and Treatment for Substance Abuse Act (70 of 2008) which refers clients for substance abuse treatment, and the Children's Act (38 of 2005) that protects and safeguards children. In this sub-theme it is clear that statutory substance abuse services are not universally performed. The participants explained that they do not work with involuntary substance abuse clients due to their priority being child protection as well as due to the lengthy processes involved with involuntary committals. They focus more on statutory child protection services to safeguard the well-being of children. Thus, the provision of involuntary statutory substance abuse services appears to be a gap in the current research study.

6.3.4 Sub-theme 3.4: Reintegration and aftercare services

Reintegration and aftercare interventions are focused on out-patient services to clients who have been discharged from in- or out-patient treatment programmes (Elias, 2016). This service aims to enable clients, once they've undergone substance abuse treatment, to become self-reliant and to be reintegrated into their family (Department of Social Development, 2013). In the current study, the social workers admitted that, due to high caseloads, they often do not have time to provide comprehensive aftercare services to the individuals that have been discharged from rehabilitation centres. In another research study, Mahlangu and Geyer (2018) found that substance abuse aftercare and reintegration services appear to be less important in practice and in research. Three categories will be discussed namely, aftercare services, reintegration and reunification services to parents and reintegration and reunification services to children.

6.3.4.1 Category 3.4.1: Aftercare services

Aftercare services are implemented once the client has been discharged from the treatment centre and has returned to his home of origin (Swanepoel, Geyer & Crafford, 2015). Elias (2016) contended that substance abuse aftercare and reintegration services have a significant impact on the substance user's sense of belonging. According to Mhangwa (2015), aftercare substance abuse programmes foster a positive attitude and help to provide a sense of self to the person recovering from substance abuse, as seen in the narratives below:

- “...ek dink daar is Alcoholics Anonymous, maar ons plaas mense kom nie daarby uit nie.” [I think there is Alcoholics Anonymous, but our farm people do not go.] (Social worker 1).

- “*Aftercare ja. Ons het dit definitief gedoen ...*” [Aftercare yes. We definitely did that.] (Social worker 4).
- “*Ons lewer baie ondersteunende dienste daar.*” [We offer a lot of support services there.] (Social worker 6).

These narratives reveal that social workers do try to render the necessary aftercare services to clients who complete substance abuse treatment. The social work participants also reported that they provide periodic support; however, they would refer the clients to an organisation that focuses on aftercare services such as the South African National Council on Alcoholism and Drug Dependence (SANCA) and Alcoholics Anonymous (AA). But social work participant 1 admitted that people living in the rural areas often do not have the resources to travel to these support services. In consequence, these clients often relapse. In the study by Mahlangu and Geyer (2018), one of the reasons for relapse is the lack of support from government. The participants in the study of Mahlangu and Geyer (2018) explained that they received limited aftercare support from social workers in the area.

According to Van der Westhuizen, Alpaslan and De Jager (2011), aftercare services should not be neglected because aftercare services are part of the treatment process. In a study by Swanepoel, Geyer and Crafford (2015), a significant majority of participants explained that they relapsed after receiving treatment, as a result of insufficient aftercare support.

6.3.4.2 Category 3.4.2: Reintegration and reunification services: Parents

After a substance-abusing parent completes their rehabilitation treatment, the service provider helps them to reintegrate into their family. Here the focus will be on strengthening the parent’s skills to fulfil parental roles in the household and maintain sobriety (Laws, 2016), and instruct them how to reconnect with family members and strengthen relationships. As the substance-

abusing parents are in the recovery phase, he/she are taught important life- or parenting skills.

The narratives below substantiate this finding:

- “... mense (verwys na ouers wat rehabilitasie programme voltooi het) daai ondersteuning te kan gee...wat hulle nodig het om hulle op die regte pad te hou.” [To give people (referring to substance-abusing clients who had completed rehabilitation treatment) the support that they need to keep them on the right path.] (Social worker 1).
- “... metie familie home visits te doen, metie familie ..., of die persoon (verwys na ouer wat rehabilitasie voltooi het) gereeld te sien.” [To do regular home visits with the family or see the person (referring to substance-abusing client that completed treatment) regularly.] (Social worker 3).
- “... daar was ..., huweliks berading gegee aan die twee ... aftercare dienste gelewer. [Marriage counselling services were rendered ..., aftercare services were also rendered.] (Social worker 4).

In these narratives, the participants explained that reintegration services are used in the form of micro and meso interventions. The participants further clarified that regular contact and support services are necessary to help the substance-abusing parent through the recovery process which, in turn, helps with the reintegration of the parent into the family and society.

Further support services such as relationship building (marriage counselling) is also a means of reintegrating the substance-abusing parent into the family. Relationships are often negatively affected by stress emanating from the user's substance abuse (Groenewald & Bhana, 2016). Often the family is also involved in the reintegration program as the substance abuse of the parent has had an influence on the entire family, in keeping with the family systems theory. Thus, the involvement and support of the family forms a crucial part of reintegration services (Maluleke, 2013).

6.3.4.3 Category 3.4.3: Reintegration and reunification services: Children

Although reintegration services are a subset of substance abuse aftercare services, this is also a crucial system within the child protection field. Within this field, where children were removed from caregivers as a result of the caregiver's substance abuse, reintegration and reunification services should be rendered if the child is being returned into the caregiver's care. According to Sauls and Esau (2015), reintegration is a broad and general process that helps prepare both child and substance-abusing parent to re-establish and re-connect with the family and community. Reunification services are more specific as these focus on the parent-child relationship and re-attachment when a child is moved from a placement back to the care of a parent or caregiver. Reunification services should commence as soon as the children have been placed in alternative care in order to achieve the aims of reunification (Potgieter & Hoosain, 2018). These services would include working on restoring broken relationships so that the family becomes united and enjoys improved well-being (Gabby, 2016).

The following narratives provide support for the services rendered in this instance:

- “... ons sal met hulle gaan praat oor kinderegte, maar dan raak ons ook op hoe jy jou kind moet versorg... ek is al 3 jaar in hierdie pos, ek het nog nie een kind terug gesit by die ouers nie.” [We would talk to them about the right of children and how you should care for your child ... I am three years in this position, and I have not placed any child back into the care of their parents.] (Social worker 1).
- “... deur die persoon gereeld te sien en sessies te het met die persoon... behavioural therapy te gebruik op die persoon” [To see the person regularly, have sessions and make use of behavioural therapy.] (Social worker 3).
- “... ouerleiding groepe vir ouers wat kinders verwyder is.” [Parental guidance group work is being done with parents whose children were removed.] (Social worker 6).

Based on the narratives above, the social work participants explained that they try to render reunification services to parents whose children were removed in the form of micro (case work) and meso (group work) interventions. Micro interventions include the attendance of regular sessions such as counselling along with a family plan and regular contact via home visits to the family. Parental guidance group work is the most common type of family reunification group work and in a study by Van Huyssteen and Strydom (2015), the findings indicate that parental guidance group work provides the parents, who have had children removed, with the opportunities to learn and improve parenting skills as well as enhance their knowledge. Family conferences and family therapy is another meso method used in reunification services (Lietz, Lacasse & Cacciarore, 2011).

The social work participants, however, mentioned the low success rate of placing children back into the care of their parents. In a study by Goemans, Vanderfaellie, Damen, Pijnenburg and Van Holen (2016), the findings suggest that the cooperation of parents with the process and their having regular contact with the child strongly influence whether children and parents can be successfully reunified.

6.3.4.4 Conclusion of sub-theme 3.4: Reintegration and aftercare services

The narratives have revealed that social workers within child protection fields seem to struggle to fully implement aftercare and reintegration services due to high caseloads. Nevertheless, there has been some attempt to implement these services with the aim of supporting the substance abuser and his/her family. The findings suggest that there appears to be a gap in terms of easily accessible aftercare services within the identified rural area. People tend to relapse as they are unable to travel or stay away from work to attend aftercare services. Furthermore, another gap has been identified: namely, the lack of successfully re-unifying children and their caregivers. This can be attributed to low motivation of parents, social

circumstances, or a struggle to obtain easy assessable services (Lietz, Lacasse & Cacciatore, 2011).

Despite these challenges, reintegration, aftercare and reunification services remain a crucial service for supporting substance-abusing individuals and their families, as these services encourage the family to be together and reduce the occurrence of relapse (Elias, 2016; Gabby, 2016).

6.4 CHAPTER CONCLUSION

It is evident that social workers who render services in the identified area do so in accordance with the ISDM, with the aim of ensuring the participation of all South African citizens. In this chapter the analysis of the research findings, relating to the social work services provided by the participants in the selected area, was presented.

Four sub-themes with nine categories of findings were discussed, namely awareness and prevention services, early intervention, statutory intervention and reintegration, aftercare and reunification services. These four sub-themes reflected the traditional services performed by social workers and therefore the researcher used predefined coding. The overall impression of the findings was that the services rendered were not always sufficiently focused on the needs of substance-abusing clients. Many gaps were discerned: evidence of these emerged from the information supplied by the narratives and experiences of the participants. These include gaps in the evaluation of awareness programmes, inconsistent provision of services to support substance-abusing clients and their families, challenges for rural clients in accessing aftercare services and a lack of reunification of children in alternative care with their parents. There are difficulties in working with involuntary clients including a gap in statutory services for involuntary substance-abusing clients due to lengthy processes, as well as the long waiting lists for clients who want to go into rehabilitation. Furthermore, the high demand for statutory child

protection services influences the ability of social workers to render comprehensive substance abuse services.

In Chapter 7, the overall conclusions and recommendations are discussed.



CHAPTER 7

CONCLUSIONS AND RECOMMENDATIONS

7.1 INTRODUCTION

This chapter will focus on providing the conclusions and recommendations gained from the research study as discussed in Chapters 5 and 6. The effects of parental substance abuse in the selected rural area on the family's well-being are presented. Furthermore, recommendations that can help improve social work services within the specific field are provided. Recommendations are also suggested for future research in the specific field. Lastly, the limitations of the research study are presented in order to contextualise the findings and transferability aspects of the study.

The aim of the research study was to explore and describe the effects of parental substance abuse on perceived family well-being within a selected rural area in the Western Cape.

The objectives of the study were:

- 1) To explore and describe the perceptions and experiences of substance-abusing parents regarding the effects of their substance abuse on the family's perceived well-being.
- 2) To explore and describe the perceptions and experiences of family members regarding the effects of parental substance abuse on the family's perceived well-being.
- 3) To explore and describe the social workers' views on the effects of parental substance abuse on family's perceived well-being.
- 4) To explore the social workers' views on appropriate interventions of parental substance abuse regarding the perceived effects on family well-being.

The focus was on gaining insight into the participant's realities by exploring and describing their views and experiences on the phenomenon being studied. The researcher thus made use of an explorative and descriptive research approach to understand the study topic. As the study was explorative and descriptive in nature and focused on a particular context or setting in which data was obtained, the researcher selected the qualitative approach and the case study research design. A case study involves an exploration of an issue (for example parental substance abuse) within a bounded system.

The researcher's main method of data collection was semi-structured interviewing with three different participant groups (18 participants in total). Furthermore, as a follow up method, email interviews were used to obtain further clarity from the social work participants on some of the findings. The data was analysed by making use of a qualitative thematic approach where themes and patterns were identified in the transcribed data. Trustworthiness was ensured by following Guba's model (Shenton, 2004) which involves credibility (although triangulation [more than two data sources] was also used to ensure credibility), transferability (through the provision of sufficient information about the setting of the research study), dependability (through comparing the final findings with the raw transcripts to ensure that the findings are consistent) and confirmability (through using narrative quotes of the participants to reflect their views).

7.2 CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS OF THE DEMOGRAPHIC PROFILE OF PARTICIPANTS

In this section, the biographical details of the research participants are presented. Overall, 18 research participants took part in the study. Six of the participants were substance-abusing parents, six were family members of substance-abusing parents, and the other six were social

workers rendering services in the selected area. Thus, three different groups of research participants, representing three data sources, took part in the study.

The substance-abusing parents were drawn from the NPO's data base, which mainly consisted of disadvantaged individuals who were subjected to adverse social issues such as poverty, unemployment and substance abuse. All of the clients in the selected rural area were of coloured descent and most of the substance-abusing parents were identified as generational substance abusers. From a family systems' perspective, parental substance abuse has a negative influence on all of the other systems in the family. This includes the breakdown in families that can be characterised by dysfunctional families. Most of the social workers in this study concurred that an element of substance abuse was omnipresent in most of their cases (workload).

The demographic profile of family members as participants in the study were mostly females (66.7%). Furthermore, the sample included close family members of substance-abusing parents within the identified area. All of the participants were Afrikaans speaking and of coloured decent.

The demographic profile of social workers as participants in the study consisted of only females. All of the participants were Afrikaans speaking and majority (66.7%) were of white decent. Furthermore, the majority of the participants (66.7%) were employed at a designated child protection organisation. Fifty percent (50%) of the social work participants had more than 10 years' experience in the field of social work.

In conclusion, three diverse and different groups of participants were interviewed in order to obtain different viewpoints on the issue being studied. The participants were diverse in terms of age, gender, socio economic status and education. It is evident that majority (83.3%) of all the participants were females and of coloured decent (77.8%). These different participant

groups provided diverse views regarding this particular issue relating to substance-abusing parents in a rural area.

Thus, the implication is that including people from different ages, gender, ethnicity and socio-economic class can provide valuable information from different perspectives; thereby offering insight into their specific realities and affording opportunities to consider interventions and strategies from these different vantage points.

7.2.1 Recommendations in terms of the demographic profile of the participants

As discussed in the previous section, 18 participants took part in the study, which included six substance-abusing parents, six family members of parents who abuse substances and six registered social workers rendering services in the selected rural area.

7.2.1.1 Recommendations regarding the service user participants (parents and family members)

The following recommendations are made in regard to the biographical status of the service user (parents and family members) participant cohort:

- Service providers should develop intervention programmes that include all family members where generational substance abuse is prevalent; these services should focus on strengthening parent-child relationships, parenting skills and recreation and engagement, especially during weekends.
- Services should focus on the rural context of participants, low educational levels, and lack of social activities and social integration in the selected area.
- Organisations should link substance-abusing clients with organisations that focus on skills development, and with supportive services that are free of cost or charged at a very low rate.

7.2.1.2 Recommendations regarding the social work participants

The following recommendations are made in regard to the social work participant cohort:

- Since most of the social worker's cases involve some element of substance abuse, more specialised training about the issues, especially with a focus on rural areas, would be beneficial for service delivery.
- Social work and social welfare organisations should focus more strongly on rendering substance abuse services from a micro, meso and macro (and integrated) intervention perspective.
- The above recommendations would have implications for contextual social work curriculum design at universities.
- State departments and organisations should be more amenable to participating in research studies.

7.2.1.3 Recommendations for future research

The following recommendations can be made for future research in regard to the biographical status of the service user participant cohort in this study:

- Additional studies should focus on participants (parents and family members) who represent different cultures within the rural context, in order to understand their experiences juxtaposed with the findings of this study.
- Focused representivity could include gender, race and culture, and non-substance-abusing parents.
- Further studies should explore the involvement of family members in terms of support for substance-abusing parents.

- The views and perceptions from children (youths) of substance-abusing parents should be further explored.
- Future research could also include other professionals who render services in substance abuse and the services of community-based organisations.

Based on the information discussed in this section, it is evident that the participants were diverse in various ways, and this had an influence on the research findings. The group consisted mainly of coloured and female participants. Their recommendations were thus from their particular viewpoints and experiences within the selected area. Further research should fill this race and gender gap. Recommendations were made regarding the research participants as well as future research.

7.3 CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS OF THE MAIN THEMES OF THE STUDY

This section constitutes the conclusions and recommendations resulting from the findings, as discussed in Chapter 5 (Part A). The conclusions and recommendations regarding the research participants as well as the main themes will be concluded next.

7.3.1 Theme 1: The manifestation of substance abuse within the selected area

Theme one focused on the manifestation of substance abuse and described the context of substance abuse in the selected area. Three sub-themes and nine categories emerged from the data.

Sub-theme 1.1 focused on the patterned use and understanding of substances. There were four categories that emerged within this theme. This includes the use of alcohol over weekends, other types of substances that were used, denial and problem alcohol use and the views and understanding about substance abuse.

Sub-theme 1.2 elicited co-occurring social problems associated with substance abuse. Domestic violence and child neglect were the two main issues of concern that emerged from the findings. The findings thus suggest that domestic violence and forms of child neglect are common social issues which occur as a result of parental substance abuse.

In sub-theme 1.3, the focus was on the causes of substance abuse. Three categories were discussed here. The role that the person's historical upbringing had on their current substance abuse was discussed. The findings indicated that all of the substance-abusing parents in this study were reared with difficult family dynamics and that this played a role in their current substance abuse. This included being subjected to frequent domestic violence and corporal punishment. The influence of environmental and community factors was also explained. These environmental and community factors particularly included the extreme poverty of most of the rural farm workers, the concomitant presence of a drinking culture, and the easy accessibility of alcohol. The role of the *dop* system was also highlighted as a social cause. Furthermore, substance abuse was also identified as a coping resource that helps deal with personal and social trauma and stress.

The **conclusion** is that parental substance abuse within the selected area is a common social issue where this pattern occurs most often over weekends. The substance-abusing parents often demonstrate limited insight into their substance-abusing behaviour, which in turn leads to other social issues such as domestic violence and child neglect. The causes of parental substance abuse are diverse but, based on the current study, it appears that historical upbringing combined with environmental issues and the use of substances as a coping resource has a great impact on current drinking patterns.

Therefore, the **implication** is that parental substance abuse can stem from various sources: personal, social and political. The interventions should focus on all the elements that affect

their current substance abuse patterns. The most important implication for social work services is that focusing predominantly on the individual level will not impact strongly on the prevalence of the issue in the selected area.

7.3.1.1 Recommendations for social work practice for theme 1

The following recommendations are pertinent for social work practice for theme 1:

- Social workers should implement specialised programmes and interventions with families where parental substance abuse is prevalent, in order to mitigate the effects thereof. This can be done in collaboration with role players such as DSD and NPOs, to address the patterned use of substances and to develop social awareness and insight.
- Interventions should include the linking of substance-abusing parents to services that can create support, better awareness, and insight regarding the implications of substance abuse for themselves and their overall behaviours, conduct, and attitudes. This would be with regard to heightened violence in the home and community, and parenting approaches and styles.
- Social workers should work in collaboration with farm owners to implement sustainable recreational programmes for families and youth.
- Specific social work interventions should target the generational substance abuse and focus on breaking the patterns (cycle) of abuse.
- Social work interventions should focus on helping clients identify constructive coping mechanisms to dealing with stress.

7.3.1.2 Recommendations for social work education for theme 1

The following recommendations are pertinent for social work education for theme 1:

In terms of CPD:

- Social workers should be provided with more specialised training to include training that focus on substance abuse, generational drinking patterns and weekend substance abuse binging.
- CPD training could also include more focused treatment and intervention on the three levels of intervention, namely, micro, meso and macro.

In terms of social work education:

- Undergraduate programmes should provide education and training on substance abuse causes and manifestation but should particularly shift their focus to rural areas and the uniqueness of rural and farm communities.
- Postgraduate students should be encouraged to focus on this aspect in their research studies.

7.3.1.3 Recommendations for social welfare policy for theme 1

The following recommendations are pertinent for social welfare policy for theme 1:

- Since there is a specific policy on substance abuse in South Africa, there should be commensurate norms and standards, as well as roles and tasks for helping professions in this field of practice. Thus, clear norms and standards should be available in relation to working with involuntary substance-abusing clients. This will be to legalise the collaborative and integrative approaches in terms of service rendering.

- Because substance abuse in the selected area has a long history, specific policies should be made available by DSD as part of the norms and standards and social workers must receive specialised training in this regard.

7.3.1.4 Recommendations for future research for theme 1

The following recommendations are pertinent for future research for theme 1:

- A quantitative study exploring the extent of substance abuse within the identified area.
- A similar study can be conducted where more participants are involved with different groups of people, such as community leaders, farm owners and police officers in order to obtain a broader view and multi-pronged strategies for intervention.
- The impact of historical upbringing and the generational substance abuse should be explored in detail, with the aim of providing insight and appropriate interventions that will break the cycle.
- A study that explores the continued impact of the *dop* system on current drinking patterns with a view to eradicating this heinous practice.

Based on the discussion above, it is evident that the research findings identified gaps; thus recommendations have been made in terms of social work practice, education, welfare policy and future research.

7.3.2 Theme 2: Effects of substance abuse

This theme is at the heart of the research question where the various effects of parental substance abuse was discussed. Six sub-themes and 17 categories emerged and were discussed.

In the first sub-theme, the effects of substance abuse on the individual were explored. The impact on people's thoughts, behaviour and health was highlighted. It is clear that substance

abuse affects the mood and the general behaviour of the user, and that it has a negative effect on their physical and mental health.

In sub-theme 2.2, the impact of substance abuse on intimate relationships was explored. Substance abuse has a severe impact on communication patterns in the family, and specifically between intimate partners. This translated into communication avoidance and silence but importantly, it culminates in non-communication about difficult issues. Furthermore, substance abuse creates paranoia within relationships; thus, parties tend to get jealous easily, which in turn can lead to infidelity. Lastly, conflict and anger often erupt in the home and this eventually leads to domestic violence.

Sub-theme 2.3 explored the effects that parental substance abuse has on children. The findings suggest that children are often exposed to their parents' conflict or domestic violence. This, of course, has a negative impact on the children's emotional state. Furthermore, parental substance abuse weakens attachment bonds between a child and the parents, and negatively influences children's school performance. Lastly, parentification emerged as a concerning category, as it appears that children of substance-abusing parents tend to fulfil the parental roles because their parents are too inebriated to do so.

In sub-theme 2.4, the effects that parental substance abuse has on parenting were discussed. The absence of a parent in the day-to-day caring of children has a dual impact: firstly on their own diminished parenting capacity and parental roles and secondly, on the role and function of the remaining parent who succumbs to or increases their substance abuse as a means of coping. Furthermore, substance-abusing parents are viewed as poor role models for children, due to their harmful and destructive behaviour; reflecting as repellent and repulsive models to impressionable and vulnerable children but exerting long lasting effects on the future

functioning and behaviour of these children. Lastly, substance-abusing parents tend to make use of inconsistent forms of parenting which make children feel insecure, unsafe and anxious.

Sub-theme 2.5 focused on the effects of parental substance abuse on family functioning. Firstly, it places financial strain on the immediate and the wider family. Secondly, parents often cannot afford to provide the basic necessities as a result of parental substance abuse. Lastly, parents' attentiveness to their family and children becomes severely constrained. Parents spend more time away from families and therefore the extended family members are obliged to become more involved in the caregiving of children.

The last sub-theme focused on the effects of parental substance abuse on the community and society. Parental substance abuse increases community violence as people are exposed to public drunkenness and inappropriate behaviour. Furthermore, parental substance abuse exacerbates the demand for judicial and welfare services in the country.

The **conclusion** is that parental substance abuse has a negative effect on the user and family members as well as the community and society at large. Parental substance abuse places strain on the district's social, judicial and health systems.

The **implication** thus is that a greater number of focused and specialised services are needed to deal directly with the issue because it is widespread and insidious.

7.3.2.1 Recommendations for social work practice for theme 2

The following recommendations for social work practice are offered in regard to theme 2:

- Specific assessments and therapeutic services by social workers employed in the public service and NPO sectors should be in place for children of substance-abusing parents in order to support the children and allow them to reach their full potential.

- Specific interventions by social workers and complementary professions employed in the public and NPO sectors should focus strongly on intimate partner violence and develop and implement interventions in line with systems theory on multi-levels.
- Farm owners should be engaged and involved in terms of the provision of support and skills programmes to their farm workers.
- Accessible and specialised substance abuse workers should be available at NPO's and state departments (local and national) to render a comprehensive substance abuse service.
- Social workers should mobilise and work in partnership with farm owners, to facilitate multi-level and appropriate services, especially regarding generational substance abuse.
- Social workers should offer training programmes to community members and leaders, to provide relevant support and care to individuals that are in need of help, particularly linking them to other resources. Alcoholics anonymous (AA) is one such community-based resource that could be developed to make it accessible as a supportive resource.
- Child protection services, as a consequence of substance-abusing parents, should include community-based programmes such as a programme where community members are trained to look out for children in order to complement the formalised services provided by DSD and NPOs.
- Easily accessed in- and out-patient rehabilitation programmes should be implemented by DSD in the identified area, free of charge or with various payment levels.
- DSD and NPOs should equip previous addicts and laypersons in the community with skills so that they can become involved in the facilitation of awareness and prevention groups.

7.3.2.2 Recommendations for social work education for theme 2

The following recommendations are pertinent for social work education for theme 2:

In terms of CPD:

- Specialised training about generation drinking and the strategies that can be used to help break the cycle should be made available by DSD and NPOs to social workers, social auxiliary workers, and laypersons doing community work .
- Greater involvement and collaboration between social workers and farm owners in the identified area should be encouraged, so that they work together to provide training and education to substance-abusing families.

In terms of social work education:

- Undergraduate programmes should incorporate module(s) on substance abuse so that graduating students are able to intervene skilfully in substance abuse situations, both in urban and rural settings.
- Post-graduate students should be encouraged to do independent research on substance abuse, especially in rural areas with the specific focus on interventions for education and practice.

7.3.2.3 Recommendations for social welfare policy for theme 2

The following recommendations are relevant for social welfare policy for theme 2:

- The Department of Agriculture should provide a policy to farm owners within the identified area, which focuses on addressing the negative effects of the apartheid and the *dop* system which played a role in the current generational drinking.

- The current inter-sectoral policy between DSD, Department of Agriculture and NPOs should be reviewed in order to identify gaps and develop plans to work in collaboration with one another effectively, not only in the identified area but in all rural areas.
- Current policies for farm owners in connection with their workers should be reviewed, with the aim of including a section that encourages farm owners to provide the necessary support to families who struggle with generational addiction.

7.3.2.4 Recommendations for future research for theme 2

The following recommendations are made for future research for theme 2:

- Further research by DSD, NPOs or academics should be conducted by exploring the effects of parental substance abuse on their offspring from birth to adulthood.
- Further studies should explore the role and involvement of farm owners in supporting substance-abusing individuals and families.
- Further research should be conducted about how current policies in the identified area are helping to correct the imbalances of the past i.e. the *dop* system.

In the discussion above it is clear that parental substance abuse has various negative effects on the individual, family and society at large. It is evident that parental substance abuse in the identified area is an issue of concern that not only social workers can address. Thus, recommendations have been made in terms of practice, education, social welfare policy and future research.

7.3.3 Theme 3 (Part B): Social work interventions

This theme focused on exploring the various types of social work interventions that are provided in the selected area. Four sub-themes and nine categories were discussed.

Sub-theme 3.1 focused on the provision of awareness and prevention programmes. Two categories emerged from the findings. In the first category, the types of awareness and prevention services were explored. The research findings suggest that the majority of social workers made use of meso and macro interventions to create awareness at schools, but that there were gaps in service rendering. The second category discussed monitoring and evaluation where the most common form of monitoring was the home visit, but evaluation was minimally done. Therefore, the success of awareness and prevention programmes could not be ascertained.

Sub-theme 3.2 focused on the provision of early intervention services by social workers. Two categories were discussed. In category one, micro and meso early intervention services types were explored. The most common form of early intervention service discussed included the referral of clients to voluntary substance abuse treatment centres. The second category focused on the challenges experienced in rendering early intervention services. The social workers indicated that high caseloads, involuntary clients, and long waiting lists for admission to treatment prohibited effective services. There were gaps, however, in maintaining regular services, especially group work (meso) level services.

Sub-theme 3.3 focused on statutory services, and two categories were discussed. In the first category it was evident that the social workers in the study often did not make use of involuntary rehabilitation committal services, and this is viewed as a gap in overall service provision. In the second category it is clear that the social workers often made use of statutory child protection services to safeguard children in need of care and protection; this is a direct consequence of substance abuse services being viewed as secondary.

Sub-theme 3.4 focused on reintegration and aftercare services. Three categories emerged from the findings. The first category explained that social workers do render aftercare support to

substance-abusing parents, however these services appear to be periodic and insufficient supportive services existed. The second category focused on the reintegration and reunification service that is provided to parents. It is evident that social workers provide micro and meso services with the aim of restoring family relationships. The third category explored the reintegration and reunification service that is provided to children who are moved from alternative care back into the care of their parents. This service is more focused as it is the organisation's key service.

Social workers contended that, due to high caseloads, they do not have the time to actively engage with reintegration services. The unintended consequence is the increased probability that the person will relapse.

The **conclusion** is therefore that although various social work services are being rendered within the selected area, the effectiveness of these services seems questionable. The main contention is that the organisations do not necessarily make substance abuse intervention and prevention their key deliverables.

The **implication** is that high substance abuse in the area will continue unabated.

7.3.3.1 Recommendations for social work practice for theme 3

The following recommendations are made for social work practice with regard to theme 3:

- Monitoring and evaluation strategies by DSD and NPOs should be used continuously to determine the effectiveness of awareness, prevention and early intervention programmes.
- Community leaders and members should be trained by DSD and NPOs to help with awareness and prevention programmes.
- More funding should be made available by the government (DSD) for sustainable community awareness and prevention programmes.

- Prevention programmes should include constructive recreational activities for children and adults, especially on weekends.
- Better collaboration between service providers (social service providers, Department of Health, South African Police Services and Department of Justice) for involuntary substance abuse clients.
- Clear guidelines and a referral pathway for involuntary clients.
- More DSD and NPO services should be employed at the early intervention level to promote family preservation.
- More funding should be made available by DSD to employ more social workers, each of whom will have a speciality focus.
- Reintegration services should also be regarded as important, and regular sessions should be conducted to support the person and prevent relapse.
- Social workers should provide training to community members and previous abusers, so that these people can help facilitate groups on a continuous basis within the community.
- Collaboration of social service providers, business sectors and training institutes, to provide subsidised training opportunities for substance-abusing individuals who choose to abstain.

7.3.3.2 Recommendations for social work education for theme 3

The following recommendations are made for social work education for sub-theme 3:

In terms of CPD:

- Training providers should develop specific CPD training for social workers and other helping professions on various social work interventions (including aftercare, reintegration and reunification services) to substance abusers and their families.

In terms of social work education:

- Undergraduate social work education programmes should incorporate a strong focus on social work interventions and aftercare, reintegration and reunification services on micro, meso and macro levels to promote integrated service rendering.
- Postgraduate research on social work interventions should be encouraged, to develop comprehensive guidelines for implementation and practice.

7.3.3.3 Recommendations for social welfare policy for theme 3

The following recommendations are made for social welfare policy for theme 3:

- Current policies by DSD and NPOs for social work interventions in the identified area should be reviewed to identify the gaps that still need to be addressed.
- Organisational policies should be developed with clear guidelines for social workers regarding the norms and standards for working with involuntary clients.

7.3.3.4. Recommendations for future research for theme 3

The following recommendations are made for future research in relation to theme 3:

- In-depth research by DSD and academics is required regarding social work interventions in aftercare, reintegration and reunification services, and, specifically, the methods of implementation in rural areas.
- Complementary to the above research, further research by postgraduate students and academics (and other collaborative partners) should be conducted to determine context-specific and creative social work interventions in both urban and rural areas. These will be intended not only for use in the SA context but also for international consideration in a similar context.

- Further research regarding the process of involuntary substance abuse committals and the efficacy thereof.

In the discussion above, the conclusions, implications and recommendations for social work interventions in the identified area were provided. The research findings identified some gaps which were discussed by means of making recommendations in terms of practice, education, policy and for future research.

7.4 RESEARCH FINDINGS IN RELATION TO THE RESEARCH OBJECTIVES OF THE STUDY

In this section, the four research objectives initially identified will be discussed and it will be seen whether these objectives have been achieved in the research study.

7.4.1 Objective 1: To explore and describe the perceptions and experiences of substance-abusing parents regarding the effects of their substance abuse on the family's perceived well-being.

This objective has been achieved as the researcher was able to include six substance-abusing parents in the research. The experiences and perceptions of the substance-abusing parents were explored and described as seen in theme 1 and 2. Sub-theme 1.1 dealt with the patterned use and the understanding of substance abuse. In this sub-theme, the four categories which focused on the subjective realities of the substance-abusing parents, were explored and described. Sub-theme 1.3 explored the causes of substance abuse, which underscored the consequences of substance abuse, and this provided support that this objective has been achieved. Theme 2 explored the effects of substance abuse through six sub-themes, namely on the substance user, intimate relationships, children, parenting, family functioning, as well as community and

society. Thus, it can be claimed that through the above-mentioned themes, sub-themes and categories that this objective has been achieved.

7.4.2 Objective 2: To explore and describe the perceptions and experiences of family members regarding the effects of parental substance abuse on the family's perceived well-being.

This objective has been achieved as the researcher was able to involve six family members of substance-abusing parents in the study. Their perceptions and experiences are presented explicitly in theme one and two, in all sub-themes and categories. Theme two focused on the all the effects of parental substance abuse where six sub-themes and 17 categories were discussed. Sub-themes 2.3 and 2.5 specifically looked at the effect of parental substance abuse on children and the immediate and wider family. This objective has therefore been achieved.

7.4.3 Objective 3: To explore and describe the social workers' views on the effects of parental substance abuse on family's perceived well-being.

This objective has been achieved as six social workers were involved in the research study. Their views on the phenomenon have been explored and described throughout all the identified themes. All the sub-themes and categories included the views of social workers on the effects of parental substance abuse on the well-being of the family. Theme 2 (sub-themes 2.1 to 2.6) explicitly discussed the effects of substance abuse. This objective has therefore been achieved.

7.4.4 Objective 4: To explore the social worker's views on appropriate interventions of parental substance abuse regarding the perceived effects on family well-being.

This objective has been achieved as the views of all the social work participants regarding social work interventions were comprehensively discussed in Chapter 6 (Part B). The chapter focused specifically on this objective and produced one main theme, four sub-themes and nine

categories. The interventions explored the current services provided by the social work participants and the gaps in their service rendering from organisational and context (rural) perspectives. This objective has therefore been achieved.

7.4.5 Conclusion: Objectives 1-4

It can be concluded that all the identified objectives have been achieved. The researcher was able to explore and describe the views and perceptions of substance-abusing parents, family members and social workers (Objectives 1 – 3) regarding the effects of parental substance abuse on perceived family well-being (themes 1 and 2), and findings on the current intervention services (Objective 4) that is provided in the selected area (theme 3).

7.5 LIMITATIONS OF THE STUDY

Almost all research studies have limitations (Kader & Roman, 2018). For this research study, the following limitations have been identified:

- The majority of the research participants were females. This can be viewed as a limitation as only 16.7% of males took part in the study and the research could therefore be construed as one-sided.
- The perceptions and experiences of this dominant participatory group could be showcased, because the majority of the participants were of coloured descent.
- In terms of the context of multi-disciplinary teamwork, the unitary focus on social work can be viewed as a limitation as there are other professions also involved in addressing the issue.

7.6 CHAPTER CONCLUSION

The research study focused on exploring and describing the effects of parental substance abuse on the perceived well-being of families in the selected rural area. The researcher made use of a qualitative research approach with the aim of exploring and describing the studied phenomenon from the perspective of the participants. The researcher made use of a case study research design, because the study focused on a particular context and setting in which data was obtained.

The research study is consistent with other studies as it explains that parental substance abuse has various negative implications for the family's well-being. Furthermore, it appears that social workers who render services in the area are challenged with issues such as high caseloads, lack of funding and involuntary clients. Even though this study has a limited scope, it does however provide a subjective understanding of the perceived effects of parental substance abuse on the well-being of the families in the identified area.

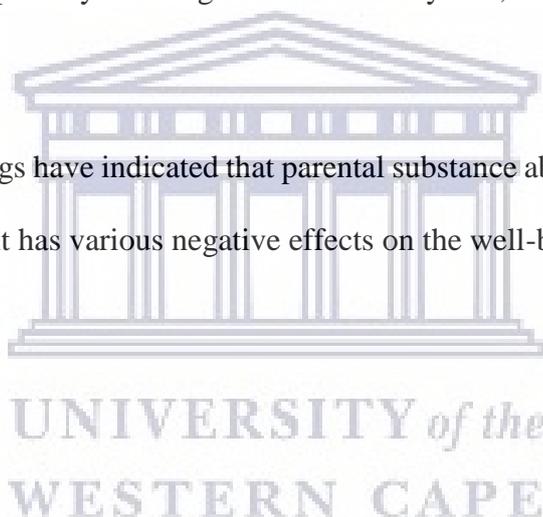
This study is significant as it is one of the few qualitative studies that contribute to the understanding of substance abuse in the identified area and the impact on the family's well-being. Further contributions of this study include:

- A much-needed focus on a topic and an area that often is under-resourced in significant ways.
- A voice for substance-abusing parents as it presented their reasons for substance abuse from their own perspective.
- A focused view on the various systems that play a role in parental substance abuse.
- The gaps in rendered services in the selected rural area were revealed, and ways of addressing these gaps were provided.

- Identification of risk areas, to inform recommendations that focus on practice, social work education, policy, CPD and postgraduate research.

In order to address the substance abuse problem in the identified area, it is important to understand the unique historical upbringing of the people. Furthermore, one needs to recognise that people's life situations are complex and involve multiple components. Therefore, a holistic approach that involves the whole family is important if the effects of parental substance abuse on family well-being are to be addressed. Thus, if the attention to this social issue and the selected area remains limited, social work programmes should focus on being preventative. This can be achieved by especially focusing on children and youth, as they represent the at-risk and vulnerable groups.

Finally, the research findings have indicated that parental substance abuse within the identified area remains a concern as it has various negative effects on the well-being of families.



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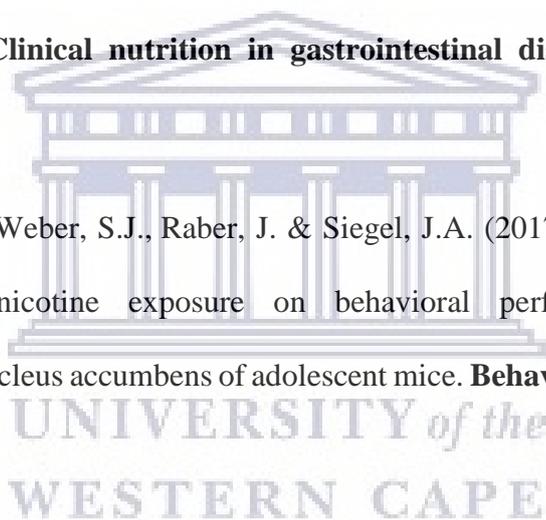
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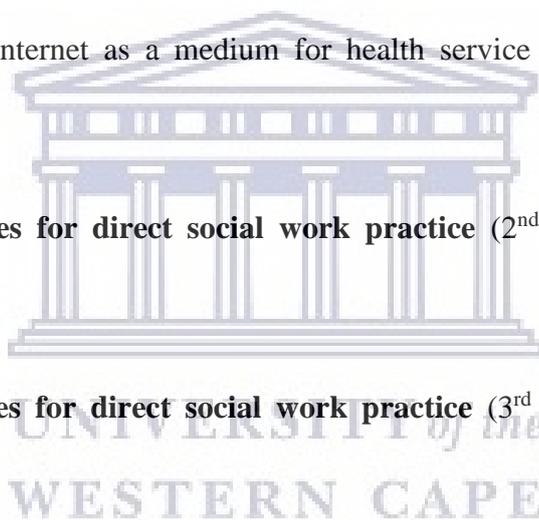
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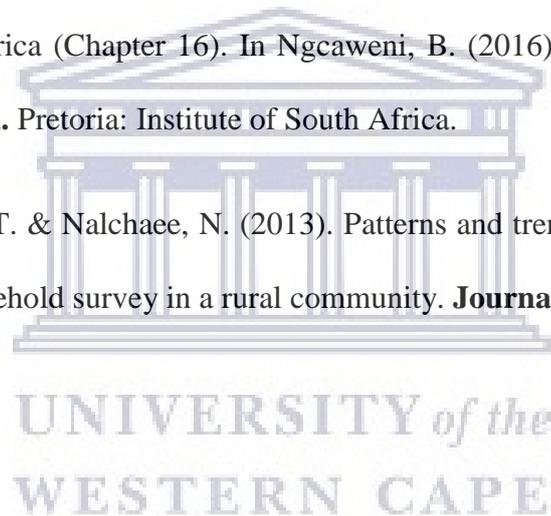
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APPENDIX A: UWC ETHICS CLEARANCE



OFFICE OF THE DIRECTOR: RESEARCH RESEARCH AND INNOVATION DIVISION

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21 October 2019

Mrs Z Frans
Social Work
Faculty of Community and Health Sciences

Ethics Reference Number: HS/17/6/21

Project Title: Exploring the effects of parental substance abuse on perceived family well-being in a selected rural area in the Western Cape Province.

Approval Period: 17 October 2019 – 17 October 2020

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.

Patricia Josias

*Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape*

HSSREC REGISTRATION NUMBER - 130416-049

FROM HOPE TO ACTION THROUGH KNOWLEDGE

APPENDIX B: BADISA HEAD OFFICE PERMISSION



PRIVATE BAG X8 | 11 PASTORIE STREET | BELLVILLE 7535
 PRIVAATSAK X8 | PASTORIE STRAAT 11 | BELLVILLE 7535
 WESTERN CAPE | SOUTH AFRICA
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 TEL: +27 21 957 7130 | FAX/FAKS: +27 86 524 1182
 EMAIL/EPOS: info@badisa.org.za
 WEBSITE/WEBTUISTE: www.badisa.org.za

Ons verw:
 U verw:
 Navrae:
 E-pos: mw@badisa.org.za

22 Augustus 2017

Vir wie dit mag aangaan.

Toestemming: Navorsingsprojek – Me Zanelle Frans

U skrywe gedateer 27 Julie 2017 het betrekking.

Hiermee word toestemming verleen dat Zanelle Frans haar navorsing binne Badisa mag doen.

Die volgende voorwaardes is van toepassing:

- Sy mag nie die organisasie se hulpbronne gebruik nie, en die navorsing mag geen inbreuk maak op haar gewone dienslewering nie.
- Daar mag geen koste vir die organisasie wees nie

U word versoek om u navorsingsbevindinge en aanbevelings aan die Direkteur: Maatskaplikediensprogramme beskikbaar te stel by voltooiing van u studie.

Ons wens u sterkte toe met u navorsing.

Vriendelike groete.

Die uwe

ME R VAN ZYL
DIREKTEUR: MAATSKAPLIKEDIENSPROGRAMME

Geregistreerde organisasie sonder winsoogmerk (O5W 011-891)
 Registered non-profit organisation (NPO 011-891)
 Openbare weldaadsorganisasie (930006348) Public benefit organisation

APPENDIX C: BADISA WELLINGTON PERMISISON



Private Bag X 17, Bellville 7535, South Africa
Email: 3154015@myuwc.ac.za

REQUEST FOR PERMISSION TO ACCESS CLIENT SYSTEM FOR POSSIBLE PARTICIPANTS IN RESEARCH STUDY STUDENT: ZANELLE FRANS STUDENT NUMBER 3154015

I am a registered social worker and employed at your organisation. I am also a postgraduate student at the University of the Western Cape completing a Master's degree in social work. My research project focuses on exploring and describing the effects of parental substance abuse on perceived family-well-being in a selected rural area in the Western Cape Province. This topic is a significant issue of concern in the area. This study has been ethically cleared and scientifically approved for data collection by the university. To embark on data collection I am requesting access to the client system data base for appropriate sampling for my study. This information will be managed in a strictly confidential manner with access only by me and my study supervisor and co-supervisor. Please see below for their details. This study will greatly contribute to the assessment and intervention with parents who are struggling with alcohol abuse within our area of service. I will be conducting individual interviews with those clients who have been identified as being suitable for the study.

To assist you in reaching a decision, I have attached a copy of my dissertation proposal which includes the information letter and consent forms to be used in the research process, as well as a copy of the Ethics Approval letter which I received from the university's Senate Higher Degrees Committee, HSSREC.

If you have any further questions about the study please do not hesitate to contact:
Dr Glynnis Dykes – Supervisor // Mrs Shernaz Carelse co-supervisor
Department of Social Work, University of the Western Cape
Tel: 021 9592851 // Email: gdykes@uwc.ac.za

If you agree, kindly sign below and I will either collect at the organisation or if possible to be emailed to me with the organisation's stamp / logo acknowledging your permission for me to access the relevant information as requested.

Thank you for your time and consideration in this matter.

Yours sincerely

Mrs Zanelle Frans MSW student, UWC

Approved by:

BENNIE CORNELISSEN
Print your name and title here


Signature

6.11.2017
Date

APPENDIX D: ACVV HEAD OFFICE PERMISSION

ACVV Hoofkantoor / Head Office
 ACVV-Sentrum/Centre, Caledonstraat 61/ 61 Caledon Street
 Posbus / P O Box 3834, Kaapstad /Cape Town, 8000
 Tel : (021) 4617437, 461 1109
 Faks/Fax : (021) 4610074
 Epos/email: headoffice@acvv.org.za
www.acvv.org.za



002 834 NPO
 930004921 PBO

TO WHOM IT MAY CONCERN

Permission has been granted to **MRS ZANELLE FRANS** (student number: 3154015), a registered student for a M-degree in Social Work at the Department of Social Work, University of the Western Cape (UWC), to include ACVV social workers and/or social work managers (supervisors) in the Cape Winelands area in her research studies. The focus of the research topic is *Exploring the effects of parental substance abuse on perceived family well-being in a selected rural area in the Western Cape Province.*

The undersigned will supply the student with a list of ACVV social work offices in the Cape Winelands area of the Western Cape. The said student is required to inform ACVV Head Office of the date on which the study is to commence and which ACVV branches and/or social workers/social work managers will be included in the study.

Interviews and focus group interviews with selected social workers will take place, as well as case studies with selected service users older than 18 years old. Participation by individual ACVV social workers is voluntary. The student is responsible for the necessary consent by participants. Should there be any queries participants can contact the student's supervisor, Dr G Dykes or Mrs S Carelse at Ph: 021 9592851 or Email: gdynes@uwc.ac.za.

According to ACVV Policy it is required of the student to supply the ACVV Head Office with a copy of the research findings on completion of the study.

Kind regards

NICOLETTE VAN DER WALT
 ACVV National Manager: Child Protection

2017-08-23

*ACVV lewer maatskaplike dienste aan kwesbare kinders, gesinne, vroue en ouer persone/
 ACVV renders social services to vulnerable children, families, women and older persons*

• SAAM IN DIENS VAN DIE GEMEENSAP • TOGETHER IN SERVICE OF THE COMMUNITY •
 •SIKUNYE KWIINKONZO ZOLUNTU • RE MMOGO MO DITIRELONG TSA LOAGO •

APPENDIX E: FARM OWNERS PERMISSION



Private Bag X 17, Bellville 7535, South Africa

Email: 3154015@myuwc.ac.za

REQUEST FOR PERMISSION TO ACCESS RESEARCH PARTICIPANTS ON YOUR FARM

STUDENT: ZANELLE FRANS STUDENT NUMBER 3154015

I am a registered social worker and employed at Badisa Wellington. I am also a postgraduate student at the University of the Western Cape completing a Master's degree in social work. My research project focuses on exploring and describing the effects of parental substance abuse on perceived family-well-being in a selected rural area in the Western Cape Province. This topic is a significant issue of concern in the area. This study has been ethically cleared and scientifically approved for data collection by the university. To embark on data collection I am requesting access to your farm so that I can make contact with the participants in order to commence and complete my data collection. Their information will be managed in a strictly confidential manner with access only by me and my study supervisor and co-supervisor. Please see below for their details. This study will greatly contribute to the professional assessment and intervention with parents who are struggling with alcohol abuse within our area of service. I will be conducting individual interviews with those clients who have been identified as being suitable for the study. This will take approximately 60 minutes.

To assist you in reaching a decision, I have provided you with a copy of my dissertation proposal which includes the information letter and consent forms to be used in the research process, as well as a copy of the Ethics Approval letter which I received from the university's Senate Higher Degrees Committee, HSSREC.

If you have any further questions about the study please do not hesitate to contact:

Dr Glynnis Dykes – Supervisor // Mrs Shernaaz Carelse co-supervisor
Department of Social Work, University of the Western Cape
Tel: 021 9592851 // Email: gdykes@uwc.ac.za

If you agree, kindly sign below and I will either collect at your farm or if possible to be emailed to me acknowledging your permission for me to access your farm and to conduct the interview if necessary.

Thank you for your time and consideration in this matter.

Yours sincerely

Mrs Zanelle Frans MSW student, UWC

Approved by:

D. Feyn
Print your name and title here

[Signature]
Signature

14.02.2018
Date

APPENDIX E: FARM OWNERS PERMISSION (CONTINUED)



Private Bag X 17, Bellville 7535, South Africa

Email: 3154015@myuwc.ac.za

REQUEST FOR PERMISSION TO ACCESS RESEARCH PARTICIPANTS ON YOUR FARM

STUDENT: ZANELLE FRANS STUDENT NUMBER 3154015

I am a registered social worker and employed at [naming the organisation]. I am also a postgraduate student at the University of the Western Cape completing a Master's degree in social work. My research project focuses on exploring and describing the effects of parental substance abuse on perceived family-well-being in a selected rural area in the Western Cape Province. This topic is a significant issue of concern in the area. This study has been ethically cleared and scientifically approved for data collection by the university. To embark on data collection I am requesting access to your farm so that I can make contact with the participants in order to commence and complete my data collection. Their information will be managed in a strictly confidential manner with access only by me and my study supervisor and co-supervisor. Please see below for their details. This study will greatly contribute to the professional assessment and intervention with parents who are struggling with alcohol abuse within our area of service. I will be conducting individual interviews with those clients who have been identified as being suitable for the study and it will take approximately 60 minutes.

To assist you in reaching a decision, I have provided you with a copy of my dissertation proposal which includes the information letter and consent forms to be used in the research process, as well as a copy of the Ethics Approval letter which was received from the university's Senate Higher Degrees Committee, HSSREC.

WESTERN CAPE

If you have any further questions about the study please do not hesitate to contact:
Dr Glynnis Dykes – Supervisor // Mrs Shernaaz Carelse co-supervisor
Department of Social Work, University of the Western Cape
Tel: 021 9592851 // Email: gdykes@uwc.ac.za

If you agree, kindly sign below and I will either collect at your farm or if possible to be emailed to me acknowledging your permission for me to access your farm and to conduct the interview if necessary.

Thank you for your time and consideration in this matter.

Yours sincerely

Mrs Zanelle Frans MSW student, UWC

Approved by:

A. Maldon

Print your name and title here

Signature

13.03.18

Date



APPENDIX F: INFORMATION SHEET (ENGLISH)

Private Bag X 17, Bellville 7535, South Africa

Email: 3154015@myuwc.ac.za

INFORMATION SHEET - PARENTS

Project Title: Exploring the effects of parental substance abuse on perceived family well-being in a selected rural area in the Western Cape Province

What is this study about?

The research project will be conducted by Zanelle Frans a Masters' social work student at the University of the Western Cape. We are inviting you to participate in this research project because you have been identified to fit as a relevant information source on the topic of parental substance abuse. The purpose of this research project is to gain an understanding of this topic by asking you about your experiences of parental substance abuse and the effects on your family life in a selected rural area in the Western Cape Province. The study will help to create knowledge on this topic that can be used when planning and implementing appropriate interventions or policies.

What will I be asked to do if I agree to participate?

The researcher will conduct at least a 1 hour interview with you on the topic. The interview can take place at the office of the NPO where the researcher is employed for security and privacy purposes. You will be asked to answer a few questions from your own experiences or perspective. There are no right or wrong answers; we just want your views on the topic. The interview will be audio-recorded only so that we do not lose all that you have discussed.

Would my participation in this study be kept confidential?

Information will be handled in a professional and confidential manner. The information obtained in the audio recording will be stored securely. Information will only be accessible to the researcher and supervisor of this study, and you if you want to see it. Your names or identifying details will not be used; we will only use identification codes, such as male or female. All information will be stored on a computer and will be password protected. When writing up a report, your identity will be protected at all times.

There are however limits of confidentiality which is in accordance with legal requirements and professional standards, where information must be made available to appropriate individuals and/or authorities for example, when it comes to information about child abuse or neglect or potential harm to you or others.

What are the risks of this research?

There may be not be physical risks but some risks can include discomfort, emotional distress, or embarrassment during our discussion. However arrangements will be made should you need debriefing by seeing a counsellor which has been arranged for this purpose.

What are the benefits of this research?

The benefits to you may include a deeper understanding on the given topic specifically in your area. The research study will also help produce information on the effects of parental substance abuse on the well-being of families in the selected rural area in the Western Cape. The information from the study can also be used to help plan and implement appropriate services in the area as well as inform policies.

Do I have to be in this research and may I stop participating at any time?

Participation in the research is completely voluntary. This means that no one can force you and you can decide if you want to take part in the study. If you take part in the study and wish not to continue anymore, you may stop participating at any time. You will not be penalized.

Is any assistance available if I am negatively affected by participating in this study?

If you experience emotional distress during or after participating in the study, you will be referred to a counsellor for counselling if you feel the need for it.

What if I have questions?

This research study will be conducted by Zanelle Frans of the Social Work Department at the University of the Western Cape. Should you have further questions about the research study itself contact Zanelle Frans at: 021 8734274 or email at 3154015@myuwc.ac.za. If you have any questions regarding this research study or your rights as a participant or want to report any problems please contact:

Dr Glynnis Dykes
 Department of Social Work
 Faculty of Community and Health Sciences
 University of the Western Cape
 Tel: 021 9592851
 Email: gdykes@uwc.ac.za

Professor Rina Swart
 Acting Dean of the Faculty of Community and Health Sciences
 University of the Western Cape
 Tel: 021 959 2631/2746
 Email: rswart@uwc.ac.za

APPENDIX G: INFORMATION SHEET (AFRIKAANS)



UNIVERSITEIT VAN WES-KAAPLAND

Privaat Sak X 17, Bellville 7535, Suid Afrika

Tel: 0218734274

E-pos: 3154015@myuwc.ac.za

DEELNEMER INLIGTINGSBRIEF – OUER

Titel van navorsingsprojek: Eksplorering van die effekte van ouerlike middelmisbruik op waargenome familie welstand in 'n geselekteerde landelike gebied in die Wes-Kaap Provinsie.

1. Inleiding

Ons nooi u uit om deel te neem aan hierdie navorsingsprojek, aangesien u geïdentifiseer is as toepaslike inligtingsbron oor die onderwerp. Die rede vir die studie sal verduidelik word en wat dit behels vir die deelnemers. Lees asseblief die inligting en raak vertrouwd met die studie. Die navorsingstudie sal deur Zanelle Frans wat haar Meesters graad in Maatskaplike Werk studeer aan die Universiteit van die Wes-Kaap.

2. Wat is hierdie studie oor?

Die studie fokus is op die effekte van ouerlike middelmisbruik op gesinswelstand in 'n geselekteerde landelike gebied in die Wes-Kaap Provinsie. Die doel van hierdie navorsingsprojek is om hierdie onderwerp te verstaan deur u te vra oor u ervarings van ouerlike middelmisbruik en die effekte op u gesinslewe in 'n geselekteerde landelike gebied in die Wes-Kaap Provinsie. Die studie sal help om kennis oor hierdie onderwerp te skep wat gebruik kan word by die beplanning en implementering van toepaslike intervensies of beleide.

Hierdie studie sluit in die sienings van ouers wat middelmisbruik, familieledede waar daar ouerlike middelmisbruik voorkom sowel as maatskaplike werkers wat dienste lewer aan families waar middelmisbruik voorkom in die geselekteerde landelike gebied.

3. Wat sal ek gevra word om te doen as ek instem om deel te neem?

Die navorser sal ten minste 'n 1 uur-onderhoud met u oor die onderwerp voer. Die onderhoud kan plaasvind by 'n lokaal van die kantoor van die Nie Winsgewende Organisasie waar die navorser in diens is vir sekuriteit en privaatheid doeleindes. U sal gevra word om 'n paar vrae uit u eie ervarings of perspektief te beantwoord. Daar is geen regte of verkeerde antwoorde nie; ons wil net u mening oor die onderwerp hê. Die onderhoud sal met 'n klankopnemer geneem word sodat ons nie alles verloor wat u bespreek het nie.

4. Hoe sal jou deelname aan hierdie studie vertroulik gehou word ?

Inligting sal op 'n professionele en vertroulike wyse hanteer word. Die inligting wat in die klankopname verkry word, sal veilig gestoor word. Inligting sal slegs toeganklik wees vir die navorser en toesighouer van hierdie studie, en u as u dit wil sien. U naam of identifikasie besonderhede sal nie gebruik word nie; ons gebruik slegs identifikasiekodes, soos manlik of vroulik. Alle inligting sal op 'n rekenaar gestoor word en sal wagwoord beskerm wees. Wanneer die finale verslag opstel word, sal u identiteit ten alle tye beskerm word.

Daar is egter beperkinge op vertroulikheid wat in ooreenstemming is met wetlike vereistes en professionele standaarde, waar inligting byvoorbeeld aan toepaslike individue en/of owerhede beskikbaar gestel moet word, met betrekking tot kindermishandeling of verwaarlosing of potensiële skade aan jou of andere.

5. Wat is die risiko's van hierdie navorsing ?

Daar is geen fisiese risiko's betrokke nie, maar sommige ander risiko's mag insluit ongemaklikheid, emosioneel word wanneer u praat oor gebeurtenisse of gevoelens van verleentheid tydens ons bespreking. Daar sal egter reëlins getref word indien jy verdere ondersteuning nodig het deur 'n berader wat vir hierdie doel gereël is te sien.

6. Wat is die voordele van hierdie navorsing?

Die voordele vir u kan insluit dieper begrip oor die gegewe onderwerp spesifiek in u area. Die navorsingstudie sal ook help om inligting te verskaf oor die effekte van ouerlike middelmisbruik op familiewelstand in die geselekteerde landelike gebied in die Wes-Kaap. Die inligting van die studie kan ook gebruik word om gepaste dienste in die area te help beplan en te implementeer, sowel as help met beleid forming.

7. Moet ek in hierdie navorsing wees en mag ek op enige stadium ophou deelneem?

Deelname aan die navorsing is heeltemal vrywillig. Dit beteken dat niemand u kan dwing nie en dat u kan besluit of u deel wil neem aan die studie. As u deelneem aan die studie en nie meer wil voortgaan nie, kan u op enige stadium ophou met u deelname. U sal nie gepenaliseer word nie.

8. Is daar enige hulp beskikbaar as ek negatief geraak word deur deelname aan hierdie studie?

As u emosioneel word of ander ongemaklike gevoelens ervaar tydens of na deelname van die studie, sal u vir berading verwys word as u 'n behoefte het daarvoor.

9. Wat as ek vrae het?

Hierdie navorsingstudie sal deur Zanelle Frans van die Departement van Maatskaplike Werk aan die Universiteit van die Wes-Kaap gedoen word. Indien u nog verdere vrae oor die

navorsingstudie self het, kontak Zanelle Frans op: 021 8734274 of epos na 3154015@myuwc.ac.za. As u enige vrae het oor hierdie navorsingsstudie of u regte as deelnemer of wil enige probleme rapporteer, kontak asseblief:

Dr Glynnis Dykes
Departement van Maatskaplike Werk
Fakulteit van Gemeenskaplike en Gesondheids weetskappe
Universiteit van Wes-Kaap
Tel: 021 9592851
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Professor Rina Swart

Waarnemende Dekaan: Fakulteit van Gemeenskaplike en Gesondheids weetskappe
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UNIVERSITY *of the*
WESTERN CAPE



APPENDIX H: CONSENT FORM (ENGLISH)

Private Bag X 17, Bellville 7535, South Africa

Email: 3154015@myuwc.ac.za

PARTICIPANT CONSENT FORM

Project Title: Exploring the effects of parental substance abuse on perceived family well-being in a selected rural area in the Western Cape Province

The research project focuses on exploring and describing the effects of parental substance abuse on family-well-being in a selected rural area in the Western Cape Province. The research study has been explained to me in a language that I understand and I agree to participate voluntarily and freely. I understand everything in the information sheet and my questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

Participant's name.....

Participant's signature.....

Witness.....

Date.....

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Dr Glynnis Dykes
 Supervisor
 Department
 Social Work
 Faculty of Community and Health Sciences
 University of the Western Cape
 Tel: 021 9592851
 Email: gdykes@uwc.ac.za

APPENDIX I: CONSENT FORM (AFRIKAANS)



UNIVERSITEIT VAN WES-KAAPLAND

Privaat Sak X 17, Bellville 7535, Suid Afrika

Tel: 0218734274

E-pos: 3154015@myuwc.ac.za

TOESTEMMING BRIEF

Titel van navorsingsstudie: Eksplorering van die effekte van ouerlike middelmisbruik op waargenome familie welstand in 'n geselekteerde landelike gebied in die Wes-Kaap Provinsie.

Die navorsingstudie is aan my verduidelik in 'n taal wat ek verstaan en ek stem saam om vrywillig deel te neem. Ek verstaan alles in die inligtingsblad en my vrae oor die studie is beantwoord. Ek verstaan dat my identiteit nie openbaar gemaak sal word nie en dat ek enige tyd van die studie mag verlaat sonder om 'n rede te gee en dit sal my op geen manier negatief beïnvloed nie.

UNIVERSITY of the
WESTERN CAPE

Deelnemer se naam

Deelnemer se handtekening.....

Datum.....

APPENDIX J: INTERVIEW SCHEDULE (ENGLISH)

INTERVIEW SCHEDULE FOR KNOWN SUBSTANCE ABUSING PARENTS

The interview schedule is to address the following research question: What are the effects of parental substance abuse on family well-being in the selected rural area?

The specific objective is to explore and describe the perceptions and experiences of substance abusing parents of the effects of their substance abuse on the family's well-being.

BIOGRAPHICAL INFORMATION

Gender:	
Age:	
Education:	
Racial group (Statistical purposes only):	
Home language:	
Employment:	
Years living on farm:	

Questions

The following are possible questions that the researcher will use with the known substance abusing parents. The focus will be on broad question and themes, however the researcher will probe for more in-depth information.

- Can you tell me more about yourself? Where you work, your family background, where you grew up, how you were raised. (Problem free talk)
- What are some of the things that people do on the farm over the weekends?
- What services have been delivered by the involved welfare organisation? (if applicable).
- What do you understand by substance abuse?
- How long have you been drinking? (explore how often do they drink, reasons for substance abuse, initial time using drugs/alcohol)
- In what ways do you see yourself as having or not having an alcohol problem?
- What are the ways in which you think alcohol has changed you?
- What are some of the reasons why you drink alcohol?

Theme: Relationships

- Since your alcohol use, how has this influenced your relationship with your parents, children, husband, wife or any other family member?
- When are the times when you use alcohol and with who? Where are the significant others at this time?
- When you are under the influence, do you experience disagreements or arguments with your family?
- Describe any arguments or conflict with a family member under the influence of substances that may have resulted in violence?

Theme: Family engagement and attentiveness

- How regularly do you spend quality time with your family?
- What are the things that you do together with your family?
- What do you do to help the children with homework or attend school meetings?
- What type of activities do you do on weekends?
- What do you do as a family on special days (birthdays, Christmas)?

Theme: Communication

- How does the family usually communicate with one another?
- How do you usually resolve conflict?

Theme: Rules/ discipline:

- What are some of your family rules?
- How do you discipline children?
- When you drink how do you ensure the rules are followed?

Theme: Roles:

- What is your role in your family?
- In what ways has alcohol ever influenced you fulfilling your roles?

Theme: Financial aspects:

- What ways does alcohol impact on your finances?
- In what ways have your family struggled financially due to your substance abuse?

Theme: Health and behaviour

- How has your health suffered as a result of your alcohol abuse?
- In what ways have alcohol abuse influenced your behaviour, choices and what were the consequences?



APPENDIX K: INTERVIEW SCHEDULE (AFRIKAANS)

ONDERHOUD SKEDULE VIR OUERS WAT MIDDELSMISBRUIK

Die onderhoud skedule is om die volgende navorsingsvraag aan te spreek: Wat is die effekte van ouerlike middelmisbruik op familie welstand in die geselekteerde landelike gebied? Die spesifieke doelwit is om die persepsies en ervarings van ouer middelmisbruik te ondersoek en te beskryf en die effekte van hul middelmisbruik op die familie se welstand het.

BIOGRAFIESE INLIGTING:

Geslag:	
Ouderdom:	
Opvoeding/Kwalifiasie:	
Ras (Statistiese doeleindes):	
Huistaal:	
Werk:	
Aantal jare woonagtig op plaas:	

Vrae:

Die volgende is moontlike vrae wat die navorser sal gebruik met die ouers wat middelmisbruik. Die fokus sal wees op breë vrae en temas, maar die navorser sal ondersoek vir meer in-diepte inligting.

- Kan u my meer oor u self vertel? Waar u werk, u gesinsagtergrond, waar u grootgeword het, hoe u opgevoed was. (Probleemvrye praatjie)
- Wat is van die dinge wat mense oor die naweke op die plaas doen?
- Watter dienste is deur die betrokke welsynsorganisasie gelewer aan u? (Indien toepaslik).
- Wat verstaan u met middelmisbruik?
- Hoe lank gebruik u al alkohol? (Ondersoek hoe dikwels hulle alkohol misbruik, redes vir misbruik, en aanvanklike gebruik)
- Hoekom dink u, u het 'n alkohol/dwelm probleem?
- Hoe het alkohol u op enige manier al verander?
- Wat is sommige van die redes wvaarom u alkohol drink?

Tema: Verhoudings:

- Sedert u alkohol/dwelms misbruik, hoe het dit u verhouding met u ouers, kinders, man, vrou of enige ander familielid beïnvloed?
- Wanneer is die tye wanneer u alkohol gebruik en met wie? Waar is u gesinslede gedurende hierdie tyd?
- As u onder die invloed is, ervaar u soms meningsverskille of argumente met u gesin?
- Beskryf enige argumente of konflik met 'n familielid onder die invloed van alkohol wat dalk tot geweld gelei het?

Tema: Gesinsverband en aandag

- Hoe gereeld spandeer u kwaliteit tyd saam met u familie?
- Wat is die dinge wat u saam met u familie doen?
- Hoe help u die kinders met huiswerk of woon skool byeenkomste by?
- Watter tipe aktiwiteite doen u oor naweke?
- Wat doen u as 'n gesin op spesiale dae (verjaarsdae, Kersfees)?

Tema: Kommunikasie

- Hoe kommunikeer gesinslede gewoonlyke met mekaar?
- Hoe los u gewoonlik konflik op?

Tema: Reëls/dissipline:

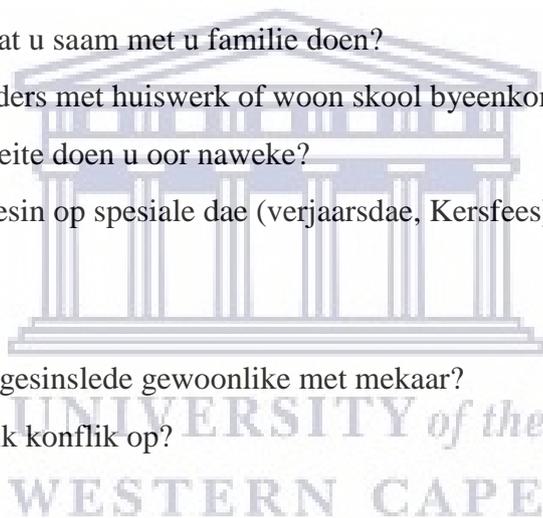
- Wat is sommige van u gesinsreëls?
- Hoe dissiplineer u kinders?
- Wanneer u alkohol drink, hoe verseker u dat die reëls gevolg word?

Tema: Rolle

- Wat is u rol in u familie?
- Hoe het alkohol / dwelms ooit u beïnvloed om u rolle te vervul?

Tema: Finansiële aspekte

- Hoe impak alkohol jou finansies?
- Hoe het u gesin finansiëel gesukkel weens u middelmisbruik?



Tema: Gesondheid en gedrag

- Hoe het alkohol jou gesondheid geaffekteer? .
- Hoe het alkohol jou gedrag, keuses beïnvloed en wat was die nagevolge?



APPENDIX L: TRANSCRIPTION EXAMPLE

Wie/who	Verbatim
Navorser	So dankie mevrou dat u bereid is om deel te neem aan die onderhoud en dankie dat u toe, uhm toesteming gegee het om deel te neem. Soos ek vir u verduidelik het uhm, dis n vertroulike onderhoud, u hoef nie bekommerd te wees oor u identiteit nie
Deelnemer	Uhm
Navorser	Die informasie sal nie gedeel word met die juffrou of wie hoekal nie
Deelnemer	Uhm
Navorser	Dit bly tussen ons twee. So kan uh..., u my net so n bietjie meer vetel oor u self? Waar het u groot geword? Met wie het u groot geword? Uhm, u agtergrond.
Deelnemer	Ek het eindelijk baie swaar groot geraak.
Navorser	Uh.
Deelnemer	Baie swaar. Uit die swaargyd het ek eers by my familie gebly in Egotie in. Ek en my broer en die stiefma wat ons onderhou het, sy't ons n bietjie sleg behandel, haar naam was Ant *Bettie Brood. Sy't my pa oek net so seer gemaak en ons het die goedte gesien, en daar het ons beginner hard geword it. Ek en my broer. Ons begine, begine steel, want ons het gevoel daar is nie meer liefde nie. Van my stiefma af het ek afgegaan na my pa se dogter toe. Haar naam was *Koekster gewies en sy's bekeer. Sy't oek nie vir my reg behandel nie. Ek het pleeg geld gekry, maar ek het nooit my pleeg geld gesien nie. Sy't n groot dogter gehad, haar dogter se naam was *Vernie, Vernie Brood. Ons het saam skool geloop, smadag's uit die skool uit kom, dan iet ek brood en jam dan iet sy miskien kaas en polony en brood en dit gaan net als gerieflik by haar kant,

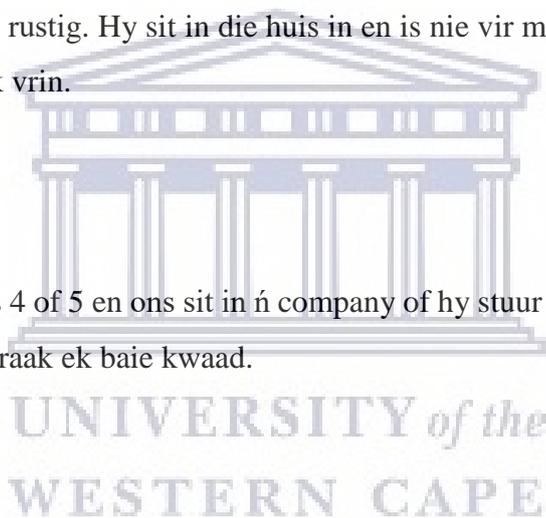
	ek moet altyd net, uh, uh...hoe kan ek nou sê, hulle het my altyd mis...gebruik of misbruik as hulle vuil werke doen.
Navorsers	Uh.
Deelnemers	<p>En daar het ek begine agter kom maar hulle maak my seer en ek het nooit klere of nuwe skoene van my eie familie af gekry nie. Ek het klere en skoene by ander mense, ek het n paar lap skoentjies eendag gehad, wat sy vir my heel eerste gekoop het, sulke bruin lap skoentjies. Daam met daai skoentjies het ek skool toe gegaan, hulle het my op die skool gesit, maar het dit oek nie lekker gegaan nie. Van die skool af het ek beginne.... Beginner steel. Ek het uit daai huis yt het ek beginne steel, want ek het gesien ek kry pleeg geld, maar ek kry, ek sien nie wat sy doen met my eie geld nie. Toe beginner, beginne steel ek van haar en dit het nie goed gegaan nie en later van tyd, toe beginne magtelik my beginne slaan. Ek moet allie vuil werke gedoen it in die huis, dan gaan sy kerk toe en haar dogter is maar net net daar, maar dit het niks lekker af gegaan nie, later van tyd gaan ek so eenkant en ek sit self my 1 en 2 bymekaar, maar dit is nie lekker met my nie. Ek praat met niemand daaroor nie. Ek het net.....1 vrydag aand besef sy stuur my met n R200, toe vat ek daai R200 sonder om twee keer te dink, toe vat ek daai R200 van my suster af, toe neem ek dit, toe hardloop ek Paarl toe na my, na my mense toe. Hulle het so vir my kom haal, ek het gegaan, ek het terug gekom, gegaan, terug gekom. Later van tyd toe sê ek vir my self, maa ek gaan nie meer skool loep nie</p>
Navorsers	Ja
Deelnemers	<p>Ek gaan maar net beginner, net my goetjies aanvang, want ek sien hier is niemand van my familie wat vir my omgee nie en ha, van daai, ek kan nou nie sê hoeveel jare is daai nie, maar daai was nog in my pa se tyd, wat hy nog gelewe it. En wat hy sy oë beginner toe maak, toe gaan ek na my een broer toe, sy naam is *David Brood en ek sê vir hom, boeta dit is nie lekker hier nie, ek gaan my nou n cause kry, wat ek kan wiet waar toe ek gaan. Toe kry ek n cause, toe kom ek van daai plek af, toe hardloop ek so weg na my broer toe. Hy het hier op *Moederplaas gebly sy naam is *Jon Brood wat vir *Marie Moos het, wat nou op *Koleplaas bly. Ek het soe weg gehardloop, soe</p>

	weg gehardloop, later van tyd toe, dan maak hulle die deur toe, later van tyd toe beginne praat ek my hart uit saam met hulle. Toe vra hulle vir my waar wil ek wies, toe se ek vi, vi *Marie Brood maar ek wilie daar wiesie, ek gaan anmekeer hardloop na Mev na na na my antie toe. Toe sê sy *Meisie dan gaan ek maar vi die boer werk vra dan kan djy maar werk. Maa, toe sê ek, maa ek het vir haar gesê altyd tannie. Toe sê tannie maa gan pas ek in by die werk. Toe sê sy *Meisie maa dit is nou lamoen tyd. D jy kan agte by die sakies staan, hulle het baie my om gegee, regtig.
Navorser	Uh
Deelnemer	*Jan en Marie Moos hulle wat op *koleplaas. Hulle het vir my baie om gegee.
Navorser	Waar was u ouers, u biologiese ouers?
Deelnemer	My voog ouers?
Navorser	Ja, u regte ma en pa.
Deelnemer	Hulle was al..., my eie bloed ma was al oorlede, toe kom haal my eie pa wat *Jo, *Jo Brood, toe kom haal hy ons weg uit die Paarl uit, toe kom ons nou Wellington toe. En dit het nie lekker gegaan nie, dit het rerig nie lekker gegaan nie. Van daai tyd af, toe kom ek soe plaas toe, plaas toe. Ontmoet ek nou n groterage man, sy naam is *Aiden Mark. Hy't kans gesien. Ek was nog in die kinder dae gewies.
Navorser	Hoe oud was u?
Deelnemer	Om die waarheid te sê, ek was seker daar rond 16, 17 jy sien.
Navorser	En hy?
Deelnemer	En hy was al hier in sy 50's. 50 daa gewies. Hy was al seker daar rond gewies. Maar om die waarheid te sê, ek het omtrent..., hy't vir my n bietjie groot gemaak sien u. Hy't vir my n bietjie groot kom maak en n bietjie wys kon gie, wat doen n mens in n

	<p>huis in. Want ek het mos niks geerken van n huis af wat hy vir my..., uit mos uit *Jon se huis uit vat om daar by hom te gaan bly. Dit het so gekom ek later van tyd uit getrek uit *Jon se huis uit toe gaan bly ek by hom, want ek sien hy was... hy het, hy's ernstig op my. Ek het dit ook so gevat hy, ek is ernstig op hom. En ek het my goetjies gevat en besluit ek gaan maar by hom bly en hyt my so af gebring dat ek nie meer... Hy't my so af gebring dat ekie kan verkeerde dinge doen nie. Hy't vir my op die einde van die dag mooi ge..., mooi die pad gewys, maar toe kom dit weer so laat ons.....sjoh! regtig.</p>
Navorser	Ek verstaan ja
Deelnemer	Verstaan u nou groots?
Navorser	Se gou vir my u het mos al die jare op n plaas groot geraak?
Deelnemer	Ja
Navorser	Hoe lank bly u nou op die plaas hier in die Wellington area?
Deelnemer	Hoe my sissie. Om die waarheid te sê ek kan nou rerig nie onthou nie.
Navorser	Hoe lank dink u?
Deelnemer	Dit is nou 2018 en hoe lank het... Wanneer het ek en *Aiden Mark by mekaar gekom? Dis am nou al regtig....
Navorser	Soos nou al jare al?
Deelnemer	Ja, dis am nou al jare al.
Navorser	Kan mevrou vir my sê wat is die goetjies wat die mense op die plase doen oor naweke? Wat sal hulle doen hie op die plase?

Deelnemer	Waar nou?
Navorsers	Hier in die area, daar waar u woon. Sê nou byvoorbeeld op *Milkyplaas....
Deelnemer	Uh
Navorsers	Wat doen die mense op naweke om te ontspan en, en te relax?
Deelnemer	Dis nou daar wat ek eindelijk bly?
Navorsers	Ja
Deelnemer	Nee ek en *Kortie is heel rustig in die huis in. Daar's nie 'n drinker nie, ons luister na mekaar, ons verstaan mekaar. As hy vir my iets vra dan beantwoord ek hom, as hy as hy vir my, as ek vir hom iets vra dan dan beantwoord ons. Soe nou is ons eindelijk baie close an mekaar
Navorsers	Kan u vir my 'n bietjie meer vertel wanneer het u begin drink?
Deelnemer	Die tyd wane, wat ek begin drink, toe's dit nou die tyd toe is ek op *Moederplaas.
Navorsers	Hoe oud was u omtrent?
Deelnemer	Ek was.....kamma sê.....30.
Navorsers	Uh
Deelnemer	Ja, 30 toe wat ek begin drink het ja.
Navorsers	Okay, hoe lank het u gedrink en hoe gereeld?
Deelnemer	Oeh, ek het soema gereeld gedrink, daar was kamma sê, ek kan nie gesê het daar's 'n naweek wat ek oorgeskep it geskep it nie, want ek het soema omtrent my kinders bang

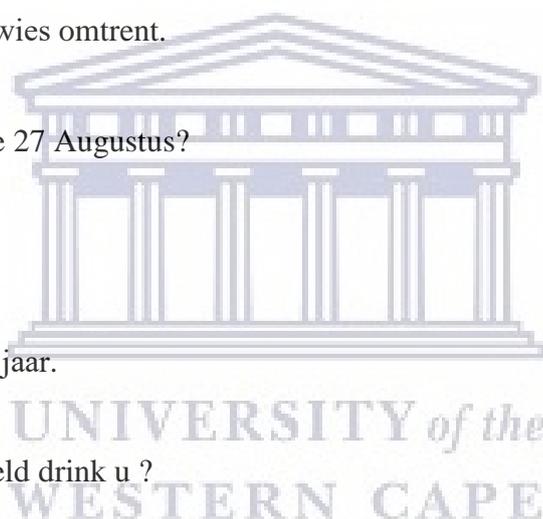
	gemaak as ek begine drink het. Dan sien hulle, “hoe my ma drink alweer, ons willie in die huis wiesie”, want as haai man nog gaan drink en ek kom huis toe, dan keer ek die hele huis om, nadat my eie *Aidan Mark niks gedoen it nie. Dan sien ek niks wat hy gedoen it nie, maar ek sien net n, n kwaadgyd om vir hom kwaad te kry.
Navorsers	Ja
Deelnemers	Dat hy nou vir my moet slat, want die drank se mos jy is die sterk een teen daai een wat nou nie n alkohol het nie,..
Navorsers	Ja.
Deelnemers Hy’ heel rustig. Hy sit in die huis in en is nie vir my laat roep en ek is miskien by n, by n drink vrin.
Navorsers	Ja
Deelnemers	Of by..,Os is 4 of 5 en ons sit in n company of hy stuur die kinders miskien om vir my te roep, dan raak ek baie kwaad.
Navorsers	Okay
Deelnemers	Dan skel ek die kinders, dan skel ek hulle weg van my af, “gaan sê vir jou pa ek is besig, ek gaan op staan wanneer ek klaar is, dan gaan ek kom luister”. Maar daai was verkeerd van my.
Navorsers	Maar hoe dink u het daai, het u drinker uh...,u verhouding met u man en u kinders beïnvloed?
Deelnemers	Is eindelijk ek self
Navorsers	Uh



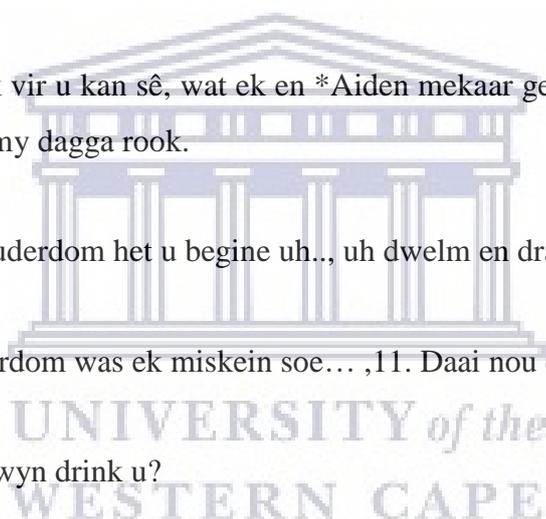
Deelnemer	Is ek self. Ek het dit eindelijk heeltemal veroorsaak, laat hy daai goetjies aan my doen.
Navorsers	Waste goed?
Deelnemer	Om te sê wat hy nou mos begine agter uit raak en wat ek begine uit stap.
Navorsers	Ja
Deelnemer	Voordat ek uit gestap it, het hy mos iets groots aan my gedoen en ek het nooit gepraat daaroor nie.
Navorsers	Wil mevrou nou miskien daaroor praat?
Deelnemer	Ek het nooit daaroor gepraat nie. Ek sal n stukkie praat daaroor omdat God het dit alles weg gevat van my, want ek sallie meer hartseer raak nie, ek sal.. dis hoekom ek moet dit uitkry. Ek het dit baie vir *Kortie vertel, waar het ek deur gekom saam met my getroude man. En dis hoekom, as julle my kan verstaan, kan julle my verstaan, maa niemand van julle verstaan my hoekom ek so kort af, kort af issie. Want is net een en is die Here. Die tyd het soe gekom liefde,.. Daai tyd toe drink ekie, toe begine, saans as ek uit die werk uit kom, dan raak ek al klaar kwaad. Ek kon uit die werk uit dan stress ek, want niemand het gewiet daaroor nie. Eke was bang, ek was bang. Hy, hy wasie n drinker nie, hy was net n roker. Hy wasie eers n dagga roker gewies nie, maar om die waarheid te sê, ek het dit verdien nie. Ek het dit nie verdien, ek het vi hom op die skinkbord gedra. Hy't gesien, my, self *Wayne, *Mandy. Tel nou nie vir *Marlie en vi die kleintjie by nie, maar hulle twee grootes wat dit gesien it, het gesien. Toe sê ek vir *Mandy en vir *Wayne , die tyd raak min vir my hierdie huis, want as ek saam met julle twee gaan sit, dan gaan julle sê, dit issie, dit kan nie waar wies dat my pa die goedges doen nie aan my ma nie. Ek sal nie onnodig uit gestap it nie. En ek sal ook nie... die goed met een vrou gedeel it nie, want dit was te swaar, dit was baie swaar....sjoh!, was swaar.
Navorsers	Mevrou, hoe het mev se geval bydie, bydie welsyn op geeindig?

Deelnemer	Opgeëindig?
Navorsers	Ja, hoe het die welsyn an betrokke geraak by mevrou se situasie?
Deelnemer	Om die waarheid te sê, is eindelijk *Aiden. Hy't vi my...
Navorsers	Die vorige man neh?
Deelnemer	Ja, *Aiden Mark wat nou onder die grond is. Hy; t vir my eindelijk oorgegee aan die welsyn omdat ek die goedtes gedoen het.
Navorsers	Watte goed?
Deelnemer	Aannie drink geraak it en ek het miskien nou nie, one twee was amper soes, ons willie bymekaar wiesie, omdat hy die goedtes doen, ons 2 stap uit die deur neh, hy gaan sit miskien by iemand ander daar dan gaan vertel hy sy, dan vertel hy nou, hy vertel nie sy regte storie nie. Dan kom ek miskien by, by suster *Amie wat op die plaas bly. Dan kom ek by haar, dan maak sy vir my 'n koppie koffie dan sien sy net my oë skiet vol trane.
Navorsers	Uh
Deelnemer	Dan vra sy vir my, en nou *Meisie?. Dan sê ek nee Aunt sussie. Daa's iets op my hart wat baie seer is. Maar dan vat sy vir my kamer toe dan gaan deel ek dit met haar. Is sy dit kla, is ek kla gedeel it, dan bid sy vir my. Na daai bid voel ek wee reg, maar so dra ek van ha af gestap het huis toe, om iets gaan reg maak, dan's it heel anderste.
Navorsers	Wat verstaan mevrou onder alkohol en dwelm misbruik? Wat verstaan mevrou? Hoe verstaan u dit?
Deelnemer	Om die waarheid vir u te sê, drank...
Navorsers	Uh.

Deelnemer	Drank, dit pasie by my nie, eerlik. Ek is deur mekaar... Ek is baie deur mekaar
Navorser	U sê hoe lank drink u nou al?
Deelnemer	Ek dink nou seker joh.. Om die waarheid te sê vandat ek nou sieker uit *Moederplaas daar uit is. Dink ek nou reg deur is maar nou kort wat ek gestop it.
Navorser	Soe hoelank sal u sê is dit?
Deelnemer	Hoe lank is *Aidan Mark nou onder die grond?
Navorser	Kan 'n jaar wies omtrent.
Deelnemer	Hy's nou die 27 Augustus?
Navorser	Okay
Deelnemer	Is hy nou 'n jaar.
Navorser	So hoe gereeld drink u ?
Deelnemer	Is drink ge..., is ek sê an nou, hoekal nou net is nou van laas week af wat ek begine stop het. Want ek soek 'n verander nou in my lewe.
Navorser	Het mevrou al voorheen al gestop al?
Deelnemer	Voorheen?
Navorser	Ja
Deelnemer	Ha ah.



Navorser	Okay.
Deelnemer	Ha ah.
Navorser	So hoekom, hoekom...Wat is die redes hoekom mevrou alkohol drink?
Deelnemer	Is seker maar om vir die mense te wys ek is oek gelukkig, maar daar is nie 'n gelukkigheid in my nie. Dis hoekom ek drink van ek vat dit so die drank gaan nou die gelukkigheid, sien u nou? Die drank gaan nou die gelukkig in my lewe in plaas maar, tog is daar drank uit trek dan's ek tog maar net....,verstaan u nou?
Navorser	Uh.
Deelnemer	Maar wat ek vir u kan sê, wat ek en *Aiden mekaar gevat het, toe het ek al reeds, hy kom kry vi my dagga rook.
Navorser	Op watter ouderdom het u begine uh..., uh dwelm en drank begine gebruik?
Deelnemer	Op my ouderdom was ek miskein soe... ,11. Daai nou die ouderdom.
Navorser	Wat se tipe wyn drink u?
Deelnemer	Ek drink bier.
Navorser	Bier?
Deelnemer	Castle, uh...,black label ja
Navorser	En uhm vlessies?
Deelnemer	Ha ah.
Navorser	Niks van daai nie? En... pap sak?



Deelnemer	Ha ah my skat.
Navorsers	Okay
Deelnemer	Is net bier wat ek drink.
Navorsers	U noem dat u nou onlangs 'n besluit geneem het,...
Deelnemer	Ja.
Navorsers	Om 'n bietjie sober te wees.
Deelnemer	Uh.
Navorsers	Dink u dat u het 'n drank probleem?
Deelnemer	Om die waarheid te sê, ek het seker maar 'n drank problem, want as dit Vrydag's gekom het, dan kry ek lis vir drank (<i>kinders raas in die agtergrond</i>). Dan kom daai lus ryk, daai bier ryk, dan kom dit in my neus gaaie in.
Navorsers	Nou hoe maak u nou, om, om, om nee te sê? Om nie die drank te vat nie, as die lis kan?
Deelnemer	Soe om die waarheid te sê daar's mos nou niemand, daar by ons in die huis in wat drink nie. Daa's niemand nie. Om nou te sê is dit nou net... is dit nou net die dagga wat ek bepaal is.
Navorsers	Okay. Soe u rook nog dagga?
Deelnemer	Ja
Navorsers	Hoe lank rook u nou al dagga?

Deelnemer	Om die waarheid te sê. ek rook nou baie lank dagga.
Navorsers	Okay
Deelnemer	Bitter lank. Eerlike waarheid.
Navorsers	Jare al? Vanaf u jonk dae?
Deelnemer	Vanaf die Paarl dae uit af.
Navorsers	Okay. Hoe gereeld rook u dagga?
Deelnemer	Hoe, ek kan nie sê nie. As ek nou miskien nou nie vandag het nie, dan worry ek nie vir die dag nie. Soos giste, ek dagga gehad. Ek het nou, hoeveel stoppies gehad? Soe een of twee. Een oggend na middag maak ek een en, kan maar sê drie keer op 'n dag.
Navorsers	Rook u alleen?
Deelnemer	Ja. Soms tyd rook ek nie alleen nie. Soms tyd is daar 'n maaitjie by my dan rook ons twee saam.
Navorsers	Rook u slowboats?
Deelnemer	Slow.
Navorsers	Uh.
Deelnemer	Ek roek die pil ek roekie pyp nie.
Navorsers	Okay.
Deelnemer	Ja.

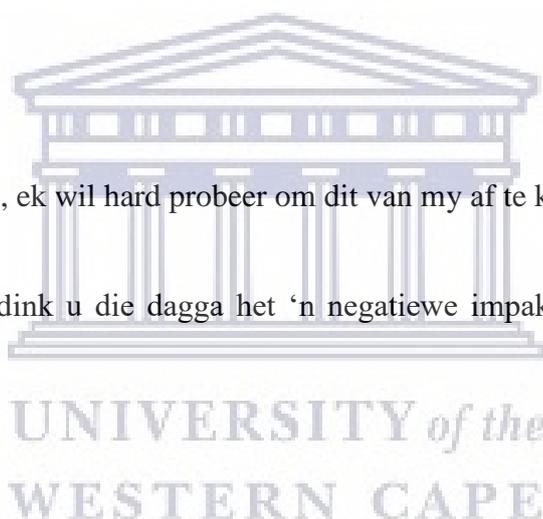
Navorser	Uhm...sout u hom?
Deelnemer	Ja, met twak, bokster of BB.
Navorser	Gebruik u mandrax daar by?
Deelnemer	Ha ah.
Navorser	Buttons?
Deelnemer	Ha ah.
Navorser	Skoon net met die sigaret
Deelnemer	Ja net met die soute
Navorser	Okay.
Deelnemer	Eerlike waarheid.
Navorser	Okay, nee dis reg ons is mos eerlik met mekaar hieso. Uhm..soe hoe laat die, hoe beïnvloed die, die, die dagga dan vir u?
Deelnemer	Oeh, die dagga bepaal vir my, ek is heel rustig, ek worry nie van mense af nie. Dit lyk ampe die dagga hou vir jou weg van mense af.
Navorser	Okay
Deelnemer	Hulle, hy hou vir jou heel rustig, maar as dit by drank kom, die drank laat jou mos, mens tot mens toe loop.
Navorser	Okay, ja ek verstaan ja.



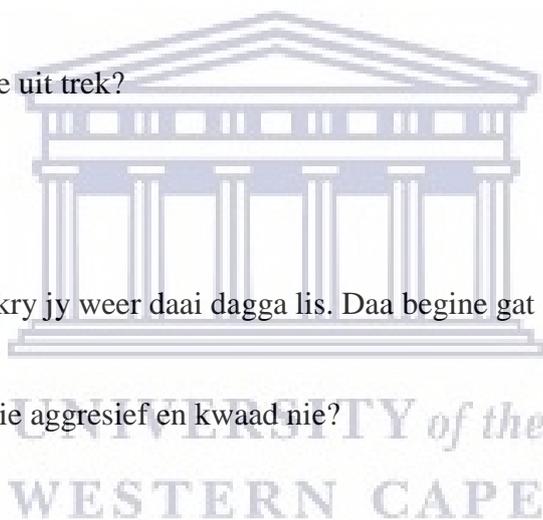
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Deelnemer	Ja. Hy, hy bring eindelijk jou vrine bymekaar.
Navorser	Ja.
Deelnemer	Die drank bring vir jou vrinne bymekaar, maar die dagga laat jou nie vrinne bymekaar bringie.
Navorser	Okay. Soe, soe wat, as u nou dink, hoekom, hoekom rook u dagga en hoekom drink u? U sê mos nou u drink nie meer nie, maa wat is die rede hoekom u nou dagga nog altyd rook?
Deelnemer	Dagga rook. Om die waarheid te sê dit hou vi my eindelijk 'n bietjie terug van vrindskap af.
Navorser	Ja
Deelnemer	Van vrinne af en ek worry nie oor mense nie. Ek doen my goedges wat ek moet doen en om die waarheid te sê ek is net, ek... dagga laat jou eindelijk net huis werke doen. Hy kry vir jou, hy laat vir jou eindelijk lis kry vir alles, vir buite werk en in die huis in werk, heel rustig.
Navorser	Uh, ek verstaan.
Deelnemer	Dis hoekom ek is altyd, ek rook net... ek is eerlik.
Navorser	Uh, dink u dat u het 'n dagga probleem?
Deelnemer	Ek het 'n dagga probleem.
Navorser	Okay
Deelnemer	Maar ek het nie 'n drink probleem nie.

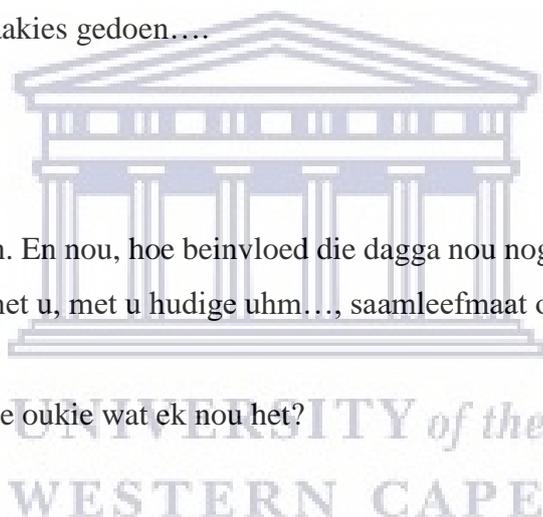
Navorser	Okay
Deelnemer	Eerlike waarheid.
Navorser	Kan u net ophou? As u nou vandag besluit om op te hou met dagga roek, sal u kan?
Deelnemer	Ek sal.
Navorser	Okay
Deelnemer	Ek sal.
Navorser	So gaan....
Deelnemer	Want dit wil, ek wil hard probeer om dit van my af te kry.
Navorser	Okay. Het, dink u die dagga het 'n negatiewe impak op u verhouding met, met u kinders?
Deelnemer	Ja
Navorser	Hoe soe?
Deelnemer	Om die waarheid te sê... sorry gou. Om die waarheid te sê, daai tyd wat ek en die kinders se pa bymekaar gewies het, *Aiden Mark
Navorser	Uh.
Deelnemer	Hulle was eindelijk, kamma sê hulle was gelukkig gewees. Ek moet net ganza geroek het, want ganza hou vir my rustig. Ganza hou vir my weg vanie verkeerde mense af. Ganza laat my net bly in die huis in, doen dit, doen daai, gee aandag op jou kinders, as hulle inkom, "mama ek is dit, mamma ek soek daai", mama is daar.



Navorsers	Soe....
Deelnemer	En sê hulle uit gaan dan is hulle altyd, “ hoe my ma is rustig, my ma lê in die huis”. Of die mense vra maar’s jou ma dan sê hulle nee my ma is in die huis my ma doen dit, my ma doen daai.
Navorsers	Maar wanneer die,die, die dagga nou begine uittrek...
Deelnemer	Uittrek?
Navorsers	Wat, wat se gevoelens het u, ervaar u?
Deelnemer	As dit begine uit trek?
Navorsers	Ja
Deelnemer	Dan begine kry jy weer daai dagga lis. Daa begine gat djy nou miskien gaan soek.
Navorsers	Soe raak u nie aggresief en kwaad nie?
Deelnemer	Ha ah.
Navorsers	Okay.
Deelnemer	Ha, ah, ha ah. Eerlike waarheid.
Navorsers	Soe...
Deelnemer	As ek nie het nie, dan het ekie. Ek maakie mee moei..., ‘n plan om te gaan vra of te gaan koop of te gat soek nie. As ek miskien nou ‘n geldtjie het, dan gat ek gaan koop.
Navorsers	Okay. Soe volgens die



Deelnemer	Soes een of twee stoppies.
Navorser	Uhm... die alkohol het vir u 'n bietjie aggresief gemaak en...
Deelnemer	Ja
Navorser	U hetie take in die huis voltooi nie, maar die dagga het vir u, maak vir u 'n bietjie rustig...
Deelnemer	Yes
Navorser	En u het u taakies gedoen....
Deelnemer	Yes
Navorser	in die huis in. En nou, hoe beïnvloed die dagga nou nog steeds die verhouding met die kinders en met u, met u huidige uhm..., saamleefmaat op die oukie?
Deelnemer	Saam met die oukie wat ek nou het?
Navorser	Ja.
Deelnemer	*Dippie Piet?
Navorser	Ja.
Deelnemer	Nee ons is eindelijk...
Navorser	Rook julle saam?
Deelnemer	Ja, om die waarheid te se ja.

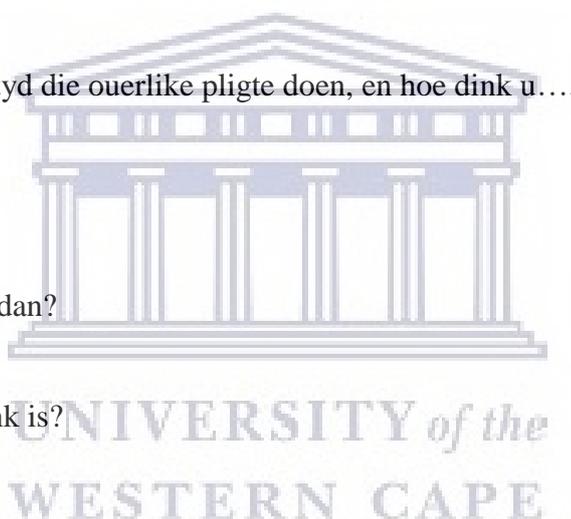


Navorser	Stry julle baie?
Deelnemer	Ha ah.
Navorser	Baklei?
Deelnemer	Ha ah.
Navorser	Hy drink nie?
Deelnemer	Ha ah.
Navorser	Okay. Soe, soe....
Deelnemer	Hy't oek gedrink. Hy't baie gedrink, maar wat ek terug kom toe sit ons twee oor een toe sê os is die drank of die dagga een van die twee.
Navorser	Ja
Deelnemer	Dis die, is die drink of die dagga, want die drink maak laat ons twee (<i>klap geluid</i>)
Navorser	Okay. Het, het mevrou al enige gestryery gehad al met, met u uhh.. oukie of, of met u vorige man, wanneer u onder die invloed miskien was of wanneer u te geroek was?
Deelnemer	Ha ah. Net met drank
Navorser	Met drank?
Deelnemer	Ja
Navorser	Wat, wat.....

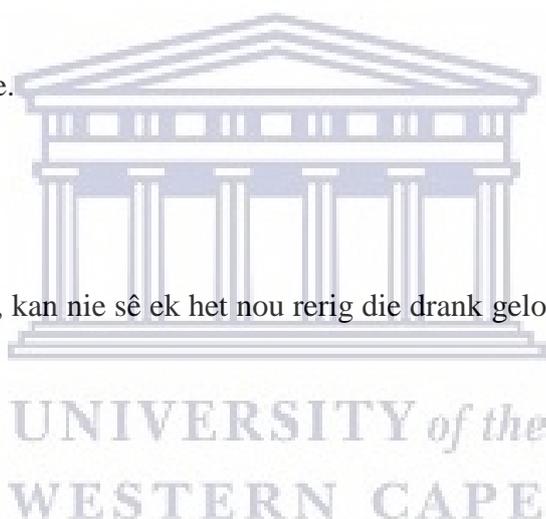
Deelnemer	Dan begine stry ons. Ons begine stry net oor iets wat nie rerig, sien. Dan kom ons, dan kom dit soe, dat ons soema by die baklei om draai.
Navorsers	Soe, dan baklei julle?
Deelnemer	Ja.
Navorsers	Okay.
Deelnemer	Dat, die drank is..oeh!
Navorsers	Dan waar's u kinders daai tyd?
Deelnemer	Ha ah, daai tyd is die kinders nie daar nie.
Navorsers	Okay.
Deelnemer	Dan is hulle nie daar nie.
Navorsers	Okay.
Deelnemer	Of, of ons stry, as hy wiet die kinders is naby miskien nou by ons. Dan daa, dan daarsie...dan's ek net kwaad. Hulle sien ek is kwaad, maar dan praat ek nie daar oor nie.
Navorsers	Maar het 'n gestryery en bakleierey al gebeur voor die kinders al?
Deelnemer	Yes, eelike waarheid.
Navorsers	Gereeld?
Deelnemer	Ha ah.



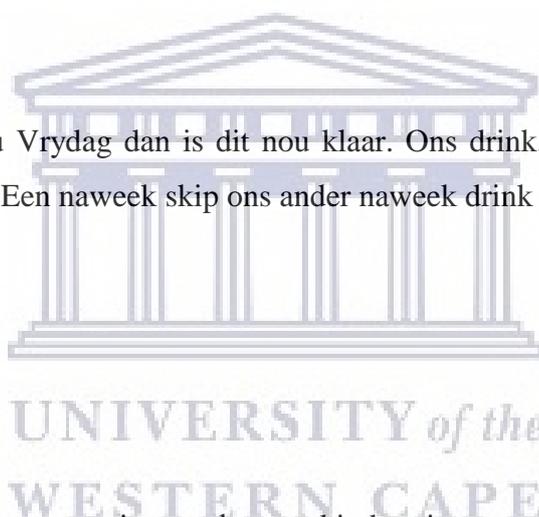
Navorser	Okay.
Deelnemer	Nie gereeld nie, maar net een keer om die waarheid te sê.
Navorser	Wat dink u is die invloed wanneer, wanneer mevrou nou soe gedrink het of gerook het op die kinders en nie verhouding met die kinders?
Deelnemer	Hoe bedoel u?
Navorser	As u nou miskien nou baie dronk was net... (<i>klok lui</i>)
Deelnemer	Uh, uh.
Navorser	Sal u nog altyd die ouerlike pligte doen, en hoe dink u....
Deelnemer	Ha ah
Navorser	Wat gebeur dan?
Deelnemer	As ek gedrink is?
Navorser	Ja
Deelnemer	Ha ah.
Navorser	Wat sal dan gebeur?
Deelnemer	Ek sal vir hulle sê, ek is nou begin om te drink. As julle nou vir my sê wat moet ek doen kan julle dit maar self doen, ek drink ek ganie opstaanie van my drank af nie.
Navorser	Ja.
Deelnemer	Ek ganie op stanie, maar as ek miskien nou dagga gerook it dan is daar altyd aandag.



Navorser	Okay.
Deelnemer	Daar's gereeld aandag.
Navorser	Uh.
Deelnemer	Maar by drank is daar niks aandag nie.
Navorser	Dink u, dink mevrou dat mevrou 'n goeie verhouding het met mevrou se kinders nou op die stadium?
Deelnemer	Ha ah Liefde.
Navorser	Hoe soe?
Deelnemer	Want ek het, kan nie sê ek het nou rerig die drank gelos nie, sien u. Want dit kom net skielik.
Navorser	Okay
Deelnemer	Dit kom net skielik.
Navorser	Soe...
Deelnemer	Eerlike waarheid.
Navorser	Soe wat u nou eindelijk vir my sê is u het maar nou kort besluit u moet nou die drank los?
Deelnemer	Ja.



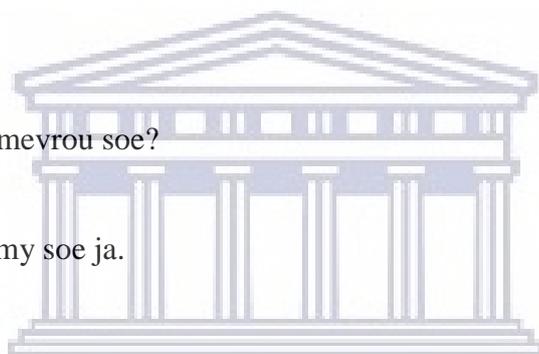
Navorser	Maar u besef dat u nog eintlik nog weer kan terug vat.
Deelnemer	Soe, yes soe een, soe een of twee biertjies.
Navorser	Okay, soe u geniet nog so 'n paar biere?
Deelnemer	Yes. Soos hierdie naweek het ons nou gedrink want dit was nou my verjaarsdag
Navorser	Okay
Deelnemer	Verstaan u?
Navorser	Okay
Deelnemer	En soos nou Vrydag dan is dit nou klaar. Ons drink, kamma sê ons drink nie elke naweek nie. Een naweek skip ons ander naweek drink ons.
Navorser	Ja.
Deelnemer	Soe.
Navorser	Okay. Kan mevrou vir my uhm...u kinders is mos nou nie by ons nie maar watse, watse tyd maak u nou vir u kinders?
Deelnemer	Watse tyd maak ek nog?
Navorser	Wanneer laas het u vir hulle gesien?
Deelnemer	Om die waarheid te sê, *Mandy was nou Sarag by my gewies. Sarag aand toe het sy hie onder ko slaap, daar was aandag vi haa gewies.
Navorser	Watse aandag?



Deelnemer	Daar was miskien nou aandag soes sy, “mamma ek is honger, mamma ek soek dit, mamma ek soek daai”, daar was gewies om vir haar te gie.
Navorsers	Maar het mevrou en sy miskien kwaliteit saam gespandeer?
Deelnemer	Ha ah.
Navorsers	Soos goetjies gedoen saam?
Deelnemer	Ha ah liefde.
Navorsers	Okay, dis wat ek wil wiet.
Deelnemer	Ha ah.
Navorsers	En u ander kinders, wanneer laas het u vir hulle gesien, die seun en die jonger meisie?
Deelnemer	Ooh, van dat hulle weg is van my af.
Navorsers	Okay.
Deelnemer	Eerlike waarheid.
Navorsers	Het u al miskien moeite gemaak om vir hulle te sien?
Deelnemer	Ha ah.
Navorsers	Nogie?
Deelnemer	Nogie
Navorsers	Wat is die rede hoekom mevrou nogie probeer kontak probeer maak het nie?



Deelnemer	Om die waarheid te sê, ek....., ek verlang vir hulle, maar *Mandy is nog my meisie, sien. Maar ek maak oekie moeite om haa vanaf te stap na haar toe, om by haar te gaan sit en en gesels, hoe voel ek, hoe voel ek oor die saakie en niksie.
Navorser	Okay
Deelnemer	Dit lyk amper te sê, ek bly weg van hulle af.
Navorser	Uh
Deelnemer	Ek bly nou ver weg van hulle af, omdat hulle nie naby my is nie, sien u. Nou wil ek maak nuh omdat hulle pa nie daa is nie en nou voel dit amper ek wil hulle weg gooi, sien u nou?
Navorser	Voel dit vir mevrou soe?
Deelnemer	Dit voel vit my soe ja.
Navorser	Ja.
Deelnemer	Ek het hulle miskien nou weg gestoot, want hulle pa is nie by my nie en die een is daar en die ander een is daar, sien u nou.
Navorser	Ja, okay. So mevrou het nou baie baie lank laas kwaliteit tyd saam met u kinders spandeer?
Deelnemer	Yes, ja.
Navorser	En baie lanklaas vir hulle gesien oek nog.
Deelnemer	Ja.

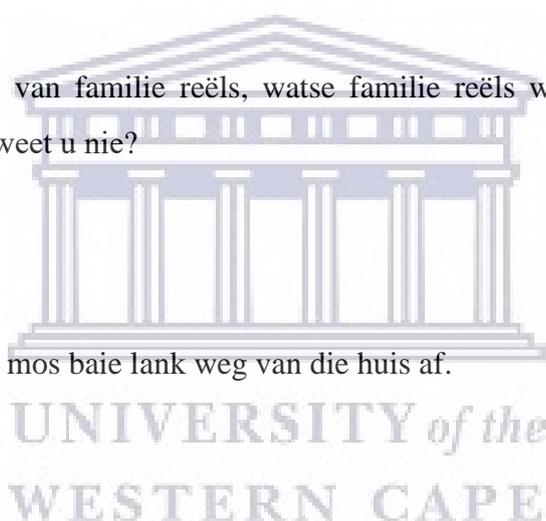


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Navorsers	Soe mevrou in die verlede het mevrou altyd vir hulle gehelp met hulle huiswerk en soe?
Deelnemer	Ek het by hulle gesit ja.
Navorsers	Okay, en skool vergaderings?
Deelnemer	Ja bygewoon.
Navorsers	En watse goed het julle as n gesin oor naweke saam gedoen?
Deelnemer	Saam gedoen, om die waarheid te sê, is daar miskien nou nie n gedrinkery is nie, dan sit ek en *Aidan miskien sit en gesels of ons beplan oor dit, dan is die kinders nou nie in die huis nie.
Navorsers	Ja
Deelnemer	Dan beplan ons nou miskien oor dit of opdaai of op dat. Of, of soe n manier. En as ons nou voel die kinders is nou teenwoordig, dan maak on sook daai ding oepe saam met die kinders wat ons, ek en pa nou beplan het. Nou vra ons vi hulle, is dit reg wat julle, wat ek en pa nou saam met julle oep maak. As die een sê niee maar, nie soe nie maar soe, dan sê die pa maar soe.
Navorsers	En uhm....
Deelnemer	Hy was baie lief vir sy kinders.
Navorsers	Ja ek weet ja.
Deelnemer	Een ding, maar wat, waa in dit, waar dit in gekom het hoekom *Aidriaan soe gewies it. *Aidriaan het seker maar gesien, hy pay all pay en hy sien nooit sy all pay nie. Elke maand, as hy miskien n R50tjie wil hê, miskien vir n paar skoene, dan sê hy nee maar daar issie, of, daa het hy geld. Dan sien hy self wat maak pa, pa gee vir *Mandy die

	meeste en van hom maak hy die minste en daar het *Aidriaan begine opgestaan en begine.....
Navorsers	Ja
Deelnemer	En ek het die goedtes oek self gesien.
Navorsers	En op krismis en verjaarsdae, watse goed doen julle saam of watse goed het julle saam gedoen?
Deelnemer	Om die waarheid te sê, op kersfees en op nuwejaar het os eintlik niks gedoenie.
Navorsers	Niks? Soe waar was u daai tye? Was u by die huis?
Deelnemer	Daai tyde toe wat, vi kersfees was ek nie in die huis gewees nie
Navorsers	Waar was u dan?
Deelnemer	Ek was buitekant die deur gewees, kamma sê, om die waarheid te sê waar was ek vir kersfees? Hieronder?
Navorsers	Okay, waar onder?
Deelnemer	Hier onder by *kortie.
Navorsers	So u, u het nie tyd met u familie gespandeer gehad nie?
Deelnemer	Ha ah. Ek het nie tyd gehad nie.
Navorsers	Soe wat kan mevrou vi my vertel oor kommunikasie?. Hoe het julle konflik hanteer in die huis houding? U en u man en u en die kinders? As julle n stryery gehad het miskien en veral nou wanneer mevrou onder die invloed was, hoe sal julle daai gestryery opgelos het? Sal julle baklei?

Deelnemer	Ons sal baklei it.
Navorser	Sal baklei it?
Deelnemer	Ja en dit sal die kinders, die kinders was meer in die huis gewies, as hulle gesien it ma is onder die invloed van drank. Dan's hulle altyd teenwoordig by pa.
Navorser	Okay
Deelnemer	Is hulle by pa, soe as daar n stry kom daar altyd een wat reg luister om die goedtes weer oor te vertel wanneer ek nigter is.
Navorser	En in terme van familie reëls, watse familie reëls was daar wat mevrou nog kan onthou?.....weet u nie?
Deelnemer	Huh uh
Navorser	Mevrou was mos baie lank weg van die huis af.
Deelnemer	Bitter lank
Navorser	Kan mevrou vir my n bietjie vertel oor, oor daai. Die redes hoekom mevrou weg gebly het van mevrou se gesin af?
Deelnemer	Dit het eintlik soe gekom van my eie man het vir my eintlik n bietjie seer gemaak, om die waarheid te sê. Voorheen het ek mos gepraat van hy't vir my abuse.
Navorser	Ja
Deelnemer	Sien hy't vir my abuse. Hy't my eintlik so abuse dat ek weg gebly it van my kinders af, selfs tot op *Mandy het ek vi haar net soe gelos, en ek.....

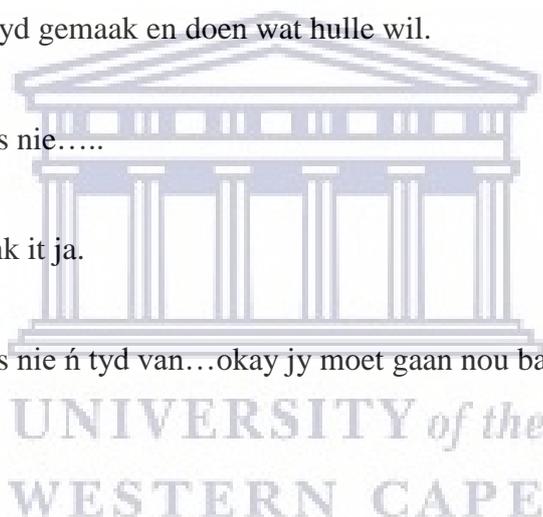


Navorser	Hoe, hoe het hy u abuse?
Deelnemer	Om die waarheid te sê, hy't nooit..... sy eie ding in my dinges in gedruk nie. Ek was sy, ek was sy vrou maar hy't nooit sy dinges gevat om in te druk nie. As hy vat om in te druk, dan is daar nie. Dan moet ek miskien it nou...dan moet sy dingese vat om vi hom reg op te kry. Maar as ek party keer sê, maar ek, ek is nie lus nie, ek wil nie hê nie, dan, dan forse hy. Dan trek hy af, hy trek af dan as hy aftrek, dan is dit nie dadelik boop lê nie nie, dan vat hy eers sy vinger dan speel hy eers met my besigheid. En eke kan, eke kan voel oek hoe lank is sy naels en ek vra, ek kry seer, dis mos n sagte plek, en as ek praat dan is dit nie goed nie.
Navorser	Soe.....
Deelnemer	Dan raak hy eerste kwaad oor ek, oor die regte goed praat
Navorser	Soe hy't vir mevrou seksueel mishandel?
Deelnemer	Ja, eerlike waarheid. En ek het dit soe toe gehou, soe toe gehou, laat ek nie meer kan eendag om die goed toe te hou nie.
Navorser	Seo dit was die rede hoekom mevrou, mevrou se gesin agter gelaat het en soon toe gegaan het?
Deelnemer	Dit het elke tyd net, dieselfde gebeur, en dit het net oor dieselfde gegaan.
Navorser	Is dit ook een van die redes hoekom mevrou so baie drink?
Deelnemer	<i>(Deelnemer skud kop op en af)</i>
Navorser	Ja? okay.
Deelnemer	Van daai tyd af wat hy vir my soe, toe begine drink ek, en dit was nie ook na die bier toe nie, die eerste wat ek gevat het was dit die wyn. n Borrel wyn. Toe vra hulle

	<p>“*Meisie jy issie n drinker nie”. Toe sê ek julle salie weet nie, gie vi my w....of die wyn staan daar dan vat ek dan gooi ek.. Ek vat soema, ek gooi soema drie of vier koppies. Of bekers dan drink ek, ek drink. Daai dag toe drink ek. Niemand het verstaan nie.</p>
Navorsers	Uh.
Deelnemer	Dan as ek in die huis in kom, ek skel, ek skel lelike woorde, ek vat die huis goed ek gooi it, ek gooi dit op die tafels, ek vat die potte, enige ding wat in my hand is... was ek hard op gewies.
Navorsers	Soe mevrou was kwaad?
Deelnemer	Ek was baie kwaad en dit het my kinders n bietjie bang gemaak. Is lyk ek het vir hulle bang gemaak om by die deur uit hardloop. Self vir hom oek. Hy't my so hard kom gemaak, op die einde, toe sê ek vir hom ek gaan vir jou ook by die deur uit stoot. Jy gaan by die deur uit ek gaan agter bly, maar die laastes gaan ek nie meer agte bly nie, jy gaan agte bly, en dit het gebeur.
Navorsers	Ja
Deelnemer	Dit het gebeur, eerlike waarheid. Die Here het die waarheid gemaak.
Navorsers	Mevrou tydens daai tyd as mevrou mos soe gedrink het en mevrou sal miskien nou die kinders, maak nou vir mevrou kwaad of hulle het nou iets gedoen wat verkeerd gewies het....
Deelnemer	Uh
Navorsers	Hoe sal mevrou die kinders dissiplien? Hoe sal mevrou vir hulle reg geleer het? Sal mevrou vir hulle pak gee, vir hulle skree of hoe?
Deelnemer	Oeh, ek, ek, ek veskree of ek vat n ding dan gooi ek hom.

Navorser	Okay
Deelnemer	Regtig
Navorser	Het mevrou al onder die invloed al die kinders geslaan of seer gemaak?
Deelnemer	Ja, ek het hulle al geslaan, maaras ek hulle slaan dan slat ek hulle altyd...ń geweldige hou.
Navorser	Hoe soe?
Deelnemer	En dis moetiesoe wiesie. Ek vat nie ń lap of ń stokie, ek vat soema ń biesem. ń Biesem of enige ding wat naby, ń koppie gan gooi ek hom. Of ek vat die kietel, ek skiet vir hom, daai is ń erg ding. Ek was soe kwaad in daai huis gewies, maar op die einde van die, vanie wiek of maande het die mense buitekant die deur heerlik gekry.
Navorser	Hoe so?
Deelnemer	Hulle het lekker gekry. Ek wietie, daar was party wat gesê het, maar dit is nie reg wat daai man doen aan die vrou nie. En dit is oek nie reg wat die vrou doen aan die man en teenoor die kinders nie. Daar was twee of, twee of drie wat teen my kant gestaan het, maar dit was ook ń hele paar wat agte hom gestaan het, verstaan u nou?
Navorser	So wat het die kinders, het die kinders, het mevrou al vi mevrou lelike goed gesê al? Gesê hulle?
Deelnemer	Haa ah.
Navorser	Hulle is kwaad vir mevrou of soe?

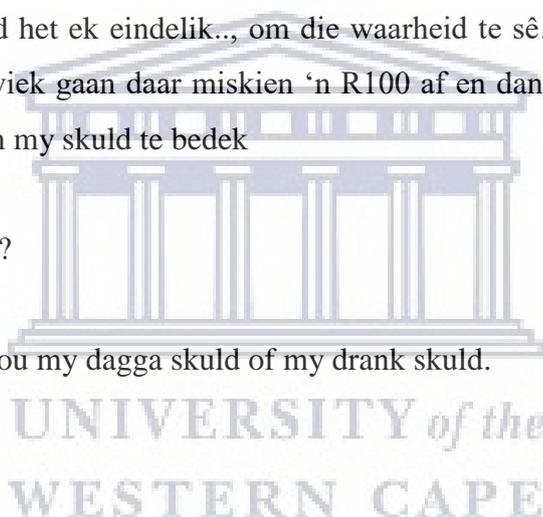
Deelnemer	Ha ah. Hulle het oek, vandat, vandat dit gebeur het, het hulle nogi vir my 'n vinger gewys nie. Het hulle nog nooit, nie een van daai twee groot kinders, het al vinger vir my gewys nie.
Navorser	Soe mevrou as mevrou nou gedrink het en u en die man stry, hoe het mevrou versieker dat die kinders die reëls gevolg het in die huis in? Was, het mevrou reëls gehad in die huis... of kan die kinders net gemaak het, soos hulle wil?
Deelnemer	Soes adri.... ja
Navorser	Wat, wat ja?
Deelnemer	Hulle het altyd gemaak en doen wat hulle wil.
Navorser	Soe daar was nie.....
Deelnemer	As ek gedrink it ja.
Navorser	Soe daar was nie n tyd van...okay jy moet gaan nou bad en dit?
Deelnemer	Ha ah.
Navorser	Soe daa was.. okay. Daar was nie van daai nie, okay.
Deelnemer	Maar as ek miskien nou nigter word
Navorser	Ja
Deelnemer	Dan is daar reëls
Navorser	Okay



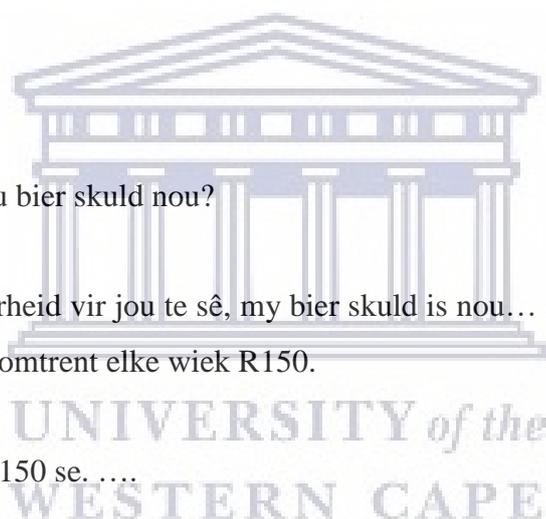
Deelnemer	Dan was daar groot reëls. Dan sê hulle, dan vra hulle, mama kan ek maar dit kry, dan sê ek ja. “*Aidriaan of *Mandy ek gaan nou vir jou daai ding gie”. Dan verstaan hulle ek gaan nou opstaan dan gie ek dit vir hulle.
Navorsers	So wat was mevrou se rol as ma in die huis? Wat was u rol gewies dan? Wat sal u sê wat was u funksies en u rol as ‘n ma teenoor die kinders en u familie?
Deelnemer	My rol was eindelijk gewies....(<i>Deur klap in agtergrond</i>). ek wil gehê it hulle moet op gekyk het, sien u?
Navorsers	Hoe op gekyk it?
Deelnemer	Op gekyk it nadat ek... opryk metie huis en saam met hulle saam met die pa maar daar was nie.
Navorsers	Uh.
Deelnemer	Daar was nie.
Navorsers	Hoe soe mevrou?
Deelnemer	Daar was nie rerig reëls gewies nie.
Navorsers	Hoekom dink u was daar nie reëls nie?
Deelnemer	Want is ek nie in die invloed is met drank nie, dan is ek in die invloed met dagga...
Navorsers	Soe die dagga en die, die drank het gemaak dat u nie die reëls vol staan nie?
Deelnemer	Dagga laat ek die reëls volstaan, maa drank laat ek nie die reëls volstaan nie, eerlike waarheid.
Navorsers	So volgens u



Deelnemer	Daar is,.. is ek miskien, daar's daa meer liefde neh. Djy kan oek. Deur die wiek is daar baie, djy sien somer die liefde, maar as dit by nawieke kom, dan kan djy oek soema sien. Sels ek het oek gesien.
Navorser	En mevrou het u, u werk mos nou op die plaas neh?
Deelnemer	Ja, ek werk by *Dirk Steyers.
Navorser	Okay, so vertel vir my die geld wat u in gekry het... wat, hoeveel van daai geld het mevrou op, op alkohol en, en, en dagga spandeer?
Deelnemer	Op daai geld het ek eindelijk..., om die waarheid te sê... Het ek altyd soe miskien... R100 elke wiek gaan daar miskien 'n R100 af en dan moet ek uit my pay slippie 'n R100 vat om my skuld te bedek
Navorser	Watse skuld?
Deelnemer	Is miskien nou my dagga skuld of my drank skuld.
Navorser	Okay
Deelnemer	Sien u nou?
Navorser	So u het nou al later op skuld ook begin gekoop?
Deelnemer	Yes.
Navorser	En, en nog steeds?
Deelnemer	Yes.
Navorser	Okay, soe u het nou nog skuld nog?



Deelnemer	Ja.
Navorser	As gevolg van dagga?
Deelnemer	Yes.
Navorser	Okay.
Deelnemer	Ha ah, ek het nie nou skuld op dagga nie, maar ek het nog bier skuld.
Navorser	Bier skuld?
Deelnemer	Ja
Navorser	Hoe veel is u bier skuld nou?
Deelnemer	Om die waarheid vir jou te sê, my bier skuld is nou... ek maak... om die waarheid te sê, maak ek omtrent elke wiek R150.
Navorser	Elke wiek R150 se.
Deelnemer	Ja
Navorser	Bier skuld?
Deelnemer	En as ek klaar miskien die bier gevat it, dan kom ek nog weer, dan kom vat ek my nou wee twee stoppies.
Navorser	Nou vertel vir my mevrou, ek verstaan julle salaris, mevrou se salaris is mos maar nie baie nie neh.
Deelnemer	Uh.



Navorser	Mevrou moet nog kos en mevrou moet mos nou goedtjies oek koop.
Deelnemer	Uh.
Navorser	Hoe kom mevrou se salaris uit, of hoe laat mevrou se salaris toe, dat mevrou nog alkohol en dagga koop en kos koop? Is daar tye wat mevrou bietjie sukkel in die maand in met geld?
Deelnemer	In die maand in? Soes deur die maand?
Navorser	Ja
Deelnemer	Soes deur die wiek?
Navorser	Ja
Deelnemer	Ons is mos nou eindelijk nie, ons het mos nou nie geld deur die wiek nie. Daa is, daa is daar 'n winkeltjie.
Navorser	Op skuld of hoe?
Deelnemer	Ja. Os vat Vrydae, ons vat Maandae's. Ons vat Maandae's winkel, Woensdae's. Vrydae's dan trek die boer dit af.
Navorser	En....
Deelnemer	Dan kry ek miskien nou 'n 300 uit of 'n 400 soe something, sien. As ons nou bydie stik werk, dan kry ek nou daai goete uit.
Navorser	Het mevrou al gesukkel met geld as gevolg van mevrou het miskien te veel dagga en te veel uh... drank gekoop, miskien te veel geld spandeer op dagga en, en drank....

Deelnemer	Uh.
Navorser	Nou sukkel mevrou met geld?
Deelnemer	Met geld?
Navorser	Het dit al soe gebeur al?
Deelnemer	Ja, maar dot is, is net een customer wat ek miskien nou boek maak, sien u. Daar, is ek sien maa ek het nou nie gepay nie, daa gat ek met my pay slippie na haa toe, dan verstaan sy.
Navorser	Okay.
Deelnemer	Dan sê sy nee, nee ek sien amal in.
Navorser	Uh.
Deelnemer	Jy wiet mos.
Navorser	Okay.
Deelnemer	Volgende wiek dan betaal ek weer vir haar soe. As ek klaar betaal it, dan vat ek maar net weer, dan sit ek weer my bestelings in.
Navorser	Mevrou uhm... as mevrou onder die invloed is van, van drank en miskien nou dagga, het mevrou al verkeerde goed al angevang al? Soes goedtes gedoen wat mevrou nie sal doen wanneer u ligter is nie?
Deelnemer	Haha, ek het nogie verkeerde goed gedoen nie.
Navorser	Ek praat nou van miskien van... Nie net spesifieke soos steel nie.



Deelnemer	Uh.
Navorser	Maar miskien nou... skandaal maak, vloek, baklei?
Deelnemer	Uh
Navorser	Uhm... miskien in 'n verhouding in tree met iemand anderste.
Deelnemer	Uh.
Navorser	Of miskien... Ek sê nou nie soe nie.....
Deelnemer	Ja
Navorser	...Ek maak net voorbeelde. Miskien met iemand slaap, maar mevrou sal dit nou nie onder normale, nigger omstandighede doenie.
Deelnemer	Uh, uh, uh.
Navorser	Het it al gekom al dat alkohol en dwelm al uhm.... dagga u besluite soe ge affekteer het?
Deelnemer	Ha ah liefde, eerlik.
Navorser	Nogie?
Deelnemer	Ha ah.
Navorser	Okay, en u gesondheid. Hoe is u gesondheid?
Deelnemer	Van my.....



Navorser	Ervaar u problem? TB, het u al die dit gehad al?
Deelnemer	Ha ah
Navorser	Niksie?
Deelnemer	Huh uh.
Navorser	Hoe gereeld gaan u kliniek toe?
Deelnemer	Ek, ek is mosie eindelijk by n kliniek nie my skat.
Navorser	Okay.
Deelnemer	Ek loopie kliniek nie, maar ek weet nie wat gaan hier binne aan nie, sien. Soes u, ek nou sê ek loopie kliniek nie, want daar's nooit n sister wat bo my kan gaan wat kan sien wat gat binne aan.
Navorser	Uh.
Deelnemer	Binnkant by my aan om te sê haa lê n kwaal of daar lê n kwaal.
Navorser	Okay soe u ervaar nie nou enige gesondheids probleme nie?
Deelnemer	Ha ah.
Navorser	Oor die algemeen, as mevrou nou dink en mevrou sit nou stil en dink nou...
Deelnemer	Uh.
Navorser	Oor, oor alles wat in u lewe gebeur het.
Deelnemer	Uh.



Navorsers	Vanaf u gebore gewies it. Vanaf u tyd met die pleeg ouers gebly het, al daai jare. Vanaf u beginne alkohol misbruik het, tot op met mevrou se man se dood tot op die, die feit dat die kinders nie meer in mevrou se sorg is nie...
Deelnemer	Uh
Navorsers	Tot op vandag waar mevrou sit. Hoe sal mevrou beskryf, hoe het alkohol u lewe verander en dagga? Watse rol het dit gespeel in in u lewe?
Deelnemer	Yoh....Dis eindelijk n....(stilte) Is n lank resep whu. Regtig.
Navorsers	Hoe soe mevrou?
Deelnemer	Dagga en alkohol..., weet ek nie, hyspeel n groot rol.
Navorsers	Is dit n negatiewe of n positiewe rol?
Deelnemer	Ek kan nou nie sê of dit n negatief of n positief rol is nie.
Navorsers	As u kon gekies het en u, maak n voorbeeld, u dink nou en kan u lewe verander, sal u n lewe sonder alkohol en dagga kies?
Deelnemer	Ek soek n lewe sonder alkohol en dagga, maar die een wat ek nou eintlik rereg by is, hy roek nou net ganza, sien. Op so n manier sal ek moes nou nie die dagga kan los nie. Sal ek net die drank kan los, sien u nou? Maar as hy nou nie dagga geroek het nie, en hy't nie gedrink nie, da't os twee, da't ek oek daai weg gegooi, maar ek kon kry hy roek mos nou dagga.
Navorsers	Ja
Deelnemer	Sien u? Nou moet ek oek maar nou, want ek is n dagga roeker, sien. En nou moet ek oeki nou rereg. Maar ek wil baie graag die wyn en die dagga weg gooi.

Navorser	Hoe het alkohol vir u verander as �n persoon?
Deelnemer	Hy't my lewe kom deur mekaar maak. Hy't my lewe kom woes.
Navorser	En dagga?
Deelnemer	Dagga is die selfde probleem. Hy hou my maar nou net terug �n bietjie, sien u. Ek s� dagga..., is �n bietjie beter as tik en buttons. As ek, as ek daai...m die drank enie dagga weg gegooi het, dan was ek al in die tik en die buttons. Dan waa sal ek gewees it? Dan het ek al seker oekal in daai kant gesit al.
Navorser	Ja.
Deelnemer	Eerlike waarheid.
Navorser	Wil mevrou miskien nog seker enige iets anders vir my vertel rondom die alkohol en die dwelm gebruik?
Deelnemer	Ek was omtrent soe 11 jaar gewies, wat ek my eerste leer geroek het. Dit was �n dagga pil. En daai dagga pil was dit soema lekker gewies. Is lyk ampe djy sweeg in die lug in, want jy loop net so hoog as dit jou eerste roek is. En daai... as dit uittrek dan is daa altyd net iemand wat vir jou "aa hies nog �n pil".
Navorser	Uh.
Deelnemer	Op die einde van die dag toe het ek al n pak gehad al.
Navorser	Uh.
Deelnemer	My eie pak, dit het nogie eers in die wiek uit gekom nie. Want soe, soe het ek gerook. Ek het maar nou, hier by *Aidan kom leer drink, want hy't vir my, daai seer gesit. En *Mandy en *Adriaan wiet waaroor gaan my seer.

Navorser	Mevrou....
Deelnemer	En ek wil rerig die drank weggooi.
Navorser	Uh.
Deelnemer	Ek wil rerig, maar die dagga is eindelijk oek n..., sien u nou?
Navorser	Mevrou ek wil net vir ubaie dankie sê dat mevrou u storie saam met my gedeel het. Mevrou het n lêer by Badisa, soe mevrou as mevrou enige verdere dienste nodig het of mevrou voel mevrou wil net praat saam met iemand....
Deelnemer	Uh.
Navorser	Laat weet vir my dan sal ek die nodige reelings tref vir mevrou...
Deelnemer	Uh.
Navorser as voel, mevrou voel mevrou is gereed om te praat...
Deelnemer	Ja
Navorser	...oor wat gebeur in mevrou se huwelik.....
Deelnemer	Uh
Navorser	...Mevrou kan net vi my laat weet, dan sal ek vi mevrou reelings tref. Dit hoef nie noodwendig te wees met my nie.
Deelnemer	Uh.



Navorser	Maar ek sal reëlings tref dat mevrou iemand sien. Iemand profesioneel wat vi mevrou deur die prosos kan vat en wat mevrou oek kan help met u alkohol en dwelm misbruik.
Deelnemer	Asseblief.
Navorser	Soe ons kantoor is ope mevrou, mevrou kan kan kom tot daar.
Deelnemer	Nou ek weet nie waar sit die kantoor nie.
Navorser	Mevrou is welkom om net na die skool hoof toe te kom...
Deelnemer	Uhm
Navorser	Sê vir haar sy moet vir ons kantoor bel en ons kom tot by mevrou.
Deelnemer	Uh.
Navorser	En ons tref die reëlings. Soe alles hang van mevrou af.
Deelnemer	Okay. Ek sal soe maak.
Navorser	Baie dankie vir u se tyd.
Deelnemer	Sal u nou vi my die nommer kan deur stuur?
Navorser	Dis korrek. Ja Mevrou.
Deelnemer	Baie dankie.



APPENDIX M: EDITOR CERTIFICATE

Brenda Burgess, Editor.

Searching for just the right words – writing what is upright and true.

Brenda Burgess
Durbanville
South Africa
082 7799389
bjburgess7@gmail.com

25/10/2019

Professional Editing Statement

I confirm that I, Brenda Burgess, am a professional editor with twelve years' experience in the field of editing.

During the period 24 September to 24 October 2019, I edited Zanelle Frans' thesis, **Exploring the effects of parental substance abuse on perceived family well-being in a selected rural area in the Western Cape province**, presented for the degree of Master in Social Work in the Department of Social Work, Faculty of Community and Health Sciences, University of the Western Cape.

Although this thesis has been edited to improve grammar, typographical errors and formatting, it remains the work of Zanelle Frans and she has approved of the changes.

Kind regards



Brenda Burgess

BA Creative Writing, UNISA
Post-grad. editing course, University of Stellenbosch
www.brendaburgesseditor.com

APPENDIX N: TURNITIN SIMILARITY INDEX

Turnitin Originality Report

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