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'If I whistled in her ear she'd wake up': children's narration about their experiences of growing up in alcoholic families

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ABSTRACT

This article aims to investigate what it means to grow up in an alcoholic family environment. Nineteen children aged 6–11 who participated in a psycho-educational programme in the 1990s for children living with parents who misuse alcohol were interviewed about their experiences in a longitudinal study. A narrative analysis of their life stories demonstrates how, on the one hand, they positioned themselves as 'vulnerable victims' exposed to their parent's alcoholism and to situations of severe neglect, domestic violence and sexual abuse. This position was characterized by a sense of powerlessness and lack of resources for coping with emotional distress and risk, as well as an urgent need for protection and care. On the other hand, the children positioned themselves as 'competent agents' who had developed purposeful strategies for managing their life situation, such as trying to reduce their parent's drinking and undertaking the role of a 'young carer'. The children primarily tried to normalize themselves in their social circle in a position of 'silenced and invisible victims'. However, the alcoholism was usually exposed and the children occasionally also found themselves in the position of 'help-seeking victims' obliged to disclose the 'family secret'. Remarkably, this rarely changed their situation very much. Instead, the children were commonly left in the position of 'visible but unprotected victims'.

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Children of alcoholics COA; coping strategies; longitudinal study; narrative; support needs; stigmatization

Introduction

Existing research emphasizes the difficulty of identifying the children who grow up in alcoholic families – where one or both parents are chemically or psychologically dependent on alcohol or have serious issues in connection with the misuse of alcohol, and where family members interactively take on different roles in the family system (Fine, 1975). Hence, for reasons of shame, stigma and family secrecy, induced by the notion that alcohol misuse is a morally norm-breaking behaviour, alcoholism is often referred to as a hidden problem with hidden harm effects (e.g. Haverfield & Theiss, 2016; Laslett et al., 2015). This silencing process means that a large number of cases remain unknown to the official statistics and

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creates a dilemma for practice in providing these 'invisible children' of alcohol-dependent parents with adequate support (Kroll & Taylor, 2000; Laslett et al., 2015). Hence, there is a shared understanding, based on the research, that children of parents who have alcohol misuse problems are at risk of negative development into young adulthood, with increased prevalence of psychological, behavioural, cognitive and social problems and ultimately of untimely death. This increases the importance of early detection and intervention (see e.g. Hjern et al., 2017; Laslett et al., 2015; Laslett, Room, Dietze, & Ferris, 2012; Nygaard Christoffersen & Soothill, 2003; review by Steinhousen, 1995).

Important clues to understanding the risks connected with growing up in a family where one or both parents misuse alcohol can be found in the reported experiences of adult children of alcohol-dependent parents. They commonly testify in research of deprived, chaotic and stressful childhoods characterized by unpredictability and trauma, where their basic needs for consistent care and emotional support – to develop a sense of security and a self-perception of being valuable and loved – have been insufficiently met due to their dysfunctional family environment (Burnett, Jones, Bliwise, & Thomson Ross, 2006; Haverfield & Theiss, 2014). Many report incidents of neglect and maltreatment such as being left alone without parental supervision and care; being exposed to manipulative, critical or dismissive behaviour by the alcohol-dependent parent; parental conflicts and intimate partner violence; or being subjected to physical harm (Burnett et al., 2006; Haverfield & Theiss, 2014). In addition, adult children of parents with alcohol misuse problems commonly report experiences of role confusion and role reversal (Nardi, 1981), where family life was characterized by greater unpredictability due to changes in the alcohol-dependent parent's behaviour, and where the children ultimately take on adult roles and responsibilities – so-called parentification (see Burnett et al., 2006).

These environmental stressors, which help to explain the negative outcomes found in longitudinal register studies, are all emphasized in the retrospective telling of the childhood experiences of adult children of alcohol-dependent parents. It is important to note, however, that most of the children of parents with alcohol misuse problems grow up to be healthy and competent adults; and that although they may struggle with childhood wounds in adulthood, they show resiliency in their management of such early experiences (Haverfield & Theiss, 2014; Rognmo, Ask Torvik, Ask, Roysamb, & Tambs, 2012; Werner & Johnson, 2004). Nonetheless, existing 'risk research' highlights the importance of early identification of these 'invisible', trauma-exposed children in order to help to improve their living conditions. Perhaps indicative of the stigma related to parental alcohol misuse, the research is also scant when it comes to younger children's experiences (Tinnfält, Fröding, Larsson, & Dalal, 2018). This is especially the case from a longitudinal perspective, where children describe the family environment and how they cope with it during the ongoing course of their childhood.

This article is based on an analysis of 19 children's[1] life stories from childhood into youth and young adulthood, and their narrated experiences of growing up in a family affected by parental alcohol dependency. These children were invited to participate in a study in connection with their participation in the *Children are People Too* (CAP) programme for children of parents with an alcohol misuse problem, held in Stockholm at the beginning of the 1990s.[2] The aim in analysing this archived life story material is to investigate *what of* and *how* these experiences were talked about over time. Of particular interest is how these young narrators positioned themselves in their life stories, and what their support needs and coping strategies were.

Method and material

The longitudinal material in this study consists of narratively structured interviews with 19 children (8 girls and 11 boys) about their experiences of growing up with one or two parents who were chemically or psychologically dependent on alcohol. All the children participating in a CAP programme were aged between 6 and 11 (see Table 1). The programme consisted of a series of 15 group meetings in Stockholm in 1991–1993 (see Lindstein, 1995). The research project was designed in cooperation with the programme organizers to facilitate the children's narration of traumatizing and stigmatizing experiences in a familiar context where additional support could be provided. However, their participation in the programme was not conditional on their participation in the interview study – the children themselves decided whether they wanted to be interviewed. The material consists of those children who participated in all three interviews. The first interviews took place directly after the programme ended; the second 2–6 years later; and the last interviews 9–13 years after the end of the programme.

The first interviews were conducted at the location of the CAP programme, and the second and third interviews in the children's homes. Two former group leaders performed the interviews, one of whom was the project leader. In the interview situation, the children were encouraged to narrate freely following on from the initial prompt, 'Tell me the story of your life', and in response to follow-up questions about the content of their answers. They were supported to reflect on reported episodes and patterns that appeared in their narratives, such as of the parent's drinking, neglect and violence. There was a special focus on the children's feelings and needs, and their agency in managing the life situation described (Clausen, 1998). Taken together, this research design contributed rich narrative material, consisting of a series of audio recordings of and transcribed interviews with each child. After the project leader became terminally ill, the unpublished, archived material was entrusted to the second author.

A general distinction in the material is that as younger children, the participants reported more concretely on everyday situations and events; but as they got older, they became increasingly reflective on how their overall childhood experiences had affected them and their ongoing and continuing lives. This is consistent with theories of narrative identity development (McAdams, 1993; McLean & Pasupathi, 2010), which emphasize how significant events in early life resurface in youth, and how new meanings and identities are elaborated on as part of the construction of a so-called storied *Self*. This has implications for the future because how identity is constructed in relation to past negative life experiences affects one's self-worth and perceived life prospects and can have a self-fulfilling effect.

Theoretical framework

This article is grounded in a childhood sociological perspective (Eriksson & Näsman, 2008; 2012; James, 2009), according to which children who experience adversity are understood as both vulnerable and competent, and in narrative methodology (Bruner, 1990; Riessman, 2008), which particularly focuses on children's agency as storytellers and social actors in their narration of experience. In contrast to the view of children as innocent and powerless, which tends to marginalize children's negative life experiences

Table 1. Participant overview.

Participants	Age at interview 1	Age at interview 2	Age at interview 3	Social situation
Evelina	8	13	18	Father had been alcohol-dependent, but later sober. Separated parents; lived with both. Older and younger siblings. Alcoholism in previous generation. On sick leave at time of last interview.
Theodore	6	10	18	Father was alcohol- and drug-dependent. Separated parents; lived with mother. Older and younger siblings. Alcoholism in previous generation. Developed a drug misuse problem and was placed in foster care. Working in an apprentice profession at time of last interview.
Kasper	7	13	20	Father was alcohol-dependent and died when K was very young. Lived with mother and an alcohol-dependent stepfather. Older siblings. Working in an administrative profession at time of last interview.
Eva	7	12	18	Mother was alcohol- and drug-dependent. Separated parents; lived with both. Older and younger siblings. Alcoholism in previous generation. In higher education at time of last interview.
Jeanette	6	11	18	Father was alcohol-dependent. Separated parents; lived with mother. Older siblings. Graduated from high school and planning to study abroad at time of last interview.
Arne	7	11	18	Both parents were alcohol-dependent, but mother now sober. Separated parents; lived withboth. Olderl and younger siblings. Alcoholism in previous generation. In high school at time of last interview.
Robert	9	13	19	Both parents were alcohol-dependent, but mother later sober. Separated parents. Lived with both and later only with mother. No siblings. In high school at time of last interview.
Benjamin	6	10	17	Father was alcohol-dependent. Separated parents; lived with both. Older siblings. In high school at time of last interview.
Helge	8	13	19	Both parents were alcohol-dependent but mother later sober. Separated parents; lived with both. Younger siblings. Alcoholism in previous generation. Doing military service at time of last interview.
Julia	12	16	24	Both parents were alcohol-dependent but father later sober. Separated parents; lived with both. Older and younger siblings. Studying in a university doctoral programme at time of last interview.
Vanna	9	14	21	Father was alcohol-dependent. Separated parents; lived with both. Younger siblings. Working in a care profession and planning to apply to university at time of last interview.
Henning	9	14	22	Father was alcohol-dependent but now sober. Separated parents; lived with mother. Older and younger siblings. Alcoholism in previous generation. Studying to complete high school at time of last interview.
Per	11	15	22	Both parents were alcohol-dependent and separated. Lived with his father. Was later placed in foster care. Older and younger siblings. His mother died during the follow-up period. Job seeking at time of last interview.
Jakob	7	11	16	Mother was alcohol-dependent but now sober. Separated parents; lived with mother. No siblings. In high school at time of last interview.
Filippa	11	15	21	Father was alcohol-dependent. Separated parents; lived with father. Older and younger siblings. Alcoholism in previous generation. Dropped out of junior high school. Working in a service profession at time of last interview.
Ronja	11	14	21	Mother was alcohol-dependent and died during the follow-up period. Separated parents. Was placed in foster care

(*Continued*)

Table 1. Continued.

Participants	Age at interview 1	Age at interview 2	Age at interview 3	Social situation
				with her older sibling and lived later with her father. Also younger siblings. Alcoholism in previous generation. Working in a service profession at time of last interview.
Lovisa	9	12	18	Father was alcohol-dependent, but later sober. Separated parents. Lived with her mother, an alcohol-dependent stepfather and a younger sibling. Dropped out of junior high school due to drug problems. Working in a service profession at time of last interview.
Måns	10	12	19	Mother was alcohol-dependent and died during the follow-up period. Separated parents. Lived with both and later with father. Older and younger siblings. Alcoholism in previous generation. Graduated from high school and planning to apply to university at time of last interview.
Daniel	8	12	20	Father was drug-dependent. Separated parents. Lived with mother and alcohol-dependent stepfather. Older and younger siblings. Job seeking at time of last interview.

Note: 19 participants.
8 girls.
11 boys.

(Ribbens McCarthy, 2007), children and young people are recognized for their exposure to hardship and their efforts to cope through the use of different interactional strategies (Ribbens McCarthy, 2007; James, 2009). In addition, children are empowered by voice. This primarily involves recognition of their power to construct meaning and identity in relation to overwhelming events as part of life storytelling/reviewing (Bruner, 1990; Clausen, 1998; Riessman, 2008), but also of their potential power to tell others about their situation, to be heard and to initiate change (Fivush, 2010). One circumstance that complicates the telling of traumatic and stigmatized events is a 'conspiracy of silence' (Fivush, 2010, p. 91). This is a commonly reported experience among traumatized individuals in their families and social networks that tends to deprive them of voice. In this case, such hindrances to communication have been deliberately addressed in the research design. Hence, the study was performed in connection with a professional context of normalization and support, which probably facilitated the children's regaining of voice and agency in relation to their parent's alcoholism.

Analysis

The transcribed material was analysed in line with the theoretical perspectives discussed above, by use of different narrative methods, in three steps. In the first step, the material was analysed taking a case-by-case approach whereby the three interviews in each individual case were linked together to construct a whole for that specific life story (Clausen, 1998). The separate interviews were thus understood as snapshots in the children's ongoing autobiographies, but at the same time as opportunities to reconstruct meaning and identity in relation to past experiences and their current life situation. In the second step, a narrative thematic analysis (Riessman, 2008) was performed to identify recurring narrative themes in the life story material from the question: '*What* was talked about?'. This analysis captured what the children themselves perceived to be

central aspects of their experiences. In the third and final step, the subject positions taken and attributed to others in the children's narratives were identified (Bamberg, 1997) from the question: '*How* was it told?'. The implications for the children's meaning-making and self-formation were then examined.

Overall, this analytical approach aimed to identify how the participants' narrative recapitulation of experience reflected on their identity, and what their support needs and coping strategies were.

Ethical considerations

For the original study in 1991, there was no formal requirement for ethical vetting, but the study followed the principles stipulated by the Swedish Research Council at that time with regard to informed consent and confidentiality. The study was also designed with an ethical weighing of traumatized children's vulnerability and right to integrity against their agency and right to be heard in research (Eriksson & Näsman, 2012). This resulted in the study design discussed above, with the potential to provide additional support if needed in connection with the research interviews. The present study was later approved by the Regional Ethical Review Board in Stockholm (2015/1934–31/5) and Uppsala (2017/371), Sweden. In this article, such personal information that could risk revealing the identities of the study participants has been omitted or changed, and fictional names are used.

The children's social situation

All the children had in common that they were living with one or two parents who were chemically or psychologically dependent on alcohol when they participated in the CAP programme and when they entered the interview study. Most of the parents had already developed these problems before the children were born but some children described, in connection with the CAP programme, how their parent's drinking became a problem when they were 6–11 years old. Ten of the children had an alcohol-dependent father and four an alcohol-dependent mother. In five cases, both parents misused alcohol. The parents of eight children had stopped drinking during the follow-up period. In three cases, the alcohol-dependent parent died. Three children were placed in foster care during the follow-up period: two due to their parents' alcohol-misuse problems and one due to his own drug dependency (see Table 1).

Most of the children lived with the parent or parents with alcohol misuse problems for the major part of their childhood. Usually, this was full time when they were younger and the parents lived together and part time – commonly every other week – after the parents separated. Such arrangements are standard according to Swedish family law. Apart from two couples, all the parents separated during the follow-up period. These living arrangements usually meant that the children witnessed their parent's drinking – sometimes on daily basis – before the separation, and that after the separation they had to cope without the non-alcohol-dependent parent's supervision, protection and care while living with the parent who was dependent on alcohol (c.f. Alexanderson & Näsman, 2015; Alexanderson & Näsman, 2017b). However, in line with previous studies, the children's life stories revealed that the non-alcohol-dependent parent was not always much of a resource. Some parents were described as having limited parenting capacities due to their own

difficulties, being too involved in the relationship with the alcohol-dependent parent to see the child's needs or preventing the child from talking to others for support (c.f. Alexanderson & Näsman, 2017a). The parents were predominantly educated professionals or skilled workers mainly from middle-class backgrounds, but some had working-class backgrounds. A small number of parents were on sick leave for periods due to various health problems. In all cases, the children reported that it was their mother who took the initiative regarding their participation in the CAP programme, regardless of whether they were the parent with alcohol misuse problems.

Most families were described as large, with new family constellations and members appearing over time due to divorce and new partner relationships, but there were also children who grew up with a single parent and no, or only one to two, siblings. The single parents who were dependent on alcohol were generally described as living fairly socially isolated lives, or as spending their spare time with people with similar problems. The social networks around the families were commonly described as sparse or distant, and grandparents or other adult relatives, such as aunts and uncles, rarely appeared as resources in the children's life stories. This was usually explained by alcoholism in the previous generation. A grandparent's alcoholism was commonly described as having negatively affected family relations, often resulting in a disruption of the parent-grandparent relationship with the result that the children rarely knew their grandparents. Many grandparents were already deceased at the time of the first interview, or died during the follow-up period. Ronja (14) is a case in point:

> I'm not sure about grandpa because he died when mom was 16, but I've … understood that he had a strange attitude to alcohol. Grandma never went out … She laid at home and read her detective stories and drank her wine and was constantly drunk … Grandpa [on father's side] pulled himself together in his last years, but before that … he was an active alcoholic.

The children seldom mentioned social services or other professions that could offer psychosocial support, such as counsellors or psychologists in school, or child and adolescent psychiatric teams, in connection with their descriptions of their family situation and their coping strategies. This was particularly rare during preschool and lower primary school years. The exception was two children who told of their experiences of foster care placements linked to severe alcohol misuse by both parents. When the children reached youth, however, some reported how they had participated again in group meetings in the CAP programme or at Alateen, or that they had been referred to psychiatric care and/or social services due to their own psychological problems and/or alcohol or drug misuse. This circumstance corresponds well with studies that problematize children's position as 'invisible victims' during childhood and as visible but 'at risk' in youth (see e.g. Bancroft & Wilson, 2007).

The two faces of the alcohol-dependent parent

All the children described how they understood early on, usually at the age of 5 or 6, that their alcohol-dependent parents changed their behaviour – always for the worse – by drinking, sometimes in combination with taking drugs. Such changes were commonly described in terms of the alcohol-dependent parent's 'two faces', where the children specified the differences between 'the sober' and 'the drunk' parent. The drunk parent

dominated the children's life stories. This is natural since the parent's alcoholism was the subject of their participation in both the CAP programme and the study. Julia (12) described how she could tell when her parents were drunk:

> Dad, … he looks very grubby and he talks weird. I notice it in his way too. And he smells of beer and so on. And mom she looks shabby […] She's always depressed … When she's drunk she cries a lot. She's so angry. She's screaming and she's getting it all out … It's difficult to watch […] It's dark and everything's messy and it smells disgusting in the whole apartment.

A shared thematic in the children's narratives was their experience that while under the influence of alcohol, the parents became less physically and emotionally available and lost their caregiving capacity. Ronja (11) described how her sober mother was normally interested in and open to talking to her but when she drank, she withdrew, said 'no' to everything and became easily upset. She showed how her mother would sit staring into space on the couch, or lie asleep in bed for several days. Helge (8) remembered what it was like when his now sober mother was drunk:

> She talked weird and she took nothing seriously. It was as if she was newly awake all the time. That's what I remember at least. She got angry so easily … Yes, you knew when she had been drinking, her eyes didn't look the same.

'The sober parent' was usually described in opposition to the 'drunk parent' as physically and emotionally present, supportive and lovable – someone who the children felt affection for (c.f. Alexanderson & Näsman, 2015; Tinnfält et al., 2018). Theodore (10) described his sober father: 'He's a very kind dad, caring, has fun ideas, fearless, likes to go swimming and such'. He could see on his father's face when he was drunk; he lost his energy and usually fell asleep. Henning (9) described a similar change in his father before he stopped drinking:

> He was absent the whole time … it was impossible to get in contact … tired and sad … and … there was just no glow. Otherwise he was very … happy. It was so obvious.

Arne (18) likened the situation with his father to live in two disparate worlds: 'It's like you have two dads; one who works and struggles and one who's home drunk'.

From these depictions, it is apparent that this unpredictability in parental behaviour and caregiving capacity created great insecurity and distress, which also placed demands on the children's responsiveness and ability to adapt. As a way of 'being prepared', the children described how they became experts in noticing markers of the parent starting drinking, such as that the parent became depressed or restless, and developed strategies both for trying to prevent the parent from drinking and for managing the drunk parent.

Positioning oneself as a 'vulnerable victim'

In the children's overall life stories, their position as vulnerable victims in the family became central to their experience. All the children in their first and second interviews testified how their parents' alcohol misuse problems caused repeated incidences of neglect of their basic needs. Many of them also reported verbal and physical violence as a common feature of their everyday life and two children disclosed that they had been

sexually abused by people included in the family environment. All these harmful childhood experiences were described as affecting the children emotionally. They suffered feelings of abandonment, sadness and anger from experiences of not being lovingly cared for, as well as anxiety and distress due to the confusion between hope and despair in relation to the 'two faces' of the alcohol-dependent parent. Moreover, most children expressed concern for the health of their parents with alcohol problems, and for their own and their siblings' safety and well-being (c.f. Alexanderson & Näsman, 2015; Tinnfält et al., 2018). Many also told in detail of intrusive thoughts about traumatic events, and at the same time – especially when younger – of their conscious attempts to *not* think about them, for example by playing with their toys or watching television (c.f. Alexanderson & Näsman, 2015). Generally, the alcoholic family was described as a chaotic, stressful and risky environment, and the children's subject positioning as vulnerable victims was mainly characterized by their exposure to the parents' drinking, neglect and, in many cases, aggressive behaviour and violence, without any possibility of making the alcohol misuse stop. This positioning dominated in younger childhood when the participants were most dependent on their parents, while in youth and young adulthood they had usually developed greater independence and increased opportunities to invest in their lives outside the family. In the younger children's stories, their vulnerability was indirectly revealed through a 'matter-of-fact' approach to their reporting of situations and events, but they could also express their feelings in relation to reported events with the support of the interviewer. In youth and young adulthood, this vulnerability instead appeared through recollections and the processing of painful childhood experiences. Per (22) summed up what it had meant for him to grow up with two alcohol-dependent parents until he was placed with a foster family at the age of 11:

> You weren't … taken care of in the loving way a parent should take care of his child … You didn't get the love that you needed … at all.

In a similar way, Kasper (20) reflected on his experiences of growing up with his single mother who misused alcohol:

> You didn't have a family, that's the thing … you're different. What's negative is that I ended up abusing alcohol myself.

Some of the children's narrated experiences are outlined and discussed below.

Experiences of parental neglect

All the life stories revealed experiences of insufficient caretaking while the parents were under the influence of alcohol. Filippa (11) described how she got stuck in a situation of lack of parental support when her parents divorced. She decided to stay with her father, who she was worried about, while her younger siblings moved out with their non-alcohol-dependent mother:

> I'm not so orderly with my things, and when he came home he was really irritated and I asked: 'Why are you mad?'. He said: 'You just throw your stuff around'. Then he sat down and drank a beer and fell asleep. Then he got up and started pestering me. Then I told him that I wanted to go to mom and sleep there, but he said: 'No you don't! You stay here!' […] It feels like he just wants me around to harass. It feels like he's a damn grumpy man who just walks around starting fights … and drinks. That he doesn't care about me at all.

Through her story, Filippa shows the complexity of her father's poor parenting. He not only drinks and becomes critical of her, but also prevents her from seeking support from her mother. Filippa told how her father would even threaten to kill himself by jumping from the balcony if she decided to move in with her mother. This led her to keep quiet about her father's relapses to her mother and to remain in this exposed position throughout her childhood. Per (22) recollected what it was like to grow up with two parents who were dependent on alcohol. His family never ate at specific times; it could be five in the morning or late at night. He told of a fragmented existence where he was usually left to himself:

> I had a childhood friend … who I spent lots of time with. Her parents were alcoholics too. We hung out outside late at night. There were no rules … about what we couldn't do. My dad sat with his friends and such … . They often came to our house too, when I was there. You saw them sitting there drinking, you sat with them … .It's no fun for a small child to sit like that. I got to light my dad's cigarettes. … They fought and such and you had to listen to it … there were quarrels, fist fights and tumult all the time.

Per's story shows not only how his parents drank themselves to the point where they could not take care of him, but also how his father forced him to participate in this alcoholic and violent environment instead of distancing himself to ensure his safety. There are several reports in the material of poor parenting and distressing situations like these, where the children describe their lonely position and their management of everyday life, and where their basic needs were not sufficiently met. This experience is a red thread throughout the material, and a major circumstance with which the children had to cope.

Experiences of violence

Nine of the 19 children's life stories contained repeated reports of verbal and physical violence. This is alarming and confirms the connection between drinking and domestic violence (e.g. Laslett et al., 2015). However, it also means that half of the children *did not* report such incidents, which highlights a variation in experience. The latter is important to acknowledge to counter judgemental stereotyping, since not all parents who have alcohol misuse problems become truculent and violent towards their children (Laslett et al., 2015). The children who *did* speak of violence, however, told of how their alcohol-dependent parents – generally the fathers, but in two cases also the mothers – had a hypercritical eye and behaved in an intimidating way, and how such situations could easily escalate into physical violence against them, their siblings or the other parent.

Benjamin (6) stated that his father always got dangerous when he drank. He could sense it beforehand: he 'blew himself up' and became 'bigger'. One time, he kicked Benjamin and fractured a bone in his leg, which had to be put in plaster in the hospital. Benjamin told his mother what had happened and they both told the doctors but 'nothing was done'. Helge (13) described one occasion at Christmas when his parents got into a violent fight; his mother pulled a knife on his father, who protected himself with the living room table. At 19, he disclosed that his father was violent too. He used to throw him and his younger siblings into their rooms, pull them by the hair, drag them to the floor and kick them. Måns (10) described how his mother provoked situations that often ended in violence:

> She came home drunk and said: 'Why does it look like this?'. The room was clean and tidy, but she made it messier and messier. She even took the porcelain and threw it on the floor and she told my big sister: 'You pick this up!' She was terrified of mum … she had been beaten so many times.

Vanna (14) said that her father never hit her, but often hit her mother and younger brother:

> One time, it was Valborg and he had promised that we would go to the fire in the park … but when he got home he didn't want to go … Then mom started a fight and then he bent her arm … so that she sprained her wrist … I remember that.

Eva (7) told how her mother would repeatedly force her to drink alcohol:

> When mom comes into my room and says that I must drink, I say 'No!' Then she puts it in my mouth, but then I spit […]. She puts it in my mouth so I almost vomit.

In his final interview, Per (22) disclosed that he had been sexually abused by his older brother as a child. He, in turn, had abused his younger brother and foster brother:

> I was sexually abused as a child, among other things … unfortunately. I'd rather not talk about it so much … It was my own brother Jonas, he had also been [sexually abused] … It's usually the way it goes … If it happens to you, you want to get rid of the burden and so you go on … and I was unfortunately the victim … And I can't say that I'm any better because I passed this on to my little brother Oscar, today 13 … I feel very bad … Have gone to psychologists several times, but I've always stopped myself from talking about it. I've talked about everything else … it's been hard, but just when you get to that point … then it's like 'No thanks, it's good!' … So I've never really talked about it … .

Theodore (18), also in his last interview, told of experiences of sexual abuse from the age of five by several adults included in the family environment. Asked about who he could talk to about this, he said: 'No one: the adults have abused my trust'.

All the above demonstrates the vulnerable position of these children, who were exposed to their parents' alcoholism, neglect, verbal and physical violence or sexual abuse. These are all harmful behaviours. In addition, they contribute to confusion and uncertainty over the roles the parent and child might play in the family dynamic; for example, depending on whether the parent is drunk or sober, angry or happy, passive or violent (Nardi, 1981, p. 239). In accordance with previous narrative studies in the field (e.g. Åkerlund, 2017; Överlien, 2016), such a vulnerable position in an unpredictable family situation leads children to develop strategies to safeguard their own and their siblings' safety and well-being. This is outlined and discussed further below.

Positioning oneself as a 'competent agent'

In their life stories, the children also positioned themselves as 'competent agents'. From this position, they demonstrated purposeful strategies that helped them to cope in the alcoholic family environment. A shared pattern in the children's life stories was that these strategies changed during their life course from childhood to youth and young adulthood, due to the children's change in position from dependence to increased autonomy in relation to their parents. The most common strategies described are outlined and discussed below. This represents a shared experience-based practice in the narrative material.

Controlling or preventing the alcohol-dependent parent from drinking

All the children described how they tried to control what and how much their parents drank, and to prepare themselves for how drunk they would become. The children learned at an early age to distinguish between low-alcohol beer, strong beer, wine and liquor/spirits based on the bottle, can or labels. Another control strategy – especially among the youngest children – was to dilute, hide or pour away the alcohol. Helge (8) described how he used to take half-empty bottles, fill them up with water and put them at the front of the cabinet. Eva (7) said that she emptied 12 wine bottles that she found in her mother's wardrobe and hid the empty ones in her play hut. Måns (12) knew that his mother took pain relievers and sleeping pills with alcohol, which frightened him. His strategy was to hide her pills or throw them in the trash, and to dilute or pour away her spirits. Even after their parents stopped drinking, some children felt the need to control them. Ronja (11) reported with enthusiasm that her mother was in treatment but on the question of what would change when her mother came home, she said: ' … [deep sigh] You'll feel so insecure. I'll walk around watching her all the time, so she doesn't have a relapse'. Ronja's reaction corresponds with the documented experiences of children of alcohol-dependent parents after their parents had ceased misusing alcohol. They report a continuing care responsibility, mistrust and worry in relation to their now sober parent (Alexanderson & Näsman, 2017b). Filippa (15) declared in her last interview that her father was drinking 3–4 beers a day, which was 'less than before'. Nonetheless, she said: 'I don't know … can't do this anymore, because it doesn't help me or my dad if I count the cans'. Filippa's statement suggests that in her current position – as a girl becoming a young woman – she was negotiating the meaning of her childhood strategy to monitor her father's drinking, and telling herself that she still had no control. Similarly, Julia (24), in a more independent position as a young woman, explained how she tried to control her mother's drinking when she was younger, with consequences for her schooling.

> High school was difficult … I lived with mom and I felt the need to control her all the time. As soon as she felt low … I started feeling so bad. A day before I always knew that she'd drink … so I stopped going to school … I took care of her a lot and thought I could cure her … that she was ill … to make her well again. At the same time, I was so angry.

Julia told how as a child she took it on herself to care for her mother – 'to make her well again' – at the same time as she was filled with frustration and anger due to her position as an abandoned child. In retrospect, Julia expressed sadness that her childhood had been so limited and filled with concern for and control of her alcohol-dependent mother.

Most children described witnessing their parents' drinking as highly distressing. When the children reflected on *why* their parents drank, they usually thought of alcoholism as a sign of sadness or depression. Many explained that their parents had had a difficult childhood too, referring to their grandparents' alcoholism or absence from their parents' lives. Hence, their parents drank to escape painful memories. A consequential strategy among some of the children thus became to try to divert negative thoughts by making the parents happy in order at least temporarily to prevent them from drinking. Hans (10) is a case in point: '[I] try to do funny things for them … for us all. Joke and such for attention. Try to cheer them up a bit. I just want it to be normal … that it shouldn't be so obvious'. In her teens, Vanna (14) reflected back on the role she used to have in her family: 'I was a clown

most of the time. You were always funny and joked a lot'. Henning (22) as a young man remembered using a similar strategy in his family: 'It was during my father's relapses. I was very childish and kidded around all the time … confused and … I was really restless … played zany and such'. Taking on the role of entertainer in the family is a well-known strategy among children of parents with alcohol misuse problems (Nardi, 1981). In these cases, the children expressed a wish to divert attention from the drinking and to make the parent happy, but also to normalize the family and themselves.

Confronting the parent with the alcohol misuse problem

All the children described how when they were younger they tried to adjust to or stay out of the way of their alcohol-dependent parents when they drank, or when the drinking escalated into verbal fights and even violence. The exception was two children whose fathers stayed away while drinking. At other times, and especially as the children grew older, it became more common for them to confront their alcohol-dependent parents; they either gained the courage to talk to them or became so frustrated and upset that they stood up to them (c.f. Tinnfält et al., 2018). Through the CAP programme, the children were taught, in line with the Minnesota model (Minnesota house, 2019), that their parents' alcoholism was a disease, for which only they themselves could decide to seek treatment (see Lindstein, 1995). Some children seemed eager to share this knowledge with their alcohol-dependent parents. Theodore (10) tried to inform his father: 'I asked him: "Dad, do you know that you have a disease?", and he just said: "I haven't got a fever or anything"'. Filippa tried to inform her father in another way:

> I put it on the kitchen table every now and then so … then he asked me: 'Filippa, do you think I drink too much, since you have put this brochure on the kitchen table?' I just said: 'No, I collect those'. That is what I said.

Jakob (11) described how 'awful' and 'like into hell' it was when his mother drank. Finally, he reached the limit of what he could stand and spoke his mind, which was depicted as a turning point in his life story:

> Finally, I yelled at her and started crying: 'Now I can't stand this anymore' and then she cried as well and we called for … She went to a clinic with other alcoholics and they helped her to get sober […] It was good, because when she got home she was so changed. She didn't have any wine bottles or anything. She threw them away. Even the full ones.

Vanna (14) described how she and her younger brother used to unite against their parents when they went too far with their drinking and fighting: 'When they fought, it was me and Lukas who needed to say "stop!" and "that's enough!" because they couldn't stop themselves' (c.f. Tinnfält et al., 2018). Daniel (12) described how he eventually stood up to his stepfather, after many years of alcohol misuse and violence against his mother:

> And then I told him one day when he came home drunk … I forced him out the door and said: 'Come back when you're sober! I don't want you here when you're drunk! You upset the whole family. We don't want your damn alcohol … '.

Ronja (21) in her last interview remembered a momentous moment when at the age of 14 she gave her mother an ultimatum:

> I knew that my mother had alcohol problems and I stood in the hallway holding a wine bottle in my hand, which I'd taken from her. And I said: 'Now you must choose, it's me or the bottle!' and she takes the bottle and walks away. I just stumbled out and went to my dad.

Soon after her mother died of an alcohol-related illness. Ronja was placed in foster care with her older sister, before they were able to move permanently to live their father. Finding the voice to confront the parent with alcohol misuse problem seems to be a strategy connected to increased maturity and self-reliance, but also to an understanding of how a family is supposed to function and a strong conviction that something needs to change.

Practicing the role of young carer

The most prominent self-positioning in the children's life stories was the role of 'young carer'. In such narrated episodes, the children first and foremost performed as caretakers of their alcohol-dependent parents, who in turn were positioned as drunk and thus incapable in manifold ways, but also of younger siblings and themselves. In violent episodes, such as the ones described above, the parents were instead positioned as uncontrolled, dark-minded and dangerous, and the children as exposed and vulnerable, but at the same time inventive in the actions they took. The siblings were in both cases positioned as either younger and thus more innocent and dependent on others for protection and care, or older and thus usually more of a substitute parent. In the following, the caretaking responsibilities frequently reported in the material are presented from three perspectives: caring for the alcohol-dependent parent, for younger siblings and for oneself.

Caring for the alcohol-dependent parent

Several children told how the parent–child roles became reversed when the parents were under the influence of alcohol and/or other drugs (see Nardi, 1981, p. 240). The children, sometimes as early as at preschool age, described how they took on caring responsibility for their drunk parents by wiping up vomit, undressing and assisting them at bedtime, reminding them to medicate, telephoning for help from their social network, and so on. This was especially the case when the children lived alone with their alcohol-dependent parent or together with younger siblings. Many children also described a persistent worry that the parents would die from their alcoholism, which did happen in three cases during the follow-up period. Jakob (11) described how he used to care for his now sober mother when she was knocked out by alcohol:

> When she'd been drinking lots of beer and tried to go to bed and fell over I'd help her. She leaned on me and walked to bed. I undressed her, pulled off her socks (giggles) but I couldn't because she … And then at night she woke up sober … and didn't remember anything.

One evening his mother passed out. Jakob called her colleague for help to get her to hospital. From then on, he said, he constantly dreaded that his mother would die. To calm himself, he came up with a strategy for checking that she was alive:

> I figured that if I whistled in her ear, she'd wake up. That way I could check that she was alive. I kept doing that when she sat on the couch. I made lots of grimaces too. If she didn't wake up, I laid her down and put lots of pillows on top. I laid close and then I fell asleep.

In Eva's case, her mother fell acutely ill with pneumonia when she was seven. Eva too made sure that her mother was admitted to hospital by calling the emergency number,

and afterwards that she took her antibiotics. Henning (21) described his worry as a child when his father spent late nights out drinking: 'I remember lying awake at night and could hardly sleep … I just waited for him to come home … It felt like I was the father and he somehow became the child … it was so strange'.

In several cases, the children reported that it was also difficult to receive recognition and support from the non-alcohol-dependent parent and how their caring strategies included this parent too. Robert (9) had difficulties telling his mother how he felt: 'I talk to mum if she asks me how I'm doing. I never go to her and say … Maybe I go to her and ask "how are you?", but I never say how *I* feel before she asks'. Eva (18) said that she could now in her late teens talk to her mother, which had been difficult in the past: 'I could never cry in front of her because I wanted her to feel good, and then I couldn't feel bad … . Now it feels more ok … but it's really hard too". Evelina (18) in a similar way described how her biggest worry in childhood was for her sober mother: 'I have always been concerned for my mother at all times … I wanted her to be well. I was so scared that she would die'. Vanna (14) said of her mother: 'She was very childish, so she couldn't really do so much. I was daddy's girl even when he drank'.

In addition to these caring responsibilities, some of the children told how they were needed to assist with household chores, such as buying groceries, cooking and cleaning. Helge (8) complained about the mess in his father's home. He used to tidy up when his father fell asleep from drinking: '[I] don't want it to look like the worst bandit pit'. These efforts to care for the drunk parent, their home and family life probably helped to maintain a sense of continuity and control over a situation otherwise largely defined by chaos (Burnett et al., 2006).

Caring for younger siblings

In the children's vulnerable position defined by recurrent lack of parental care, a non-gender-typical role allocation also developed among the siblings, where the oldest child usually took care of and sought to protect younger siblings (c.f. Åkerlund, 2017; Överlien, 2016). Eva (12) described how her older brother took care of her and their younger brother when their parents fought:

> Our brother tried to calm us down. Because we were watching children's programmes when mom and dad started to fight out there. Then you heard a thud, and then she had just fainted. And when she woke up, she lay there screaming on the floor so that nothing could be heard on TV. Our brother covered our ears and we just sat there crying. It was pretty nasty.

Helge, even at the age of eight, described how he took responsibility for his younger brothers when they lived with their father who drank himself to sleep. He made sure they had something to eat: 'There isn't much else to do, you can't let them go to bed without food'. At 13, he described how his single mother was usually at home but if she was 'out dancing' he used to cook and take care of his siblings then too. He added: 'If you're grumpy you don't want to take care of small children. If you're happy, it's easier'. At 19 he reflected on his role in the sibling group: 'I'm the responsible one. I take the shit and try to protect my little brothers'.

Vanna (14) described how she used to help her younger brother Jim get under his bed when their parents fought – he usually wanted to go and stand between them – and she took care of him when their parents drank. On the question who was the adult in her

family, she said: 'I was. I took care of Jim too. She [her mother] took care of him in a bad way. I felt more like a mom than a sister'.

Ronja (11) concluded about her older sister: 'It was as if she was my mother'. Her sister contacted social services and argued that they could no longer live with their mother due to her alcohol misuse problems, which led to their placement in foster care. In some cases, however, the roles were reversed. Måns, who had earlier reported how his mother used to get upset with and hit his older sister, described how at the age of 10 he had intervened to protect her:

> When I was watching TV I heard my sister scream, so I got up and then I heard a 'smack'. And then you heard how my sister was crying, and then I entered and saw her standing there shaking her violently. Then I went to my room and grabbed my baseball bat and threatened to hit [my mom] and said: 'Stop!' and started crying …

It is evident from the material, however, that it was the older children who were staying at home who to a greater degree were required to cope alone in the alcohol-dependent family, as younger siblings and older siblings who had moved out did not usually acknowledge their vulnerable position (c.f. Åkerlund, 2017; Överlien, 2017).

Caring for oneself

In addition to their caring responsibilities in relation to their parents with alcohol misuse problems and their siblings, the children at all ages showed an awareness of their feelings and needs, and took great responsibility for their own safety and well-being. Since in practice the children had few opportunities to reduce their parents' drinking, and some parents could become intimidating and violent under the influence of alcohol, one of the most commonly reported protection strategies, particularly in the younger ages, was to adjust to and avoid the drunk parent. Benjamin (6) told how after day care, he used to hide in a small space under the house with a torch and wait for his mother to come home from work. He told himself: 'This is a scary dark place where no one else dares to go'. He was afraid that his father would find him and 'lift him up and drop him on the floor' like he used to. At 17, Benjamin talked from a more self-governing and reflective position, and explained how when he was younger, he was playful, open and chatty with his friends, but at home adapted to his father's temper:

> I did what I was supposed to and kept quiet … went on with my things. Tried to stay calm and not to be in the way. Didn't talk if not necessary and so on. I kept to myself.

Many children described in similar ways how they dissociated themselves from loaded situations by making a habit of going to their room to play, read, watch TV or listen to music (c.f. Tinnfält et al., 2018). Robert (9) had two parents with alcohol misuse problems when he was in day care. On one occasion his father slammed their cat into the bathroom door. Thereafter, Robert began to run to his room or to a friend when they drank.

Julia (12) alternated between her separated parents who both had alcohol misuse problems. Her strategy was to live with the parent who was sober, which made it difficult to plan: 'Sometimes people ask: "But weren't you supposed to stay with your dad this week?" […] and then I don't want to tell them'. At 16, she described her strategy when both her parents were drunk: ' … and then he could be drunk at the same time. Then I was totally paralysed. I didn't know what to do. I used to go to my brother, but he was just a kid too

… '. Måns (10) saved coins so that he could call from a payphone on his way home from school to check on his mother. If she was too drunk, he stayed outside until his father came home from work, which could take several hours:

> The whole apartment smelled of alcohol; she walked unsteadily and she slurred … That's why I always called home to hear how she was talking. Almost every day when I knew she was at home […] Sometimes when she was really drunk, though, she spoke well. She tried her best. Then I went home to see if something had changed, but usually I found her unconscious on the floor and that she had vomited and such.

These examples illustrate how the children developed strategies to avoid ending up in an even more exposed position of a victim vulnerable to harmful situations in the family.

In addition, the children showed awareness of their physical and psychological needs and told how they saw to their own well-being. Many of the children when younger were determined that they would never consume alcohol and frequently underlined the importance to them of sleep, food and drink, and taking care of their personal hygiene. Moreover, many described how they improved their well-being through physical exercise, managing school work and sustaining their peer relations. Kasper (13), for instance, said that he cared for himself by performing well in school and planning for his high school studies, hanging out with friends, skating and playing basketball. Several children also described it as vital for their well-being to be able to read and write. Helge (8) set up rules for himself to sleep long nights and to read and write regularly. He also saw to it that he had clean teeth and was not dirty. Julia (16) said that she took care of herself by boosting her self-esteem with positive thoughts, working out at the gym and writing poetry. The children's understanding of how to take care of themselves most likely benefited from their participation in the CAP programme, where this was talked about. From the life stories, it became evident how such acquired knowledge could be integrated into conscious life choices by many children at different times from childhood to young adulthood. Most of them had a restrictive relationship to alcohol and were living healthy and meaningful lives according to their final interviews.

Disclosing the family secret and seeking help

For reasons of shame and stigmatization, the children's main strategy throughout childhood was to *keep silent* about their parents' alcohol misuse problems in their social networks (c.f. review by Kroll, 2004; Tinnfält, Eriksson, & Brunnberg, 2011). This distress at disclosing parental alcoholism corresponds with 'disclosure stigma', which is a commonly reported childhood experience among adults who have grown up with alcohol-dependent family members (Haverfield & Theiss, 2016, p. 610). Theodore (6) described how he coped with the family secret: 'I talk to the bird. She's a friend. I tell my secret to the bird. I only whisper it to her'. However, the parents' alcohol misuse problems were usually exposed at some point. Julia (24) remembered when her mother arrived drunk at her Lucia celebration in preschool:

> My mom arrived. At first I didn't realize that she was drunk, but then I was ashamed. Everyone stared. Often … parents didn't want me to play with their kids. As if something was wrong with *me* … I was ashamed … and then I was sad. You feel so strange … a strange

> person, not like others … it was so scary. There were so many adults and not one … someone could have said something … but they just closed their eyes … .

Julia's story bears witness to how her mother's alcoholism made her ashamed in such an exposed situation where there was no adult support to be had. Contrary to what might have been expected, the subsequent actions of adults prevented her from playing with her peers and reinforced a self-perception of being abnormal. These social responses correspond with 'discrimination stigma', which is also often reported by adult children of alcohol-dependent parents in their writing in online forums (Haverfield & Theiss, 2016, p. 610).

At other times, the children decided to disclose their situation to others. In line with the description in Tinnfält et al. (2011) of the interactional process of disclosure and support in reports by adult children of alcohol-dependent parents, this decision seemed deliberate. The children selected specific peers, adults and professionals who they trusted. Some of the children described how they confided in another child who they had identified as living in a similar situation with alcohol-dependent parents, or in a relative or school teacher who they found extra available and supportive. The disclosure could vary from indirect narration, such as leaving clues or needing practical help, to the direct narration (Tinnfält et al., 2011). The former was more common among the youngest children who were dependent on adult assistance in their everyday lives, while the latter became more common as the children got older and began to engage in activities and relationships outside the family to an increased extent. Remarkably, however, such help-seeking strategies were rarely described as resulting in action being taken to improve their situation by the adult or professional selected. In fact, the small number of relatives and teachers mentioned seem to have functioned as practical support and a safe haven in the face of adversity, but also as enablers of a continuing alcohol-dependent family situation (c.f. Hydén, 2015). Jakob (11) described how he had regularly reached out to his day care teachers for help:

> Sometimes I walked home alone from day care; it was quite close by … and sometimes … my mom didn't open the door because she was asleep. Then I didn't know what to do … Sometimes I went back and told my teachers that mom hadn't opened the door and sometimes they came with me. Sometimes mom wasn't home at all … and sometimes, not often … but occasionally, mom came to day care drunk.

Similarly, Benjamin (6) said that his day care teachers knew about his father's alcoholism. He described how they would protect him by preventing his drunk father from taking him home. They would tell him to 'get into the police car' and tell his father that Benjamin had already been picked up by his mother. Sometimes his father became upset and frightened the other children. If that happened, the teachers would let him take Benjamin.

In both cases, the boys depicted extremely vulnerable positions in which their day care teachers saw the need to act to protect and provide support at the moment. There were no indications from their life stories, however, that these incidents linked to their parent's alcoholism led to a social services investigation, which could have led to measures being taken to improve their situation.

Vanna (21) reflected on why people do not intervene to protect and support children in her position: 'I think people close their eyes because they think it's awkward … They know very well that it's not alright, but you don't always have the strength and don't know what to do … because it's difficult'. In two cases, however, the children's active help-seeking did

contribute to a real change in their situation. The children – together with older siblings – contacted the social services themselves and argued that their situation was untenable, which led to foster placements.

Discussion

All the children in this longitudinal interview study described how their childhoods were fundamentally influenced by their parents' alcoholism. Despite variations in social situation and life course, their exposed position as 'vulnerable victims' became central to their childhood experiences, as these were continually reported and reflected on in this life story format. This positioning was characterized by a sense of powerlessness and a lack of resources to cope with emotional distress and risk, as well as an urgent need for protection and care. This became particularly prominent when both parents had alcohol problems and lived together or after the parents had separated and the children periodically lived either alone or together with siblings with the alcohol-dependent parent. In such cases, a non-alcohol-dependent parent who might have been able to meet the child's need for protection and care during periods of alcohol misuse was absent. However, the children's testimony told of their exposure to heavy drinking, unprotected situations and violence even when there was a non-alcohol-dependent parent present (c.f. Alexanderson & Näsman, 2017b).

Consistent with previous research, the alcoholic family environment was mainly described as deprived, unpredictable, stressful and risky, all dependent on the condition of the alcohol-dependent parent (Burnett et al., 2006; Haverfield & Theiss, 2014). However, there was some variation in experience. While all the children were exposed to at least one parent's problem drinking behaviour, and described 'the two faces' of the alcohol-dependent parent and a recurrent experience of parental neglect as the main circumstance, half the children also reported parental violence and two reported sexual abuse (c.f. Laslett et al., 2015).

In contrast to this victimized position described above, the children showed agency and inventiveness in coping with their parents' alcoholism in their positioning as 'competent agents'. They mainly tried to reduce their parents' drinking and practiced the role of 'young carer', in which they cared for their alcohol misusing parents, their siblings and themselves, and managed household chores. This caring responsibility was explained as the result of a role reversal or parentification, whereby the children took on adult roles and responsibilities due to the alcohol-dependent parents' incapacity (Burnett et al., 2006; Nardi, 1981). It is noteworthy that the children's life stories reveal that they were most vulnerable and at the same time most caring in relation to their alcohol-dependent parents and younger siblings at a younger age – particularly during lower and middle elementary school – but tended to distance themselves from the alcohol-dependent family in their teens.

Most of the children described their parents' alcohol dependency as a taboo subject – a family secret that was usually not talked about within the family and was also carefully hidden from their social circle (Haverfield & Theiss, 2016; Kroll, 2004; Laslett et al., 2015). Hence, the children's main strategy for normalizing themselves was to *not* talk about it in their position as 'silenced and invisible victims'. However, the parent's alcoholism was commonly exposed, not least in the school environment, which induced shame

and stigma. A few children described how they met other children of parents with alcohol misuse problems in their social networks, from whom they could find recognition and support. More commonly, however, the children expressed a self-perception of being unloved and abnormal due to their experiences.

Occasionally, the children broke the silence connected with parental alcoholism and positioned themselves as 'help-seeking victims', whereby they disclosed their situation to selected adults and professionals. In most cases, however, this active outreach approach did not lead to a change in their life situation (c.f. Tamutienė & Jogaitė, 2019). This circumstance includes the research situation as well, where the children made detailed reports about their family situation that in many cases should have been a reason for filing a report with social services. However, there are no records on the children in the study and it is therefore not known to the authors whether such reports were ever filed – or, if so, how these investigations progressed. Either way, the outcome was the same: an unchanged life situation for many of the children, and especially for those who told of repeated incidents of parental violence (c.f. Tinnfält et al., 2011). When the children's situation became known to an outsider and was still ignored, the children were left in the position of 'visible but unprotected victims' (see Eriksson & Näsman, 2008). This position has been labelled problematic for children who experience violence, particularly in relation to professionals, since their experiences are not validated as real and unacceptable (Eriksson & Näsman, 2008). This, in turn, can lead to mistrust and a reconsideration of the usefulness of seeking help.

In this study, the children had been supported within the CAP programme to identify their feelings and needs, and to articulate these in relation to their parents and others. The fact that they still found this so difficult indicates that hindrances to communication may be even greater among children with alcohol-dependent parents with no access to such programmes. The support they obtained does seem to have helped them to narrate their experiences of parental alcoholism, and even of violent episodes in the research interviews. The experiences of sexual abuse, however, are an exception. These only came to light in the final interviews after the children had reached young adulthood. Perhaps this highlights the divergent status of such experiences in the context of a CAP programme, and that the children therefore did not acquire the language to articulate them during childhood. At the same time, it highlights the therapeutic potential of this narrative longitudinal approach since the children, in a trustful relationship with their interviewer built up over time, eventually felt able to voice their most stigmatized experiences. Both findings have clinical implications. Children of parents who are dependent on alcohol are at increased risk of sexual abuse and this must be addressed within the CAP programmes and other professional interventions in order to support children to voice such experiences (Dube, Anda, Felitti, Croft, & Giles, 2001; Laslett et al., 2012). In addition, children who grow up in vulnerable life situations benefit from adult support that extends throughout childhood (Werner & Johnson, 2004).

Finally, the fact that alcoholism usually became visible in the children's social networks argues against the assumption of the invisible problematic of alcoholic families (Silvén Hagström, 2019). This is a call to develop professional practice and support professionals, such as teachers, health care personnel and social workers, to make themselves available as trusting adults, to initiate conversations about sensitive subjects such as alcohol misuse, violence and sexual abuse and to more closely follow up on children's disclosures.

Hence, when children *talk* about their alcohol-related family situations, it is important not only that they are *listened to*, but that adults also *act on* their behalf to improve their situation, while supporting them in their position as both vulnerable and competent.

Notes

1. In this article, the study participants are called 'children', to refer to their generational position in relation to their parents and not their age as they develop into teenagers and young adults.
2. The CAP programme aimed to educate the children of parents who were dependent on alcohol on issues related to: alcoholism and drug abuse, their own well-being and health, and how it may be affected by a family member's behaviour, their own actions to strengthen self-awareness and self-confidence and their individual rights to support boundary setting in relation to others (Lindstein, 1995, p. 35).

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