

ORIGINAL ARTICLE

# Growing-Up With a Substance-Dependent Parent: Development of Subjective Risk and Protective Factors

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**A qualitative phenomenological study of high-risk adolescents, who are children of substance-dependent parents, explored the presence of subjective risk and protective factors. Nineteen adolescents were interviewed, all of whom had a father or both parents either actively dependent on psychoactive substances or recovering from substance dependence. The participants were assigned to one of two groups, based on the degree to which they maintained normative lives or had misused substances themselves. It was found that certain perceptions of the participants, concerning themselves and their parents, served as either subjective risk or protective factors, respectively. Implications for the treatment of this population are outlined.**

**Keywords** adolescence, phenomenology, protective factors, risk factors, substance-dependent parents

## INTRODUCTION

There is increasing evidence worldwide about substance abuse,<sup>1</sup> delinquency, violence, and other behavior disorders among adolescents (e.g., Hemphill et al., 2007; Weinberg, 2001). Consequently, risk and resilience in adolescence has become a mature field of study (Fraser, 1997b). A family in which one or both parents misuse substances is considered to be a risk environment in which a variety of forces interact to raise the chances of harm taking place (Rhodes, 2009). Such families usually have a family culture that may become intergenerational (Marshall, Ames, & Bennett, 2001). Being a child of a

substance-dependent parent is considered to be a major risk factor for substance use by adolescents (e.g., Jenson, 1997), as it involves multiple factors of role modeling, neglect, and emotional and physical abuse (Bancroft, Wilson, Cunningham-Burley, Backett-Milburn, & Masters, 2004). On the basis of a phenomenological study of adolescents who are children of substance-dependent parents, the current paper provides an innovative perspective on the effect of the growth conditions on these adolescents, focusing on the development of certain perceptions among the adolescents that operate as *subjective* risk and protective factors.<sup>2</sup> The very concept of subjective factors suggests a development beyond the understanding of risk and protective factors as determinants.

## Risk and Protective Factors

Adolescence is a time of biological, cognitive, and social changes. Consequently, adolescents have to face new situations and challenges. A significant one is the exposure to various kinds of psychoactive substances, and the need to decide whether or not to use them. Many adolescents experiment with substance use without becoming substance users or dependents later in life. Others, however (probably a small group), proceed to increased drug use and display other behavioral problems, as well (Beman, 1995; Burrow-Sanchez, 2006).

“Criminal career” is a notion that focuses on external and internal developmental factors that affect the involvement of individuals in any type of misconduct and nonnormative behavior (Blumstein, Cohen, & Farrington, 1988). A number of factors have been identified as related to or

<sup>1</sup>The journal’s style utilizes the category *substance abuse* as a diagnostic category. Substances are used or misused; living organisms are and can be abused. Editor’s note.

<sup>2</sup>The reader is reminded that the concepts of “risk” and “protective” factors and processes are often noted in the literature, without adequately understanding their dimensions (linear, nonlinear), their “demands,” the critical necessary conditions (endogenously as well as exogenously; from a micro to a macro level) which are necessary for either of them to operate (begin, continue, become anchored and integrate, change as de facto realities change, cease, etc.) or not, and whether their underpinnings are theory-driven, empirically-based, individual and/or systemic stake holder-bound, based upon “principles of faith,” historical observation, precedents, and traditions that accumulate over time, perceptual and judgmental constraints, “transient public opinion,” or what. It is necessary to clarify these terms if they are not to remain as yet additional shibboleths in a field of many stereotypes. Editor’s note.

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even predictors of drug use (Pollard & Hawkins, 1999). Among these, certain conditions, both external and internal, have been defined as risk and protective factors that may affect the likelihood of an adolescent to use substances. Risk factors are those that increase the likelihood of an individual to develop specific behavioral problems. Protective factors are those that mediate or moderate the effects of existing risk factors, thereby reducing the likelihood of the undesirable behavior (Turner, Norman, & Stillson, 1996). Overall, higher exposure of adolescents to multiple risk factors increases the likelihood and frequency of substance use. Although no single protective factor has been shown to prevent drug use, higher exposure to such factors, in quality and quantity, is expected to have a greater effect on the adolescent in countering and resisting drug use (Burrow-Sanchez, 2006).

The existing body of research on adolescent drug use cites objective conditions that serve as risk factors in the genetic, personal, familial, social, demographic, and environmental domains (Booth, Farrell, & Varano, 2008; Turner et al., 1996). For example, young males use drugs at higher rates than women, and the period of major risk for initiation is between 16 and 18 years of age for alcohol and marijuana, and 18 years for other illicit drugs (Beman, 1995). Certain conditions in the neighborhood and the wider social context (e.g., "social toxicity") may contribute<sup>3</sup> to substance use (Garbarino, 1995; Jenson, 1997). Psychological risk factors include depression, anxiety (Zapata, Katims, & Yin, 1998), low self-esteem, high motivation to engage in drugs use (Silberg, Rutter, D'Onofrio, & Eaves, 2003), a history of posttraumatic stress disorder or victimization (Kilpatrick et al., 2000), etc.

The ability to resist the influence of these factors arises from exposure to other conditions that operate as protective factors. In the case of substance use, such personal factors include a positive orientation, high intelligence, and a resilient temperament (Pollard & Hawkins, 1999), as well as realistic appraisal of the environment, social problem-solving skills and sense of direction, and strong faith or interest (Kaplan, Turner, Norman, & Stillson, 1996). In addition, social factors may also serve as protective factors (Garbarino & Abramowitz, 1992). These and other factors may help individuals resist the effects of their vulnerability and of various social and environmental hazards (Bolognini et al., 2005).

### Substance Dependence in the Family as a Critical Risk

Among the known protective factors, the family can play a significant role. A nourishing family environment may have a positive effect on the adolescent's development in spite of unfavorable conditions (Kaplan et al., 1996). By the same token, a visible problem in the family can become an adverse condition, as is the case with substance

dependence in the family (Kirby & Fraser, 1997). In particular, a history of crime and especially of substance dependence in the family is considered to be a strong risk factor in itself and also in association with other visible risk factors (Biederman, Faraone, Mouteaux, & Feighner, 2000). When a substance-dependent parent engages in intensive use of drugs, adolescents often experience neglect as they are pushed aside and become secondary to the parent's needs (Barnard & McKeganey, 2004; Leonard, Gwadz, Cleland, Vekaria, & Ferns, 2008). This neglect may be physical, reflected in hygiene, nutrition, and clothing, as well as emotional (Yates & Wekerle, 2009), associated with the parent's distress, depression, low self-esteem, poverty, and violence (Nair et al., 1997). Suchman and Luthar (2000) describe substance-dependent parents as displaying ambivalent parenting, with a tendency toward weak involvement, responsibility, and commitment and withdrawal from relationships. As a result, adolescents living with a substance-dependent parent may suffer from emotional, cognitive, and behavioral difficulties, arising from a dysfunction in the family dynamics (Peleg-Oren, 2002). Lack of parental support, dysfunctional communication patterns, poor family management, or a disturbed family are indicators that may lead adolescents to substance use (Lilja, Larsson, Wilhelsen, & Hamilton, 2001).

A family in which a member is dependent on substances usually operates as a close social unit; this produces chronic tension and anxiety for the family as a whole and for each individual separately (Orford et al., 1998). Continuous exposure of the adolescents to the different aspects of the dependence within the family may increase the likelihood that they will also build families, in which members suffer from behavior problems and substance use (Catalano, Haggerty, Gainey, & Hoppe, 1997).

### The Subjectivity of Risk and Resilience

In a study of 105 adolescents whose mothers were coping with substance problems, Leonard et al. (2008) concluded that despite the numerous risk factors experienced by many participants, they exhibited significant signs of resilience. As the ecological theory states, risk factors do not necessarily lead to a predetermined result. Risk and protective factors operate differently for each adolescent (Garbarino & Abramowitz, 1992; Kirby & Fraser, 1997). Some individuals may perceive a pathogenic factor as a challenge. In this case, the pathogen can become a strengthening factor that enhances the adolescent's personal assets to produce a positive course of growth and healthy lifestyle (Antonovsky, 1979; Cowen, 1994; Rutter, 1990). Accordingly, understanding how the adolescent's subjective realm affects the likelihood of substance use or abstinence is profoundly significant (Coie et al., 1993). The subjective perceptions of adolescents regarding their life conditions and the impact of these perceptions on their decisions to use or abstain from substances are meaningful constituents of this subjective realm. The purpose of the present qualitative phenomenological study

<sup>3</sup>The reader is referred to Hills's (1965) criteria for causation, which were developed in order to help researchers and clinicians determine whether *risk factors* were causes of a particular disease or outcomes or merely associated. Editor's note.

(Bryman, 1988; Carter & Little, 2007; Van Menen, 1997) was to expose, describe, and interpret these perceptions. Our aim was to examine the experience of adolescent children of substance-dependent parents as “persons-in-context” (Agar, 2003, p. 975) against the background of a parent’s dependence. This method allows the researcher to learn directly from the life experience of the adolescents (Rhodes & Coomber, 2010) in their own words.

This paper reports a reanalysis of the findings of a comprehensive study of the children of substance-dependent parents that examined their experience of relationships within their family (Ronel & Haimoff-Ayali, 2009b), of self (the reflective perception of themselves within the world), of relationships with peers, of experience in school, and of visions for their future (Ronel & Haimoff-Ayali, 2009a). While we are aware that substance use represents a “syndemic” (Singer et al., 2006) and relates to a matrix of different interacting forces (Ray & Ksir, 1990)—psychological, legal, cultural, physiological, social, etc.—we decided here upon a more focused description of the perceived family relations and its impact on the adolescents. Nevertheless, our method of inquiry should also be adapted to the study of the wider social context that may play a role in risk or protection. The present research included participants from diverse cultural backgrounds to provide a synergetic voice of the adolescents.

## METHOD

### Participants

The participants were 19 young people from Israel, each of whom had one or both parents (biological or stepparents) either actively dependent on drugs and alcohol or in recovery from such dependence. Although all participants were aware of their parents’ substance dependence, they could not tell us about the nature of this dependence (which substance, for how long, how much, etc.). From their descriptions, we may conclude that most, if not all, parents were polydrug misusers, including opiate dependents. Nevertheless, as our focus was the subjective perceptions of the participants, the objective nature of their parents’ substance misuse was less critical to our inquiry. The participants belong to one of two principal groups, following their self-definition: (1) adolescents who managed to maintain life without displaying substance abuse, dependence, and/or delinquency—a total of nine participants; and (2) adolescents who displayed substance abuse and dependence—10. Eight of those in the latter group were former opiate misusers in the recovery stage from dependence when the interview was conducted, one continued to maintain a lifestyle considered as delinquent and used drugs [mostly cannabis, ecstasy, and lysergic acid diethylamide (LSD)], and one was abusing cannabis occasionally but did not engage in a behavior considered as delinquent.

The sample included 12 boys and seven girls, 13 Jews (three of them immigrants from the former Soviet Union), and six Arabs. The ages ranged from 14 to 22 years. According to the participants, the fathers of all of them were

substance dependent: 17 biological fathers, one stepfather, and one partner of the participant’s mother; the mothers of three of them were also substance dependent. Table 1 provides a profile of the research population, with their salient biographical data at the time of the interview.

### Procedure

The sampling method was based on strategic selection of cases (Flyvbjerg, 2006). It included participants from diverse backgrounds (drug dependence or no drug history; Jews and Arabs; girls and boys; immigrants or veteran Israelis), in order to obtain sufficient material to describe the different facets of the phenomena under study. We stopped recruiting participants when we felt we had attained this goal and no new perspectives would be gained from the interviews.

The participants in the study were in “problem experiences” (Shaw, 2005). Locating and recruiting them was a challenge that called for special means. Therefore, we found and enlisted them on the basis of our acquaintance with their parents, with the assistance of coordinators of treatment for substance dependents, and by approaching young people residing in a therapeutic community and a youth shelter. In our search for participants, we encountered some suspicion and resistance among the substance-dependent parents we approached as well as adolescents whose parents had agreed to their children taking part (Harman, Smith, & Egan, 2007; Shaw, 2005).

The participants were administered an in-depth, semi-structured interview, following interview guidelines formulated especially for the study. Each interview was conducted as an open conversation in which the interview guidelines provided some direction, but the interview proceeded primarily according to the data revealed during its course.

All of the interviews were conducted at the participants’ places of residence. Most were audio recorded and subsequently transcribed. For technical reasons, in five of the cases, a running written transcription replaced the audio recording.

The data were analyzed according to the qualitative constructivist method (Giorgi, 1975; Polkinghorne, 1989; Shkedi, 2003). The analysis included a preliminary reading of all of the descriptive material to achieve “a sense of the whole” of the experience of the adolescents with substance-dependent parents, and embracing important elements such as the chaos they experienced in their homes, the ambivalent relationships with their parents, their emotional world, and their relationships with significant others. This was followed by a reanalysis, in which we identified separate categories of significance experienced by the participants related to the above-mentioned elements, which we labeled as subjective risk and protective factors.

### Validity

As phenomenological research seeks subjective knowledge, which is often open to varying interpretations arising from different points of view, the process of validating

TABLE 1. The research population

| Name (fictitious) | Gender | Age (years) | Ethnic origin | Residency            | Abuse of drugs | Dependent parent   | Do parents live together? | Education/Completed high school |
|-------------------|--------|-------------|---------------|----------------------|----------------|--------------------|---------------------------|---------------------------------|
| Danny             | Male   | 17.5        | Jewish        | Youth shelter        | Still          | Mother and partner | No                        | Dropped out                     |
| George            | Male   | 19          | Arab          | Parents' home        | Still          | Father             | Yes                       | Graduated                       |
| Abed              | Male   | 19          | Arab          | Youth shelter        | In recovery    | Mother and father  | No                        | Dropped out                     |
| Alon              | Male   | 20          | Jewish        | Parents' home        | In recovery    | Mother and father  | Yes                       | Dropped out and returned        |
| Dima              | Male   | 18          | Jewish        | Treatment community  | In recovery    | Father             | No                        | Dropped out                     |
| Doron             | Male   | 20          | Jewish        | Youth shelter        | In recovery    | Father             | No                        | Dropped out                     |
| Ella              | Female | 17          | Jewish        | Treatment community  | In recovery    | Father             | Yes                       | Dropped out                     |
| Gadi              | Male   | 18          | Jewish        | Treatment community  | In recovery    | Father             | Yes                       | Dropped out                     |
| Osnat             | Female | 22          | Jewish        | Parents' home        | In recovery    | Father             | No                        | Graduated                       |
| Sasha             | Male   | 18.5        | Jewish        | Treatment community  | In recovery    | Stepfather         | No                        | Graduated                       |
| Claudine          | Female | 18          | Arab          | Parents' home        | Never          | Father             | Yes                       | Studying in school              |
| Lior              | Male   | 18          | Jewish        | Parents' home        | Never          | Father             | No                        | Dropping out                    |
| Nadine            | Female | 13.5        | Arab          | parents' home        | Never          | Father             | Yes                       | Studying in school              |
| Ortal             | Female | 19          | Jewish        | Lives with boyfriend | Never          | Father             | No                        | Graduated                       |
| Re'em             | Male   | 16.5        | Jewish        | Parents' home        | Never          | Father             | Yes                       | Studying in school              |
| Sigal             | Female | 15.5        | Jewish        | Parents' home        | Never          | Father             | No                        | Studying in school              |
| Sofia             | Female | 14          | Arab          | Parents' home        | Never          | Father             | Yes                       | Studying in school              |
| Tamir             | Male   | 17.5        | Jewish        | Parents' home        | Never          | Father             | Yes                       | Studying in school              |
| Tony              | Male   | 14.5        | Arab          | Parents' home        | Never          | Father             | Yes                       | Studying in school              |

the findings includes a number of phases. In the first phase, both authors analyzed the interviews independently to test if the same significant themes arose. Once we had identified the themes, we discussed the meaning of the different themes and their component parts, and finally, we compiled a list of separate themes. In the second phase, a draft of the study was submitted to three external readers for their perusal and opinion to obtain another perspective; one of them was a young woman who is the child of two addicted parents. We then considered the comments of all the external readers and made modifications accordingly. To further strengthen the validity of the findings, we based our claims and conclusions on extensive quotes from the participants, with some unavoidable bias in favor of those who were more verbal and could better describe their experience. To balance this, the experience of those who were less verbal is represented in our words.

The current study has inevitable limitations. As the sampling was purposive and by no means random and the number of participants was relatively small, the ability to generalize the findings is limited. Nevertheless, the findings indicate phenomena that should be studied further for the possibility of generalization. In addition, our phenomenological paradigm is subjective by nature (Van Manen, 1997). Although we attempted to overcome our subjective bias by several means, the nature of the research is subjective.

## ETHICS

This study is part of a larger research project that was supported by the Israel Anti-Drug Authority and the Interdisciplinary Center for Research in Policy and Treatment of Children and Youth, Tel Aviv University. Both organizations approved the ethics of the study. Before interviewing the adolescents, we first received the informed consent of the responsible adult (parent or the director of the youth shelter/therapeutic community) and then of the participants. We informed them that they could unconditionally withdraw from the interview at any stage. Any information or description that might jeopardize the anonymity of the participants was carefully removed from the paper. The names provided here are pseudonyms.

## RESULTS

Drug use-related problems in the family have been identified time and again as being a factor that has a strong correlation with an early onset of drug use by adolescents (e.g., DeLisi, 2005; Farrington, 1995). Focusing on adolescents who were brought up by a substance-dependent parent, we found specific subjective themes that affected the participants' involvement with (or refrain from) drug use and addiction. These themes are presented as subjective risk and protective factors, and they include

perceptions of the participants that directed their way of life, either toward or away from the drug scene. Before presenting the themes, we must emphasize that the list is not inclusive. As said, we focus here on the perceived impact of the family relationship, and due to space limitation, we do not consider the perceptions of social, cultural, political, or any other contexts that may contribute to substance use or abuse. Nevertheless, participants presented the following themes to us with strong, convincing significance, even though they are only a part of the picture. We may cautiously assert that the following themes represent the most significant narratives in the participants' lives, corresponding to the notion that the family serves as the preparatory ground on which social processes may further contribute a significant impact (Addad & Benezech, 1982).

Naturally, most of the data about the subjective risk factors were acquired from the participants who used drugs, while most of the data on subjective protective factors were acquired from those that did not. However, some data on risk factors were also acquired from the "no-drugs" group, and some on protective factors were obtained from the "substance abusing" group.

### Subjective Risk Factors

Subjective risk factors are perceptions that indicate a greater probability that a certain behavioral disturbance—in our case substance use and delinquency—will occur. These perceptions were experienced as central to the path of our participants in the direction of drug use, abuse, and dependence. They influenced, guided, and supported proceeding to the dependent's way of life. Although each participant described a unique experience, we were able to sort out key perceptions that lay at the core of their experiences. The subjective risk factors discussed in this section are perception of the substance-dependent parent as a strong figure; a wish to identify with the parent by means of drug use; a sense of a weak self; and searching for significant relationships in the street subculture.

*Perception of the substance-dependent parent as a strong figure.* When talking about their parents, participants occasionally used words referring to personal strength, that is, they described their perception of the parent as a strong or weak person. Participants who perceived their substance-dependent parents as strong figures in relation to themselves also described the parents' impact as powerful. The adolescent's perception of a strong, nonsubstance-dependent mother was seen to reduce the impact of the perceived power of the substance-dependent father. But when the mother was not perceived as strong, perception of the substance-dependent parent as powerful was a risk factor. Osnat, for example, described her father throughout the interview as almost omnipotent, although destructive. She perceived neither her mother nor herself as strong as compared with him, the one who destroyed but was also able to support the family. For example:

I was very afraid of him. I never knew how to say "no" to him. Like I did whatever he asked me. . . . I don't see myself as a strong person. On the contrary, I see myself as a very weak person. . . . I admired him very much. . . . He was a gambler. He earned a lot of money by gambling. Mother worked very hard, but from her side there was less [money]. But my dad made a lot of money. . . . Materialistically we lacked nothing. We always lived as though we were rich girls.

Osnat also described how she began using drugs with her father when she was 16 years old. Fortunately, for her, after several years of her substance dependence, her father succeeded in his recovery and she followed him in this, too. Then, his powerful influence on her became constructive.

*A wish to identify with the parent by means of drug use.* For participants who perceived their substance-dependent parents as powerful and admirable from an early age, whatever the parents did became attractive as well. As a result, they tried to identify with their parent by following a similar path. In such cases, the parent became a tutor of drug use and delinquency. These adolescents wanted to appreciate and experience drugs as their parents did. Doron said:

I had to know what [using drugs] does to him. I had to feel it . . . I said to myself that I had to know what my father had been through . . . I took it once, and it was good . . . so I said: it was good for him like it was for me, so now I understand.

Alon described a conversation that he had with his recovering mother when she discovered that he also used drugs:

She asked me then—"why do you touch [drugs]?" and I said—"I wanted to know what feeling it gave you that you loved it so much and could give me up."

Some participants perceived the substance-dependent parents (in most cases the father) as powerful enough to be admired in the criminal subculture as well. Therefore, identification with their parents signified the potential ability of these adolescents to become as powerful and to gain the same social approval. Gadi, for example, emotionally spoke about his father:

Before I became addicted to drugs, I wanted to be just like him. I wanted to see what he felt. There was an inner voice . . . a criminal voice, telling me: "Don't worry. In the future you will be something big. You will become someone respected, more than your dad."

Like most children and adolescents, the participants naturally wished to get closer to their substance-dependent parents, who, as they experienced it, had been taken away from their intimate relationship by the drugs. On the basis of this wish, some participants were prepared to pay any price to regain their parents' attention, including following the same path, which they knew to be destructive. These participants were hurt by their parents' decision to choose drugs instead of their children and decided to do whatever was necessary to share a part of their parents' world. Drug use served as a valid medium for this purpose. Although the drug scene had taken their parents

away, turning to drugs or delinquency created an illusionary alliance between the adolescents and their parents. In turn, it opened new channels of intercommunication between them. Gadi clearly described this reunion with his father by contrasting the “before and after” of his own progress into drug abuse and addiction:

At first, he didn't talk to me. He was mad all the time and ignored me. [Afterwards] he showed me how to behave. Before, we weren't connecting at all . . . [afterwards] he backed me up and said: “Don't get into trouble. But if you do, come to me!”

*A sense of a weak self.* Some of the participants experienced themselves as generally weak in a world that lacked warmth and protection and did not satisfy their needs. These adolescents experienced their perceived general weakness, not necessarily in relation to their perception of their parents' strength, as an inability to set boundaries for themselves. As they admitted, they felt they could resist neither their own urges nor the influence of the outer world, where they were exposed to different temptations and pressures. They admitted a sense of inner compulsion to get immediate satisfaction and consequently surrender to stronger forces. Those forces drew them toward damaging behaviors, including drug use, abuse, and dependence. Osnat, for example, expressed her weak resistance to these forces:

I see myself as a very weak person. I used drugs and alcohol for what I've been through . . . anywhere I could escape . . . I was anorectic, bulimic . . . then I ran to drugs.

Sasha also exemplified this weakness:

It was my medication . . . I began injecting. When I felt that I didn't know how to cope—I injected.

Ortal, who never used drugs, spoke about her concern that her younger sister, who did not use drugs either, would enter the drug scene because:

She is exactly like him. Lightheaded, easily seduced . . . She will listen to anyone but not her family and those who really love her. . . . She prefers to see herself as a victim.

The participants seemed to experience their perceived weakness as an inability to make choices freely, as though their decisions did not represent free will but their weakness. The weak and impulsive self could not resist the temptation to use drugs, and as a result, the participants broke down in the face of any tempting external stimulus. According to them, they were pushed into a path that ended only when they eventually had to pay a heavy price.

In several cases, participants felt weak not only when they faced an external temptation or inner drive but also when they compared themselves with significant others. This perception of being socially weak increased the perceived strength of the significant others, whether family members or friends. The perceived weak self, when compared with others, somehow served as an excuse for the participants to use drugs. Doron, for example, compared his own weakness with the strength of his brothers, thus

indicating one of the reasons why he only displayed delinquency and substance dependence, even though they had all grown up in the same challenging home and poor family, in a neighborhood that suffered high crime rates:

Falling was only for me. I was the “black sheep” . . . I have the weakest character in the world. If you told me—Doron come!—I would do it immediately.

*Searching for significant relationships in the street subculture.* Due to the special atmosphere created by the existence of substance-dependent parent, the participants described a chaotic familial background and the experience of suffering from emotional and material neglect. This situation pushed participants to seek solutions to their distress in the streets outside their homes. Against the background of an everlasting survival struggle and families that did not fulfill their needs, they sought protection and choose an alternative to the family—the street. Although the street is also a place that requires a constant existential struggle, participants somehow found it more comfortable than their homes and some experienced it as a sort of family. Nevertheless, the street has its own norms, and substance use is a prominent one. Abed, for example, tried to explain his attraction to street culture:

I connected with the wrong gang . . . at the age of nine I smoked my first cigarette, and by the age of ten I was smoking every morning. It's something I can connect to—the culture. You learn it very fast, and slowly you evolve with it. . . . The street world in Jaffa is the cruelest one, so you go and act foolishly. You end up in a world with no options, so you start stealing and at the age of eleven you're offered your first marijuana cigarette, and you feel good. . . . Then you take your first Ecstasy and then you sink into a world of drugs.

The association with the delinquent street culture served as an answer to the distress felt at home. Thus, the tension at home, which was caused by the culture of delinquency and addiction, pushed some participants into this very same culture, in which they obsessively looked for warmth and acceptance. For the adolescents drawn to this culture, it was the only way to survive. It provided them with attention, recognition, and illusionary affection. Abed added:

You get your attention there. . . . They live with you, and survive with you. . . . You identify with them through your helplessness. . . . This is a world I felt strong in, a world that accepted me. This is a world I loved because they always took care of me. . . . You're in a situation where you get what you need—attention, warmth, and affection. These are three things I might have gotten from my family, but I didn't.

Some participants perceived the drug scene as being an accepted way of life. They felt at home within this culture, as though it was the only one that was right for them. Living in a neighborhood filled with delinquency and high exposure to street norms and values encouraged these adolescents to follow the path of deviance, in which they felt competent and powerful, especially compared with their poor performance within the normative culture. Alon, for example, described this process clearly:

There were other families with addicts in our neighborhood. I became a friend of one child there, but as children we did not know what it is to be a friend and how to make friends, so we fought and hit each other in order to become friends . . . From third grade on I controlled the school by fighting. It was the only way for me. . . . At the age of 13 I had friends as old as 20. We went out with the “cool guys” and if anyone thought differently, we would hit him.

### Subjective Protective Factors

Perceptions that serve as subjective protective factors can provide a defense, despite existing risks, against the development of a behavioral disturbance. For the participants, such perceptions minimized the risk that drug use and delinquency would follow. The subjective protective factors that we discuss here are a sense of strength relative to the weak substance-dependent parent; aversion to the parent's dependence; a perception of positive significant family figures; a wish to protect siblings from substance dependence; and yearning for a better future.

*Sense of strength relative to the weak substance-dependent parent.* The subjective perception of the strength of the substance-dependent parents was found to have a significant impact upon the participants. As shown earlier, when this parent was perceived as a strong figure, especially relative to the weak self of the adolescent, this perception served as a risk factor. In contrast, for participants who perceived their substance-dependent parents as weaker than themselves, this perception served as a protective factor. Along with the perception of the parent as a weak figure immersed in a miserable situation, participants sensed a self-perception of being strong, capable, and undoubtedly different from their parents. When their self was perceived as being strong, even the perception of the other parent (usually the mother) as being a weak figure did not function as a risk factor. This perception of themselves as stronger than their dependent parents helped participants in choosing a different path.

Ortal perceived her parents in this way:

My mom could not keep us in the house. It was hard for her. It was too much and she couldn't handle it. . . . My dad was weak too . . . easily convinced, easy to play with . . . I took hold of myself and vowed I wouldn't give my children this life, even if it killed me. I wouldn't give my children divorce or crap, and no lack of anything, and for sure, none of the drugs that destroyed my home.

These “strong” adolescents perceive their decision of not to use drugs as being a voluntary one. Their strength enabled them to choose the “right way” (one without drugs) and was expressed in the will for independence and for successful confrontation with the challenges of life without turning to the “support” of drugs. Participants who abstained from drugs had taken this decision; however, those who were in recovery from drug dependence and sensed a strong self could also take the same decision. Sasha, for example, described how his inner strength compared with the weakness of delinquents generally helped him to get away from the world of wrongdoing:

I don't need to go back to where I was before. I'm not attracted to that. Criminals are so weak . . . I feel more responsibility, more

freedom when I'm independent. I always wanted to get out. I was dependent and now I want to be free. Not to be dependent on drugs or on other people.

*Aversion to the parent's substance dependence.* Participants claimed that their decision of not to use drugs evolved from an analysis of their parents' situation. Accordingly, they emphasized their perception of the suffering of the addicted parent and of the entire family, including them. This perception of the cost of drug use and dependence brought about an aversion to the drug scene, culture, and way of life, which was manifested in their decision to choose a life free of drugs and their ability to turn away from drugs. Sofia's declaration exemplifies this aversion and how firm a no-drug choice can be:

Drugs? I'll never try. Because this problem is at home and we see how it affects the individual. I won't dare to use 'cause I know it's bad. I won't use even if a good friend does and even if there is social pressure. Even if someone says I'm not brave, I would give up everything and not use, 'cause it's not healthy and not good for me. I wasn't born to ruin my life, but to live in happiness.

On the basis of their experience of its outcomes, participants perceived substance dependence as being negative, humiliating, and violence producing. With this perception in mind, they wanted to be away from drugs. Re'em, for example, declared:

I will never use drugs. I don't think about it at all, so it won't happen, and my brothers are the same. I don't think they will use. After I saw all the suffering, I think to my self, why should I go through all this?

*Perception of positive significant family figures.* Participants described how their parents' substance dependence created a void in their subjective world. At best, their need for a loving and protective family life was only partially fulfilled, and sometimes their own homes could not fulfill this need at all. For some participants, the nondependent mothers provided their emotional needs and served as positive figures. These adolescents described the importance of their mothers and the significant role they played, especially if they symbolized power and strength and were able to protect them from the father's dependence. For those participants, the normative mother was seen as a role model. It should be noted that we know nothing about how the mothers actually functioned, but only how they were perceived and described by their children. Because this depends upon the adolescent's perception, it is considered as a subjective factor.

Tamir, for example, described how his mother helped him maintain a normative way of life despite the father's dependence:

It was a stressed life, not peaceful . . . I hated him. . . . Mom was very significant. . . . She held the house together, all five children. She got everything for us. We were always dressed nice, carrying books. She always helped us and was very loving.

In addition, when one parent was substance dependent and the other was perceived to be too weak to fulfill the parental roles, participants were driven to search for support and assistance outside their nuclear family. The

fortunate ones found a positive model in significant figures in their extended families, usually aunts, uncles, or grandparents. When there was such a positive significant figure, the perception of the constructive relationship with this family member served as a protective factor against the negative impact of substance dependence within the family. Lior, for example, described his meaningful relationship with his uncle. His perception of his uncle contradicted other influences that could have a detrimental effect on him:

I was with my uncle Joseph a lot. He took me many places and had a strong influence on me. Joseph wanted me to be a good person who doesn't get into a mess. . . . Everyone respects him. I want people to give me the same respect. People appreciate him, and I want them to appreciate me too.

*Wish to protect siblings from substance dependence.* Living in an addicted home with substance dependence sometimes forced participants to replace their nonfunctioning parents in taking care of their younger siblings. Participants positively described this experience of caring, as they felt a need to protect the younger brothers and sisters from drugs. Interestingly, this need was felt among those who used drugs as well as those who abstained. Regardless of their own experience, participants wanted their younger siblings to suffer less than they had, and they especially wanted the younger children to abstain from any drug use. This was true for participants who perceived themselves weak and those who felt strong enough to serve as substitutes for their nonfunctioning parents. In this respect, the participants served as the strong figures in their homes and were prepared to make sacrifices for their siblings in order to protect them from the physical and emotional outcomes of the parents' dependence. The sense that they needed to protect their younger siblings influenced the decisions they took. Ortal, for example, declared emphatically:

I always took care of my sister. I supported her in our boarding school, too . . . I'm happy that we both went to boarding school rather than her going alone, because she's not as strong. She is a weaker child. She wouldn't have survived it.

The existence of younger siblings and the potential "island of love" with them served participants as a sort of braking mechanism against destruction. At the very least, it created an area of their life that was free of self-destructiveness, in which they demonstrated relatively normative behavior. Even if they themselves took drugs or were substance dependent, they wanted to spare their younger siblings from the life of dependence, with all it entails. For example, Doron, who had been a drug dependent and spent time in prison, stressed how important his younger brothers were to him:

I would prefer going without food myself, as long as the little ones had something to eat. . . . We don't have any contact with our older brothers at all; I have a lot more contact with my younger brothers. . . . Because if I don't take responsibility for them, who will?

Alon, as another example, described how having a little brother made him stop using drugs:

My little brother stops me from using drugs. He is two years old now. If it wasn't for him, I'd probably continue using. I couldn't go on with it. I felt it was ruining my body. Mom was pregnant and both she and the baby were at risk. I asked God to save them and I told Him— "if you help my brother I'll get clean and stop using drugs." It helped, and I kept my promise. It was hard for me. But my brother gave me strength and helped me.

*Yearning for a better future.* The participants vividly described the destructiveness of substance dependence as they—direct victims of their parents' dependence—had experienced it. Some of them, however, also expressed a strong desire for a better future. On the basis of their experience, they knew that drugs could lead them to a future that was as bad as their past (and for some, the present as well). Therefore, their wish for a life better than both their own and their parents' involved a decision to abstain from any drug use. Those participants who wished to improve their situation understood that drugs could serve as an obstacle to fulfill this vision. Although adolescents may generally be aware of the risk that drug use poses, the experience of the participants made this clearer and more painful. For some, it was prominent in their consciousness. Sasha, for example, dreamt about his future:

I want to be relaxed, to give more love and attention. I have an image: being with a wife and a child . . . my sister and her husband sitting together with their child. I feel warmth and love, and realize that the child will only grow up well in his own family. I'll give my children something different from what I had. I'll be responsible . . . I'm different from what I know. I'll do the opposite. I want to build something of my own.

## DISCUSSION

The criminal career of adolescents has been the topic of many studies, most of them based on the positivist paradigm and methodology (Farabee, Joshi, & Anglin, 2001). In the current study, we adopted a phenomenological and constructivist paradigm (Aspers, 2004). While the positivist paradigm well defines risk and protective factors for delinquency and substance use, constructivism studies them within their individual and social context, "grounded in the subjective experiences of real people" (Aspers, 2004, p. 5). The study within a subjective context revealed the existence of subjective perceptions or constructs that correspond with known risk and protective factors; therefore, we call them subjective risk and protective factors. Similar to the known risk and protective factors, the subjective ones are in no manner causal, but rather contributing ones (Fraser, 1997a). These perceptions represent cognitions that may be heavily loaded with emotions and related desires and wishes, which belong to the subjective realm. Taken together, they may have an impact on decisions and behaviors. In other words, the study of perceived family contexts exposed subjective perceptions that, in addition to other factors, contribute to turning toward or away from substance abuse and dependence. Our list of subjective factors is by no means conclusive; rather, it is an initial one that indicates the importance of further exploration. For example, the perception of social



context, such as social norms or conditions, and of cultural factors may be associated with engaging in or refraining from substance misuse, and this is a topic for further study.

The first subjective risk factor that we identified is the perception of the substance-dependent parent as being a strong, significant figure. The impact of substance-dependent parents on their children's development is already known (Bancroft et al., 2004; Swadi, 1999). However, our findings add to this knowledge by indicating a possible subjective process or mediator by which the factor of having a substance-dependent parent becomes pathogenic. A key finding is that the positive meaning that the adolescent attaches to the role model of the parent is a risk factor in itself. An adolescent's perception of a substance-dependent parent as being a meaningful, strong figure may influence this adolescent's decisions. Such a perception naturally leads to a wish to identify with this parent, a wish that operates as a second subjective risk factor. Substance use and delinquency served our participants as immediate means to accomplish this wish: by using substances and engaging in a criminal career, they could identify with the strong, substance-dependent parent. Such identification is more significant for adolescents who perceive themselves as weak, a perception that we identified as a third risk factor. Such perceptions make the adolescent vulnerable to diverse influences, including delinquent ones. For adolescents who perceive themselves as weak but have no significant parent to identify with, the street subculture may offer significant relationships with subsequent influence. These relationships shape the adolescent's behavior according to street norms, including drug use and criminality (Button et al., 2009); hence, we identified the longing for such meaningful relationships in the street as another risk factor.

The first subjective protective factor that we identified is the perception of self as strong relative to the weak parent. A sense of being strong, especially along with the perception of substance dependence as indicating weakness, may contribute to protection from drug use. Therefore, we identified the aversion to the parent's dependence as being a second and complementary subjective protective factor. When an adolescent perceives substance-dependent parent as weak, a void may be created; this can be filled by several constructs. When it is filled with appreciation of the street subculture, it may become a risk factor, as discussed. However, when it is filled with a perception of positive significant family figures, it can serve as a protective factor—the third factor that we identified. Another subjective protective factor focuses on the relationship of the adolescent with younger siblings. When there is a wish to protect these siblings from the negative consequences of the parent's or one's own dependence, this wish contradicts the temptation to use drugs. Within the battle between different forces, the sense of responsibility, caring, and commitment to siblings can become a source of strength to resist drug use. Yearning for a future better than the fate of the substance-dependent parent, based on

awareness of the implications of dependence, may support this source of strength. This yearning serves as still another subjective protective factor. As such a future is dependent on a socialization process to normative society, including accepting its values, drug use and criminal conduct are no part of this process.

Another interesting finding is that no difference was found between the experiences of adolescents from different backgrounds. It is well documented that substance misuse and consequent vulnerability are products of individual and social processes, as well as social power relations (Cochran & Akers, 1989; e.g., Marshall et al., 2001; Ray & Ksir, 1990; Rhodes, 2009; Rhodes, Singer, Bourgois, Friedman, & Strathdee, 2005). In the current research, we studied adolescents from Israel, an immigrant country with constant political tension. We studied Jews and Arabs, new immigrants and native Israelis, and adolescents from diverse religious and nonreligious backgrounds. Their overall experience was similar to that reported in studies of adolescents from other places (e.g., Bancroft et al., 2004). This finding is consistent with the results of previous research indicating the intercultural nature of substance misuse (Adrian, 1996), as well as other studies on substance-dependent participants in Israel, which reveals no cultural bias among the participants (e.g., Ben-David & Goldberg, 2008). In addition, our participants did not ascribe any meaning to social power issues that may underlie substance misuse (Abadinski, 1989; Bourgois, 2000; Singer, 2001). It may be that when presented fully, as in the lives of those who misuse and their close family members, substance misuse can become a meaningful cultural factor in itself, with a potential to mask other social or cultural factors (Ronel, 1997). This claim of the relative power relations between culture and substance misuse warrants further study. Here, we may cautiously conclude that the experience of our participants is more specific to them being the children of substance-dependent parents than of being part of a certain wider culture, and within this experience, they were more preoccupied with personal issues than with social power relations.

The definition and identification of subjective factors bear clinical implications. The distinctive population of adolescents with substance-dependent parents warrants adequate and specific intervention. This may be a primary preventive (Bogenschneider, 1996; Hawkins, Arthur, & Olson, 1997) or a therapeutic (Peleg-Oren, 2002) intervention. In either, understanding the subjective realm and identifying perceptions that lead to risk and protection may guide professionals in defining the need, content, and context of intervention. When encountering adolescents who are children of substance-dependent parents, youth workers may evaluate the risk and protective perceptions and plan their intervention to reduce the former and encourage the latter. For example, when identified, it is possible to support closeness and identification with a positive figure in the family, while indicating the undesirable consequences of strong identification with substance-dependent father. Along the same lines, it is possible to

create an intervention that increases the perceived strength of self of these adolescents while reducing their wish for relationships with street figures. In addition, recognizing risk and subjective perceptions can assist in evaluating a change process that adolescents may undergo in any intervention. The change of perceptions can signal the direction of change that an adolescent is experiencing. For example, growing awareness of one's responsibility toward younger siblings marks the development of a protective factor and a struggle against risk ones. However, the application of subjective risk and protective factors in intervention warrants further evaluative study.

## CONCLUSION

The current findings broaden our understanding of the impact of neglect, emotional use, and negative role models on the development of deviant behavior, in general, and the development of drug use among young people at risk, specifically. Accordingly, we suggest a model of adolescents who are active within their world and who hold perceptions that guide their behavior toward or away from drug use. In the eyes of the adolescents, the subjective meaning that they attach to any factor in their life becomes as valid as these factors themselves. Within their world, the cumulative subjective significance of any factor guides their choices. Therefore, a comprehensive account of the development of drug use should include a description of these subjective constructs. As shown here, this can be pragmatically translated into corresponding interventions.

## Declaration of Interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the article.

## RÉSUMÉ

### Grandir avec des parents toxicomanes: Développement des facteurs de risque subjectif et de protection

Une étude qualitative et phénoménologique d'adolescents à risque élevé ayant des parents toxicomanes, a étudié la présence des facteurs de risque subjectif et de protection. Dix-neuf adolescents ont été interviewés, tous ayant un père ou deux parents activement toxicomanes ou guérissant de la toxicomanie. Les participants ont été affectés à l'un de deux groupes, selon le degré de tenue d'une vie normative ou l'usage qu'ils ont fait eux-mêmes de substances nocives. Les résultats démontrent que certaines perceptions des participants les concernant eux-mêmes ou concernant leurs parents, ont servi respectivement soit de facteur de risque subjectif, soit de facteur de protection. Les implications pour le traitement de cette population sont indiquées.

## RESUMEN

### Crecer con un padre/una madre adicto(a): Desarrollo de riesgo subjetivo y factores protectores

Un estudio cualitativo fenomenológico de adolescentes en alto-riesgo quienes son hijos(as) de padres adictos a sustancias, exploró la presencia de riesgo subjetivo y factores protectores. Diecinueve adolescentes fueron entrevistados, todos ellos tuvieron un padre o ambos padres activamente adicto(s) a sustancias o recuperándose de la adicción a un sustancia. Los participantes fueron asignados a uno de entre dos groups en base a la medida en la cual mantenían vidas normativas o habían hecho ellos mismos uso indebido de sustancias. Se halló que ciertas percepciones de los participantes acerca de ellos mismos y sus padres servían como riesgo subjetivo o factores protectores, respectivamente. Se delinean las implicaciones para el tratamiento de ésta población.

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## GLOSSARY

*Protective factors:* Factors that mediate or moderate the effects of existing risk factors, thereby reducing the likelihood of the undersirable behavior.

*Risk Factors:* Factors that increase the likelihood of an individual to develop specific behavioral problems.

*Subjective protective factors:* Perceptions that can provide a defense, despite existing risks, against the development of a behavioral disturbance.

*Subjective risk factors:* Perceptions that indicate a greater probability that a certain behavioral disturbance will occur.

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