On the Nature of Harms Reported by those Identifying a Problematic Drinker in the Family, an
Exploratory Study

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Abstract

A national telephone survey on alcohol-related harms experienced by others consisted of 2,649 randomly selected adults and 415 (15%) commented on the family member whose heavy drinking most negatively affected them. Relationships comprised close family (child, parent, sibling; 47%), partner (22%), extended family (e.g., aunt/uncle, cousin, grandparent; 19%), and ex-partner (12%). Common harms were being emotionally hurt and having a serious argument. An average of 3.4 harms was reported and multiple harms meant a higher likelihood of significant impact. Harms were classified into four domains which accounted for approximately 60% of the explained variance: psychological (26.1%), physical (11.4%), social (10.9%), and practical (9.6%). Psychological and practical domains were associated with significant harm as were being female and sharing a home with the drinker. Perceived harms from a problematic drinking family member are broad ranging and have significant impact. Advice, information, and directions for family members dealing with a problematic drinker need development.

Keywords: family, alcohol, harm, MCA

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Families are under pressure when there is a member with an alcohol or other drug problem; 'the very life of the family itself as an entity and the home as a place' are at risk (Orford et al., 2005). Conflict over money and possessions, unwanted visitors in the family home, as well as worry about the drinker's behavior and their safety, are just some of the pressures contributing to the strain experienced.

According to social control theory, our relationships are a powerful means of reinforcing the need for socially responsible behavior. It is important that we comply with expectations and standards valued by friends, family, and colleagues, to engender acceptance and inclusion. However, when these social bonds are weak or missing, then conventional standards have reduced significance; and problematic behavior, including alcohol and other drug misuse, may result (Moos, 2006).

A variant on this understanding involves situations where sustaining the group is paramount because of shared resources, enduring ties, or other factors. The family is one example, where cohesion is important for a multitude of reasons: emotional bonds, financial dependence, social reinforcement of familial arrangements, and so on. Those experiencing stress strive to maintain the family unit and actively manage problems that arise (Orford et al. 2005). This may translate into situations where unacceptable social behavior is tolerated.

Research has focused on severe harms associated with alcohol problems. For example, intimate partner violence (Finney, Moos, Cronkite, & Gamble, 1983) effects on children (Loukas, Piejak, Bingham, Fitzgerald, & Zucker, 2001; Velleman, Templeton, Reuber, Klein, &

Moesgen, 2008), and long-term influences on alcohol consumption in adolescence and adulthood (Beselar, Aharonovich, Keyes & Hasin, 2008; Seljamo et al., 2006). There is limited information about more moderate impacts-- the day-to-day inconvenience that others identify when a family member drinks heavily--especially from the perspective of other adults in the home.

This paper reports on findings from a population-based survey in Australia, focusing on the nature of perceived harms resulting from a family member's drinking and identifying the range of relationships involved. Our previous work on the level of harm reported by relatives (removed for blind review) showed that the drinkers were usually male and close family members. The drinkers were often partners, extended family members, and (to a lesser extent) ex-partners. Around one-third of respondents indicated that the family member's drinking had adversely affected them a lot, but how?

There is limited research on how family members perceive the impacts of another's drinking. In a British study, 50 close relatives of heavy drinkers were interviewed to explore how they felt about their family member's heavy drinking and their perspectives were compared with that of the drinker (Orford et al., 2002). The relatives and family members generally agreed on life domains where drawbacks from drinking were experienced. These domains were often about health concerns (eating, sleeping, physical wellbeing), social problems (marriage/close relationships, sex life, fun/humour), and financial/business issues. The close relatives explained how the drinking impacted the family unit; including problems with neighbours, costs for treatment and other expenses, and unreliability regarding family rituals and routines (Velleman et al., 1993).

Perceived harms are wide-ranging and substantial. Another British study, examined problems faced by 110 family members and significant others of alcohol- or other drug-using individuals found that frequent and wide-ranging problems were experienced; across emotional, relationship, family, financial, and health domains (Benishek, Kirby, & Leggett Dugosh, 2011). Examples include 'arguments with the substance using individual' and 'sacrificing personal activities for the substance-using individual'. The type and frequency of problems varied according to characteristics of the family member, their relationship to the substance using individual, and whether or not they shared a household with this individual. Physical violence and aggression were more common for spouses and partners versus parents of substance using individuals; more women reported health problems than men; and living with the substance user meant a higher likelihood of experiencing a range of problems (Benishek et al., 2011).

These harms impact substantially on family wellbeing. Sources of psychological and relationship distress among women with 'alcoholic' male partners seeking conjoint treatment were examined in an American study. Harms associated with higher levels of psychological distress among these women were psychological, physical, and social, for example, including lower satisfaction with the marital relationship and the presence of domestic violence as well as reduced social support from family members (Kahler, McCrady, & Epstein, 2003).

While important in defining the nature and level of harms caused by a problem drinker from a relative's perspective, these studies involve particular subpopulations: including self-selected groups (Kahler et al., 2003; Orford et al., 2002) and a predominance of spouse relationships (Kahler et al., 2003; Loukas et al., 2001; Ölafsdóttir, Raitasalo, Greenfield, &

Allamani, 2009). These studies sometime involve people in treatment (Kahler et al., 2003) and typically include purposive samples. As a consequence, we sought a better understanding of harms that family members perceive as being linked with another's problematic drinking, from a nationally representative population.

Method

Data

A total of 2,649 adult Australians were surveyed in a national study on the range and magnitude of alcohol's harm to others, in 2008. The primary aim of the survey was to describe and measure the adverse effects of drinking on people other than the drinker (see Wilkinson et al., 2009 for more detail). Respondents were selected using appropriate random digit dialing methods to ensure national coverage; data was collected using computer-assisted telephone interviewing. Ethics approval for the study was granted by the Victorian Department of Human Services Ethics Review Board. Using the standards proposed by the American Association of Public Opinion Research (American Association of Public Opinion, 2006), the cooperation rate and the response rate of the survey were 49.7% and 35.2%, respectively.

Respondents were asked whether or not, in the last 12 months, they considered any of their family members to be a *fairly heavy drinker, or someone who drinks a lot sometimes*. Where drinkers were identified, additional questions were asked about the nature of the relationship with the drinkers and if the drinker and the respondent currently (or recently) shared a household. Next, respondents were asked, *would you say your [relationship type]'s drinking has negatively affected you in some way in the last 12 months?* If more than one drinker had

negatively affected the respondent, they identified the family member whose drinking had most negatively affected them (referred to hereafter as the *problematic drinker*).

Participants were asked to identify whether or not (in the past 12 months) there were negative consequences from the problematic drinker's drinking and the level of negative impact experienced (a lot, a little/other; refer to [reference removed for blind review] for details). Ten negative impacts, or harms, were put forward; for example, *did you have a serious argument that did not include physical violence* and *did they negatively affect a social occasion you were at*. Demographics of the respondent were collected as well as select demographics of the drinker, namely, the drinker's sex and age (collected in decades: less than 20, 20-29, 30-39, ..., 70+).

Analysis

The percentage of respondents that reported each of the ten harms was determined according to four specific family relationships of the problematic drinker (partner, ex-partner, close family, and extended family). Multiple correspondence analysis (MCA) was used to re-categorize the 10 harms as higher-order domains, determined by the amount of principal inertia accounted for. MCA is a data reduction technique specific for qualitative or categorical data (Greenacre, & Belasius, 2006). It uses a χ^2 -metric of data association to maximize differences between the data.

Using the weighting structure appropriate for the survey design methods (Wilkinson et al., 2009) all analysis was undertaken using Stata 11 (StataCorp, 2009). We report unweighted observations and weighted percentages, model-specific coefficients and accompanying statistics. As the frequency of harms represent count data, these data were analyzed based on Poisson distribution: assumptions of the distribution were checked and not violated. Family relationship

categories were partner, ex-partner, close family member (child, parent, sibling), and extended family member (aunt/uncle, cousin, niece/nephew, grandparent, grandchild, in-laws, etc). While findings are about the previous 12 months, ex-partners may have existed prior or relationships may have ended during the 12 month period.

Results

The findings presented here are restricted to the 415 respondents that reported on the family member whose heavy drinking had the most negative impact on them (i.e., the problematic drinker). Table 1 presents a descriptive summary of the percentage of respondents that reported experiencing at least one harm, by relationship type. The three most common harms experienced, across all family relationships, were: *feeling emotional hurt or neglect*; *negatively affecting a social occasion*; and *having a serious argument that did not include physical violence*. There was one exception; for extended family members, *failing to do something* replaced *having a serious argument*.

[INSERT TABLE 1 HERE]

Where the problematic drinker was the respondent's partner or ex-partner, the most frequent harm reported was a serious argument (without physical violence) followed closely by being emotionally hurt. Not surprisingly, almost two-thirds of respondents indicated having to stop seeing the drinker when he/she was an ex-partner. Being pressured to do something sexual was reported only for partners and ex-partners. The top two harms reported when the problematic drinker was a close family member were being emotionally hurt, followed by having a serious argument. Seven respondents (3%) indicated that a close family member (parent, sibling or child) had put them at risk in the last 12 months as a result of the drinker driving under

the influence of alcohol. Where the drinker was an extended family member, the harm most frequently reported was impacting a social occasion because of their drinking (72%).

It is also insightful to describe the associations between harms and family type by looking across the harms. Almost half (46%) of those who reported being emotionally hurt by a family member's drinking indicated this involved a close family member. The drinking of close family members was often reported to have negatively affected a social occasion (43%), having a serious argument (48%), not following through with a task (53%), having to stop seeing the drinker (48%), feeling threatened (38%), and being responsible for breaking or damaging personal property (53%). Of the seventeen respondents indicating being put at risk in the car whilst the drinker was driving, six drinkers were partners and seven were extended family members.

Being physically hurt by the drinker was concentrated among close family members. Twenty-six respondents indicated being physically hurt by the drinker; seven drinkers were partners, nine were ex-partners and eight were close family members. Of the six respondents that reported being sexually forced or pressured, four involved a partner and two involved an ex-partner.

Our examination of how many different types of harms were experienced by respondents showed that the average number of harms reported was 3.4 (95% CI: 3.2-3.6). Twenty-nine respondents (6.3%) reported zero of the 10 harms proffered and 26 respondents (6.2%) reported seven or more harms. No respondent indicated an affirmative answer for all 10 harms.

Where the problematic drinker was a partner, the average number of reported harms was 3.66 (3.18-4.14) and for an ex-partner it was 4.39 (3.71-5.07). If the drinker was a close relative, the average number of harms reported was 3.27 (2.99-3.56) and for an extended family member

it was 2.54 (2.17-2.91). Problematic drinkers who were ex-partners had the highest average number of reported harms; however, this was not statistically different from findings for problematic drinkers who were partners. When the problematic drinker was an extended family member the average number of harms reported was the lowest; the rate ratio against the other three relationship types was statistically different.

Data Reduction of Harms

Multiple correspondence analysis was used to develop higher-order domains based on all 10 items. MCA requires that each item has a valid response; 366 respondents answered yes or no to each of the 10 items and results of the MCA are based on this subpopulation. The MCA suggested four main classifications or domains of harm, which account for approximately 60% of the explained variance. These domains have been labelled *psychological* (explained principal inertia 26.1%), *physical* (11.4%), *social* (10.9%), and *practical* (9.6%).

The psychological domain includes *feeling threatened, having a serious argument without physical violence, being emotionally hurt or neglected and the drinker failing to do something they were supposed to do*. The physical domain includes *being physically hurt and being forced or pressured into something sexual*. The social domain involves the respondent *being negatively affected at a social occasion and having to stop seeing the drinker because of their drinking*. The practical domain includes *being put at risk in the car when they were driving, because of their drinking and did they break or damage something that mattered to you because of their drinking*.

New variables were generated using these domains by counting the number of specific harms reported within each classification. The new domains have been modeled as explanatory variables, to examine the level of association against the proportion of harm being reported.

Model 1, in Table 2, presents the bivariate associations between the domains and the odds of reporting significant harm, as well as the demographics (age and sex) and the familial relationship between the respondent and the drinker.

[INSERT TABLE 2 HERE]

First, looking at the bivariate odds ratios (model 1), only respondents reporting one negative effect in the social domain were not significantly more likely to report significant harm. Within all harm domains, as the number of particular harms increased, the odds of reporting significant harm also increased--in some cases dramatically. In addition, female respondents were over twice as likely to report significant harm in comparison with males. Variations in respondent age and relationship status were not associated with significant harm.

If the respondent reported they lived with the heavy drinker they were more likely to report significant harm. It is likely that the association between respondents living with the problematic drinker and reporting significant harm is mediated by the type of relationship involved. Over 90% of problematic drinkers who were partners of the respondent lived with the respondent, by comparison only 30% of ex-partners and close family members lived with the respondent during the previous 12 months. The severity of harm reported by respondents was not influenced by the drinker's sex or age ($F_{(4,2640)}=1.26$; $p=0.285$).

The multivariate model presented in model 2 describes the relationship between substantial harm and the selection of independent variables that remained significant after fitting all variables simultaneously and then removing those that were nonsignificant. Analysis not presented here revealed that even after adjusting for the other covariates, respondent age and the sex of the problematic drinker remained nonsignificant in predicting substantial harm. To reduce any overspecification of model 2 these covariates were removed.

Model 2 highlights that after adjusting for the other covariates, harms in the physical domain were not significantly associated with reporting substantial harm. Although the particular effect of reporting two practical domain items was not associated with substantial harm (because of a small number of people reporting two harms – $n=7$) the overall effect of practical domain items was associated with substantial harm ($F_{(2,2637)}=13.07$; $p<0.001$). The significant association between harms in the social domain and in the psychological domain with level of harm remained after adjusting for other covariates. The results of model 2 suggest that after adjusting for other variables, the type of relationship was a predictor of significant harm ($F_{(2,2636)}=3.55$; $p=0.014$); the greatest effect coming from respondents who identified a close family member as the problematic drinker.

While the odds of reporting a great deal of harm did not differ between ex-partners and partners (the reference category), if the drinker was a close family member or an extended family member, the odds of reporting significant harm was more than double compared to partners. After adjusting for the other covariates, 41% of respondents who identified a close family member as a problematic drinker reported significant harm. By comparison, for partners this was 23%, for ex-partners this was 32%, and for extended family members this was 37%. If the respondent lived with the problematic drinker in the previous twelve months they were twice as likely to report experiencing significant harm compared with respondents not living with the problematic drinker.

Given the possibility that the type of relationship a respondent has with the problematic drinker may be strongly associated with respondents' reporting whether or not they lived with the drinker (e.g., a problematic drinking partner is more likely to live with the respondent whereas a

problematic drinking uncle is not), the mediating effect of this association was further explored as part of model 2. After adjusting for other covariates the interaction between relationship type and whether the drinker lived with the respondent was not a significant predictor of harm severity ($F_{(3,2636)}=0.99$; $p=0.397$) and thus was not reported in model 2. The association between the respondent's sex and the severity of harm varied greatly after the multivariate model was fitted compared to the bivariate model. The odds ratio of reporting significant harm for women increased by almost 60% to 4.40 after controlling for the types of harms and the other covariates, women were more than four times more likely to report significant harm compared to men. Finally, the age of the drinker was a factor associated with significant harm ($F_{(4,2635)}=3.85$; $p=0.004$). In particular, drinkers 30 years of age and over were three times more likely to be associated with respondents reporting a great deal of harm when compared with respondents discussing drinkers aged less than 30 years.

Discussion

This study provides a unique perspective on who is affected, in what ways, and to what extent when there is a problematic drinker in the family. Our focus is on families where someone feels that another's heavy drinking has negatively impacted them, rather than circumstances involving drinking without perceived harms and perceived harms not linked to alcohol use. Findings illustrate the range of harms family members reported, and the level of significance they attached to these experiences. While drinkers were often in partner relationships, which tend to dominate in allied research (e.g., Finney et al., 1983; Orford et al., 2002), respondents in our work also identified problematic drinking children, siblings and parents, as well as extended family members.

Females were more likely to report being harmed than males and family members identified as problem drinkers were likely to be male, consistent with existing research (Finney et al., 1983; WHO, 2005). Women were much more likely to report significant harm and sharing a household also increased the likelihood of significant harm. It was interesting to see that the frequency and nature of harms reported by partners and ex-partners were similar. Our findings do not allow any interpretation of the reasons why some of these relationships broke down while others did not.

While families strive to maintain the family unit (Orford et al. 2005) it appears that the perceived harms were not tolerable to some. Whether or not this is because of individual differences or variations in family circumstances (e.g., financial dependence, children in the relationship, cultural beliefs) is an area needing exploration through a more focused study. In particular, it would be useful to know the events precipitating family breakdown, explanations for continuing in the relationship despite the harms reported, and suggestions regarding what would help to resolve problems and possibly reduce the likelihood of relationships ending. There are many questions regarding the application of social control theory and understandings of family systems that remain unanswered, especially when moderate, yet cumulative, harms from a family member's drinking have been reported.

Around one-third of those with a problematic drinker in the family described being significantly affected, across physical, social, psychological, and practical domains of harm. These domains are consistent with other accounts of the problems experienced by relatives with a problematic drinker (Benishek et al., 2011; Kahler et al., 2003; Velleman et al., 1993) and extend into social and practical areas previously described by relatives of untreated heavy drinkers (Orford et al., 2002; Velleman et al., 1993).

Impacts on the family are complex and multi-faceted, belying a simple explanation or label (Orford et al., 2005). Family members in our work indicated that social and psychological harms were often experienced together and psychological and practical harms had the greatest level of impact. Almost half the respondents in our study reported being emotionally hurt, while more than half noted that the drinker had not completed a task. Not surprisingly, where more than one specific impact was reported, there was an increased likelihood of significant harm.

There are some parallels between the harms identified by adults in our work and harms identified by people that grew up with a problematic drinker in the home. Meredith et al. (2007) noted that having a problematic drinker in the home meant that the emotional needs of children were not attended to and practicalities were sometimes overlooked. Examples include routine tasks such as cleaning the home, providing supervision, taking children to school and assisting with homework. A US study on adverse childhood experiences showed that household dysfunction (including substance abuse) increased the risk of suicide in adulthood (Dube et al., 2001). Adults that had grown up in a household with a problem-drinking parent were more likely to have a mental health diagnosis (Balsa, Homer, & French, 2009).

The practical and social circumstances, as well as the financial implications, of cohabitation inevitably contribute to roll-on effects from a family member's heavy drinking.

Those being impacted may be an important source of informal pressure for someone to reduce their drinking, across various types of relationships and in different cultural settings. A six-country study on informal pressure to drink less showed that the actor (providing the pressure) was likely to be young (18-24 years) and female; family members were well-represented (Hemström, 2002). Recent, large-scale research involved 18 countries and examined gender and

country differences in the relationship between social pressure to drink less, help-seeking, and alcohol consumption and problem levels. In most countries, the spouse / partner was the usual controller, while other family members were often involved. Children and friends were seldom identified (Ölafsdóttir et al., 2009).

Interestingly, older drinkers (aged 30 years or more) were more likely to be identified as causing significant harm and this may be linked to the increased pressures and responsibilities that may be experienced with age. Life events such as marriage, parenthood, and ageing may be associated with changing patterns of alcohol consumption as well as different expectations from relationships (Leonard, & Eiden, 2007).

While this study provides a unique, population-based, perspective on the types of harms reported by those identifying a problematic drinking family member, the low response rate is a limitation. In addition, our classification of specific impacts into domains of harm needs to be tested in future work.

While findings provide a useful description of harms and relationship types, they can only be interpreted within the context of individuals who report having a family member that engages in problematic drinking behavior. Our work is limited by the lack of comparative data on base rates for harm experienced by others when family members have *not* been identified as drinking heavily and work involving heavy drinking family members that *are not* perceived as causing harm to others. This paper has explored family members' perspectives on harms arising from someone's heavy drinking, rather than examining perceived differences by 'problematic drinker' and 'non-problematic drinker', however this would also be useful. Research on the extent

to which perceived harms and drinking co-vary would enable more profound conclusions regarding the perceived role of alcohol in harms involving family members.

We have been able to illustrate the range of perceived negative impacts from a problematic drinker in the family and perspectives on the degree of harm involved. Our findings reinforce that it is predominantly women who are affected and that sharing a family home can affect experiences of harm from others' drinking. The breadth of harms identified provides support for public health interventions that account for family processes (Leonard, & Eiden, 2007; Room, 1994) and family wellbeing (Copello, & Orford, 2001), including relationships involving close and extended family members and considering impacts on children and adults. Advice, information, and directions for family members dealing with the problematic drinker need development (Copello, & Orford, 2001; UK Drug Policy Commission, 2009).

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Table 1*Percentage of each relationship type by the harm/s experienced in the last 12 months*

	Partner (88)	Ex- partner (55)	Close family (195)	Extended family (77)	Total (415)
Because of their drinking: (Count [#])					
Were you emotionally hurt or neglected	78.2	75.6	68.4	52.9	68.5
Did they negatively affect a social occasion you were at	65.3	72.3	59.3	71.5	64.5
Did you have a serious argument that did not include physical violence	79.6	77.2	65.6	33.8	63.9
Did they fail to do something they were being counted on to do	48.3	60.5	56.4	38.5	51.8
Did you have to stop seeing them	15.0	66.3	36.9	36.4	35.3
Did you feel threatened	36.3	41.1	22.8	22.6	27.9
Did they break or damage something that mattered to you	18.8	21.8	17.7	4.6	15.9
Were you put at risk in the car when they were driving	9.6	13.3	3.3	0.0	5.2
Were you physically hurt	6.8	13.5	3.3	1.4	4.9
Were you forced or pressured into sex or were you pressured to do something sexual	9.2	8.9	0.0	0.0	3.1

[#] Counts across harm types vary slightly due to missing data (don't know or refused responses).
 Most missing data were reported for 'failing to do something'; 6% or 25 respondents did not provide a valid response

Table 2

Logistic regression models of the relationship between harm domains, selected respondent characteristics, and severity of harm: model 1 (bivariate models), model 2 (multivariate model)

	Model 1 (n=411)			Model 2 (n=405)		
	OR	95% CI	p	OR	95% CI	p
Social [‡]						
1	1.51	[0.86, 2.65]	0.151	1.55	[0.83, 2.91]	0.169
2	3.65	[2.00, 6.64]	<0.001	2.51	[1.18, 5.33]	0.017
Psychological [‡]						
1	3.56	[[1.24, 10.21]	0.018	3.20	[1.09, 9.35]	0.034
2	5.92	[2.20, 15.95]	<0.001	3.81	[1.36, 10.69]	0.011
3	7.41	[2.77, 19.81]	<0.001	4.72	[1.62, 13.78]	0.005
4	32.09	11.01, 93.56]	<0.001	20.49	[5.71, 73.50]	<0.001
Practical [‡]						
1	5.48	[2.90, 10.35]	<0.001	4.71	[2.51, 8.85]	<0.001
2	17.12	[1.97, 148.65]	0.010	8.49	[1.12, 64.51]	0.039
Physical [‡]						
1	2.75	[1.16, 6.51]	0.022	0.73	[0.25, 2.17]	0.576
2*						
Relationship [†]						
Ex, partner	1.15	[0.51, 2.57]	0.736	1.97	[0.71, 5.43]	0.190
Close family	1.20	[0.68, 2.12]	0.539	3.42	[1.62, 7.22]	0.001
Ext. family	0.69	[0.33, 1.46]	0.334	2.65	[1.03, 6.84]	0.043
Lives with drinker	1.58	[1.01, 2.47]	0.043	2.20	[1.11, 4.37]	0.024
Respondent:						
Female	2.76	[1.57, 4.84]	<0.001	4.40	[2.12, 9.11]	<0.001
Age [£]	1.00	[0.99, 1.02]	0.578			
Drinker:						
Female	0.68	[0.42, 1.13]	0.136			
Age group [¥]						
30, 39 years	1.77	[0.90, 3.48]	0.096	3.90	[1.73, 8.82]	0.001
40, 49 years	1.01	[0.52, 1.96]	0.981	3.19	[1.35, 7.51]	0.008
50, 59 years	1.68	[0.86, 3.28]	0.126	3.86	[1.72, 8.67]	0.001
60+ years	1.12	[0.56, 2.23]	0.749	2.41	[1.07, 5.46]	0.035

Note. OR = odds ratio; CI = confidence interval.

[‡] Reference category is 0 (no harms of that type)

[†] Reference category is partner

* Due to only 5 people reporting both physical harm and sexual abuse in the last 12 months and these people also indicating that the severity of harm was a lot – analytically this score cannot be modelled.

£ Two people did not provide an age

¥ Reference category is drinkers less than 30 years of age

£ Two people did not provide an age