A Qualitative Inquiry Of Intra And Extra Familial Influences On Substance Abuse Among Male Adolescents

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Abstract

The current study unfolded the intra and extra-familial influences on substance abuse among adolescents admitted to the private rehabilitation centers of Lahore, Pakistan. A qualitative research design, inductive reasoning methods, and thematic analysis were used to interpret the data of N = 20 participants. Their age ranges varied from 13-19 years, having 8-10 grades of education, and they were admitted with multiple relapses. A demographic information sheet and in-depth semi-structured interviews were scheduled to collect the data. Results of the thematic analysis showed that participants used substances in schools out of curiosity, peer pressure, media celebrities, inter-parental conflict, intergenerational family violence, and inter-generational substance use disorder. Lack of parental supervision due to the dysfunctional family system, role reversal, easy availability of substances, and physical, emotional, psychological, and sexual abuse by the Madrasa and school teachers compelled them to use substances as fun and stress reduction mode. The quantity of substance use increased in exams and after physical, emotional, psychological, and sexual abuse. They used substances individually and in groups and manipulated their parents for extra money, theft, and borrowing. They suffered from psychological, physical, emotional, social, interpersonal, spiritual, and economic issues. A holistic approach is required to minimize the risk factors for substance abuse among male adolescents. The study's implications and limitations will be discussed in the cultural context of Pakistan.

Keywords: Intra and extra-familial influences, substance use, male adolescents

Introduction and Literature Review

Substance use and abuse affect families because it happens in families and hurts them throughout their life span. Healthy families and positive parenting encouraged development and facilitated intellectual, psychological, emotional, spiritual, and social growth. Positive parenting is based on shared cultural norms and values, which are bound to the healthy development of the offspring (Anjum et al., 2020). A stable, cohesive, and mutually supportive family environment with appropriate roles defined, effective communication, and regular positive affect polished the individual capabilities to assertively deals with the negative influence of peer pressure. Emotionally close family members will be abler to effectively deal with the inter-parental conflicts and challenges which foster the life satisfaction of all family members (Moss et al., 2002). Thus, families with substance use disorders suffered through broken family dynamics, and role reversal increased vulnerabilities to substance use disorders among children. The prettification of substance and their assumption of adult responsibilities may strengthen the association with their peers that are acceptable for their age (Magalhaes et al., 2009).

Families Social learning processes that mimic substance use behaviors and attitudes are a significant risk factor in families. Genetic heredity also contributes to substance use disorders, including parenting styles. Parenting influences aggressive behavior and other conduct problems that may lead to substance use among their offspring. Harsh discipline, inadequate parental supervision, low family connection, and excessive family conflict are related to internalizing and externalizing behaviors like substance use and abuse (Samek & Rueter, 2011).

The intergenerational family and personal functioning model suggest that substance abuse runs in families and affected vulnerable individuals drastically. Mere witnessing intergenerational violence (Anjum et al., 2021) and substance abuse increased the probability of substance use acceptance resulting in a never-ending cycle that runs through generations. It established the family norms, social convinces, and inheritance tendencies. Sheridan (1995) conducted studies with eighty-one substance abuse prisoners' men and women. He concluded that their parents had a severe substance addiction, abuse/neglect, and low family competency. Parental substance consumption, home dynamics, and child and adult maltreatment were correlated. Substance-abusing households are economically and socially disadvantaged—low-support community subject families to violence and neglect (Richters & Martinez, 1993). Parental substance addiction, family dynamics, and socioeconomic issues may increase child abuse/neglect within and beyond the family (Richters & Martinez, 1993).

Sheridan and Green (1995) describes that children from chemically dependent families are likelier to get abused and neglected than children from other homes. Murphy et al. (1991) and Famularo et al. (1992) reported that 43% and 67% of severe child maltreatment cases in a large juvenile court involved parents who abused alcohol and other drugs, respectively. Parental substance misuse may also lead to child maltreatment outside the home. Hernandez (1992) found from the data of 3,000 ninth-grader students in a rural Midwestern state that adolescents with drug-abusing parents were more likely to be sexually abused both within and outside the house. Substance use disorders are common in victims of physical, emotional, or sexual abuse. Family history of addiction, genetic predisposition, single parenting due to death or divorce, early drug exposure, and developmental issues may result in drug addiction. Peer pressure,

stressful life events like the death of loved ones, bereavement issues, insecure attachment patterns, expectations of masculinity, and self-medication may increase the risk factors of drug addiction. At the same time, family drug usage may cause delinquent tendencies in teenagers (Stuart et al, 2008).

Genetics, the genesis of substance use, is best understood from a developmental viewpoint. The second decade of life brings significant physiological, social, and evidence-based preventive psychological changes. Adolescence is a time for trying new habits and lifestyles (Swadi, 1999). Psychosocial development drives adolescent experimentation. Trying new things is part of separating from parents, making friends, developing a feeling of individuality, autonomy, independence, and maturity, seeking pleasure and adventure, and rebelling against authority. Unfortunately, adolescents may perceive alcohol, tobacco, and other drug use as a method to achieve independence, maturity, popularity, and other developmental goals. Understanding that substance use can meet developmental needs is critical to successful prevention (Khantzian, 1997). Cognitive risk factors for substance use include a lack of risk information and the belief system to minimize the catastrophic aspects of the conduct. The self-medication hypothesis states that as substance use increases, so does the pharmacologic danger. Cocaine, amphetamine, morphine, nicotine, and alcohol all work differently. These chemicals influence the brain similarly. Drugs enhance midbrain dopamine neuron excitatory synapses. Neurochemical reactivity to medications may vary, putting certain people at higher risk (Saal et al., 2003).

Social control theory (Agnew, 1985) says that positive school climates strengthen kids' attachment to healthy behavior norms taught and demonstrated by teachers and other adults. Hence, high schools with drug-friendly norms have more individual risk-taking. This methodology can also lower health risk behaviors like delinquency, aggression, alcohol misuse, and risky sexual conduct in primary school (Battistich et al., 2004; Catalano et al., 2004).

Developmental-contextual model of social perspective coordination emphasizes that "respect" is a critical component of the high school climate and parenting. A developmental theory-based approach emphasizes helping students and children make healthy decisions based on respect for their decision-making abilities. Respect-oriented environments realize that explicit behavioral expectations are crucial, but adolescents must feel appreciated. Younger children may benefit more from a rule-oriented environment (LaRusso, et al., 2008). By adolescence, pupils and offspring are more aware of the differences between adult and student perspectives and appreciate school and home autonomy. Studies have found "school climate" directly and indirectly related to health risk behaviors like smoking, drinking, drug use, truancy, fighting, and weapon carrying. School connectedness, which included feeling close to others at school and teachers caring about students, was associated with lower distress and suicidality, violence, tobacco, marijuana, and alcohol use, and delayed sexual intercourse, according to the National Longitudinal Study of Adolescent Health (Bonny et al., 2000; Resnick et al., 1997).

Researchers (Tye et al., 1987) reported that substance use and abuse are developmental. First, teenage substance use onset and progression follow epidemiologic patterns. Second, substance use often coincides with developmental milestones. Teens' substance usage often depends on their developmental vulnerabilities and negative pro-drug societal factors. Societal influences are key to adolescent substance use. Parental, sibling and peer modeling of substance use is a significant detrimental social effect. Celebrities' positive

portrayals of substance use and misuse in movies, TV, and music videos increased adolescents' acceptance of substance use disorder as this is the age to follow their role models wholeheartedly. Positive messages regarding alcohol and tobacco use encourage pro-substance use attitudes, expectancies, and perceived positive effects, which can increase youth cigarette smoking and alcohol use for enjoyment and buffering against life stressors and challenges (Ali & Puri, 2012).

Substance and alcohol use disorder symptoms include bloodshot eyes, pupils larger or smaller than usual, and changes in appetite or sleep patterns. The substance abuse deteriorated their physical appearance and personal grooming habits, leading to runny noses and sniffling. They suffered from sudden weight loss or gain, tremors, slurred speech, and impaired coordination (Hession, 2012). This condition adversely affects the liver, lungs, heart, and brain. Some drugs induce birth abnormalities, while others harm the immune system, increase infection risk, and trigger dehydration-induced seizures. Additional problems are included psychotic behavior and dangerous cardiovascular diseases like heart attacks and collapse. Substance abusers frequently struggle with academics, health (particularly mental health), peer relationships, and the juvenile justice system. Couples that use different substances have lower marriage quality and increased marital stress eventually. Substance consumption causes marital tension, spousal abuse, separation, and divorce (Mudar et al., 2001). Therefore, it intends to explore the intra and extra-familial causes of substance use disorder among adolescents admitted to private drug rehabilitation centers in Lahore, Pakistan.

Materials and Methods

Research Design

This study uses descriptive research approaches, emic procedures, and qualitative, subjective, experience-based inductive reasoning methods. This research design helped explain the phenomena of substance use disorders among male adolescents. Phenomenological research describes the everyday life of people without making any assumptions. It revealed patterns of social support, living conditions, and interpersonal relationships. It demonstrated how individuals in a culture find meaning and purpose in their lives (McCusker & Gunaydi, 2015). In order to understand a culture's values and conventions the emic approach is used. It applies cultural strategies to a single culture or language. It is flexible and considers minute details to examine the meaning thoroughly. Descriptive statistical analysis was used to compute the demographic variables.

Sample

The sample comprised 20 volunteer adolescents admitted to private drug rehabilitation centers in Lahore, Pakistan. After fulfilling the inclusion and exclusion criteria, they were approached using purposive sampling technique.

Research Measures

A demographic information form was used to take the personal information of the participants, such as age, gender, education, social-economic status, and family system. In-depth semi structure interview schedule based on the ten questions and promotes used to collect the data. Twenty in-depth semi-structured interviews were conducted to understand the broader outlines of the respondent's core attitudes, beliefs, and values. It helped understand people's genuine meanings of events and complicated behaviors and experiences. It included anecdotes and life histories to allow participants to speak freely and describe more. Different probes and prompts were used to encourage the participants or request detailed information.

Data Analysis

Thematic analysis was used to transcribe and interpret the data. It is a suitable technique for data interpretation when research is theoretical and flexible. This approach stresses set data organization, detailed description, and theoretically-based meaning interpretation. It explores hidden and explicit meanings through coding labels relevant data pieces to establish themes. Coding dependability and codebook techniques assign data to themes deductively after theme construction. It can investigate participants' lived experiences, perspectives, behavior, and practices. The factors and social processes that influence and shape particular phenomena. It deals with the explicit and implicit norms and rules governing particular practices, the social construction of meaning, and the representation of social objects in particular texts and contexts (Braun & Clarke, 2006).

Procedure

Approval to conduct the current research was taken from the Ethical Review Committee of the Lahore Leads University. Permission from the higher authorities to approach the participants was taken from the owners of the private drug rehabilitation centers. The N = 20 volunteer participants received a written informed consent letter. Confidentiality and anonymity actions were taken to preserve the integrity of each participant. Participants were thanked for their time and corporation. No compensation was provided to them. In-depth semi-structured interviews were tape-recorded, averaging 40-45 minutes. Their responses were audiotaped, transcribed, and interpreted according to the rules of APA 7th edition. Results of the study are reported in the following table number one and table two:

Table 1 Demographic Characteristics of the Participants (N =20)

Variable	f	Variable	f
Current age		Drug addiction Run in the Family	
13-19 year	20	Yes	13
The onset of Substance Use		No	7
Childhood	15	Schooling Experience	
Late Childhood	5	Positive	4
Gender		Negative	16
Male	20	Abuse at Home	
Birth Order		Yes	20
First/last	12/8	No	0
Education		Abuse at School/Madrassa	
5-10 grade	20	Yes	20
Parental Education		No	0
Educated	7	Seeking Treatment	
Illiterate	13	1st time	16
Family system		2nd time	4
Nuclear	3	Start substance Use with	
Joint	17	School Fellows	5
Monthly Household income	PKR. 20000-30000	Adults	15

Table one represents the demographic characteristics of the participants.

Table 2 Intra and Extra Familial Influences on Substance Abuse among Male Adolescents (N = 20)

Major Themes	Supportive Themes
Dysfunctional Families	• Single parenting due to illness, death, divorce, and addiction. • Intergenerational family violence and drug addiction. • Physical, emotional, psychological, and sexual abuse, including neglect and malnourishment. • Insecure attachment patterns with parents and partners. • Ineffective communication and highly expressed emotions.
Extended Family Systems	• The imbalance between sustainer and dependent. • Lack of supervision by the parents and significant others. • High interference with significant others and toxic relationships. • Physical, emotional, psychological, and sexual abuse by significant others.
Lack of Education and Poverty	• The low socioeconomic system • Child labor • Unequal distribution of resources by the government and society • Lack of personal struggle to get economic betterment • Family disputes • Lack of education by the parents and their children • strict punishment by the parents, madrassa, and school teachers, including sexual abuse
Negative Education System and Media Influence	• Physical, emotional, psychological, and sexual abuse, bullying by peers, school, and madrasa teachers. • Disrespecting, discouraging, and authoritative attitude of the teachers • Positive portrayal of substance use by celebrities on electronic media
Personal Factors	• Rapid changes in hormones and vulnerabilities of the age • Emotional, intellectual, and psychological immaturity. Peer pressure/ bad company/group norms • Curiosity/enjoyment/physical and emotional pain relief/stress reduction/ energy booster/sensation-seeking behavior/improving sexual performance and pleasure. • Low self-esteem, lack of assertiveness, poor social skills, and lack of decision making
Lack of Responsibility	• Parents/guardians/teachers • Community/society/ religious authorities • Government/NGOs/law enforcement agencies • Lawlessness • Faulty policies and legislation

Table two shows the opinions regarding the root reasons of substance use among male adolescent participants. It involves the broken family structure where drug abuse and intergenerational violence are pervasive. The extended family system, poverty, and lack of education encouraged malnutrition and child abuse. Effectively resolving interpersonal disagreements is hampered by insecure parent-partner attachment patterns. Disparities between the sustainer and dependent cause domestic violence that complicates the inheritance issues, which runs into the generation and make substance abuse inevitable in case of vulnerabilities. People choose to test the substance out of curiosity or by accident without understanding the adverse effects of substance usage. They temporarily experience comfort and elevation, but drug use eventually becomes their doom due to their indifferent attitude toward the government, family, society, and religious leaders.

Discussion

The objective of the current study was to explore the intra and extra-familial causes of substance use disorder among adolescents in Lahore, Pakistan. Results of the current study indicated that dysfunctional internal and external boundaries, poor communication skills, low expressiveness, high family conflict, chaotic or rigid interaction patterns, family dynamics, relationship difficulties, and functioning are familial perpetuating factors that foster substance use disorder among adolescents. Moreover, the abusive environment of the school system, which disrespects the children's creativity and identity, encouraged the negative influence of peer pressure resulting in substance use and mental health problems among adolescents. Thus the media content, role models, and celebrities set the presidents of drug addiction and foster the

acceptance of substance use after minimizing the consequences of the substance use disorder.

Taylor and Kroll (2001) reported that the intergenerational family and personal functioning model included high parental substance addiction, abuse/neglect, and low family competency are directly and indirectly linked with parental substance misuse, household dynamics, and child and adult maltreatment. Personality factors, low self-esteem, lack of decision-making power, low tolerance for peer pressure, and vulnerabilities are the personal factors of adolescent substance use disorder. They are catastrophizing the current situation, wanting to escape, and playing the victimization and blame game due to emotional and intellectual immaturity resulting in finding escape in substance. Curiosity, sensation-seeking behaviors, adolescents, hormonal changes, sexual pleasure-seeking attitudes, preventing unpleasantness, and reducing stress are the individual factors for substance use. Substance abusers have a weak sense of self, higher needs for outside affirmation and nurturance, and dependent attachment patrons than individuals of non-substance abusers (Anderson & Quast, 1983; Beletsis & Brown, 1981).

Ryan and Patrick (2001) found that teacher encouragement of mutual respect was the strongest predictor of changes in academic efficacy and self-regulation in middle schools. Welsh (2001) found in school-level analyses that perceptions of student respect were the most important predictor of perceived safety, victimization experiences, and risk behavior in middle school. Such findings show that high school teachers who create an environment of respect are better at promoting health-enhancing norms than those who focus on enforcing laws. Respectful settings may also reduce risk-taking by fostering healthy school norms and decreasing peer appeal to health-risk conduct (Horton et al., 2012). Social control theory (Hirschi, 1969) and

a developmental-contextual model of social perspective coordination (Selman, 2003) showed that high school climates of respect are related to fewer friendships with risky peers and stronger perceptions of healthy school norms that reduce drug use. While, respect and social connectedness reduce depression. Thus, high schools that foster respect between students and adults are more likely to establish nutritional standards of behavior and more significant mental health than schools that focus on behavior management without considering student needs and views.

Conclusion

This study examined intra and extra-familial factors on substance addiction in teenagers referred to private rehabilitation institutions in Lahore, Pakistan. The thematic analysis found that participants used substances in school due to curiosity, peer pressure, media celebrities, inter-parental conflict, intergenerational family violence, and intergenerational substance use disorder. Lack of parental supervision owing to the dysfunctional family system, role reversal, easy access to narcotics, and physical, emotional, psychological, and sexual abuse by Madrasa and school teachers forced them to take substances for pleasure and stress relief. Exams, physical, emotional, psychological, and sexual abuse enhanced substance usage among adolescent population. They misled their parents for money, stealing, and borrowing while using drugs. They had physical, emotional, social, interpersonal, spiritual, and economic concerns. Therefore, male adolescent substance addiction risk factors must be addressed holistically.

Implication and Future Study Guidelines

Adolescent substance use disorder requires prevention, treatment, and maintenance. Media, workshops, and seminars should educate Pakistanis on substance use, misuse, types, application, quantity, frequency, and its adverse effects. To protect teens, the schools, colleges, and institutions should implement laws and strict rules regarding substance abuse in educational setups. Discuss openly the evidence-based school, family, and community drug abuse preventions for children and adolescents. The government ant- narcotics force and agencies should offer model program goals, target audiences, implementation techniques, components, provider training, and check its effectiveness. Implementation materials, training, help, and quality assurance enable distribution. Good preventative initiatives for schools, families, and communities require further study.

Social resistance, resilience skills, normative education, and competence improvement abilities should be collaborated with substance use and abuse problem knowledge. It should follow a cognitive conceptual model in which individuals make substance use decisions based on their awareness of the adverse effects. Several programs used fear arousal to warn individuals about narcotics, which is theory-based and does not address developmental, social, and other etiologic factors underlying teenage substance use. These interventions should help teens comprehend societal pressures to smoke, drink, and take drugs and resist peer and media pressure. Social resistance training helps kids notice peer pressure to smoke, drink, or use drugs. Children avoid dangerous situations. Kids learn how to signal "no" to drug pressure. Resistant skills programs educate cigarette and alcohol promotion. People learn to dispute advertising's deception (Sussman & Ames, 2001).

Schooling normative strategies can teach teens about actual drug usage rates, which are lower than perceived rates, and diminish drug use's social acceptability. Classroom, school, or local community survey data on local substance usage may be used to disseminate this information. National survey data can teach this

(Botvin, & Griffin, 2007). Personal self-management skills help people review their self-image and its implications on behavior, set objectives and measure progress, understand everyday decisions and how others may influence them, analyze issue situations, and weigh the consequences of their actions.

Family drug prevention can help teens while some only instruct parents on drug prevention. These programs teach parents without children how to nurture, bond, and communicate with children, help them establish prosocial and social resistance skills, set rules and monitor activities, and help youngsters reduce aggressive or antisocial tendencies. Another family-based preventative teaches parents and children family skills. These initiatives encourage family dialogue, substance abuse policy development, and enforcement. Parenting and family bonding strategies reduce or prevent substance use best. Family-based prevention's biggest challenge is getting parents, especially high-risk parents, to engage (Lochman & van den Steenhoven, 2002).

Community-based drug misuse prevention programs incorporate schools, families, media, public policy, and community organizations. Community programs that communicate across multiple channels impact behavior best. More evidence-based substance use prevention programs for teenagers must adapt to changing patterns. Adolescent drug abuse needs careful planning. Teenagers can access these pills from home medical cabinets, friends, relatives, pharmacies, or the internet. Several parties can address ready access. By inventorying, locking, and discarding medications, parents can control access. Locking prescription pads and documenting patient medication histories and refill requests prevents access. Pharmacists can block phony prescriptions. These stakeholders may raise awareness of prescription abuse and prevent access. We must address many factors that reduce the public health impact of good prevention programs.

References

1. Agnew, R. (1985). Social control theory and delinquency: A longitudinal test. Criminology, 23(1), 47-61.
2. Ali, S. S., & Puri, U. S. (2012). Impact of Health Risk Awareness Campaigns on Cigarette Consumption. Journal of Business Strategies, 6(2), 30.
3. Anderson, E. E., & Quast, W. (1983). Young children in alcoholic families: A mental health needs—Assessment and an intervention/prevention strategy. Journal of Primary Prevention, 3(3), 174-187.
4. Anjum, W., Anjum, F. A., Chahal, F. M., Ehsaan, S., Qazi, Z., Mahmood. S. (2021). Socio-economic and Psychological Determinants of Runaway among Street Children: A Thematic Review. Webology, 18 (6), 7836- 7851.
5. Anjum, W., Watto, S. A., Yasin, S. A., Qazi, Z., Rahim, A., & Mahmood, S. (2022). Inter-Generational Domestic Violence, Causes, Consequences, And Rehabilitation Strategies Among Women of Shelter Home. Elementary Education Online, 19(4), 7927-7927.
6. Battistich, V., Schaps, E., & Wilson, N. (2004). Effects of an elementary school intervention on students'"connectedness" to school and social adjustment during middle school. Journal of Primary Prevention, 24, 243-262.
7. Beletsis, S., & Brown, S. (1981). A developmental framework for understanding the adult children of alcoholics. Journal of Addictions and Health, 2(4), 187-203.
8. Bonny, A. E., Britto, M. T., Klostermann, B. K., Hornung, R. W., & Slap, G. B. (2000). School

disconnectedness: Identifying adolescents at risk. Pediatrics, 106(5), 1017-1021.

9. Botvin, G. J., & Griffin, K. W. (2007). School-based programmes to prevent alcohol, tobacco and other drug use. International Review of Psychiatry, 19(6), 607-615.

10. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77-101.

11. Catalano, R. F., Berglund, M. L., Ryan, J. A., Lonczak, H. S., & Hawkins, J. D. (2004). Positive youth development in the United States: Research findings on evaluations of positive youth development programs. The Annals of the American Academy of Political and Social Science, 591(1), 98-124.

12. Famularo, R., Kinscherff, R., & Fenton, T. (1992). Psychiatric diagnoses of maltreated children: Preliminary findings. Journal of the American Academy of Child & Adolescent Psychiatry, 31(5), 863-867.

13. Hernandez, J. T. (1992). Substance abuse among sexually abused adolescents and their families. Journal of Adolescent Health, 13(8), 658-662.

14. Hession, C. (2012). Alcohol use: from childhood through adolescence. Journal of Pediatric Nursing, 27(5), e50-e58.

15. Hirschi, T., & Stark, R. (1969). Hellfire and delinquency. Social Problems, 17(2), 202-213.

16. Horton, K. D., Ellison, C. G., Loukas, A., Downey, D. L., & Barrett, J. B. (2012). Examining attachment to God and health risk-taking behaviors in college students. Journal of Religion and Health, 51, 552-566.

17. Khantzian, E. J. (1997). The self-medication hypothesis of substance use disorders: A reconsideration and recent applications. Harvard Review of Psychiatry, 4(5), 231-244.

18. LaRusso, M. D., Romer, D., & Selman, R. L. (2008). Teachers as builders of respectful school climates: Implications for adolescent drug use norms and depressive symptoms in high school. Journal of Youth and Adolescence, 37, 386-398.

19. Lochman, J. E., & van den Steenhoven, A. (2002). Family-based approaches to substance abuse prevention. Journal of Primary Prevention, 23, 49-114.

20. Magalhães, T., Taveira, F., Jardim, P., Santos, L., Matos, E., & Santos, A. (2009). Sexual abuse of children. A comparative study of intra and extra-familial cases. Journal of Forensic and Legal Medicine, 16(8), 455-459.

21. McCusker, K., & Gunaydin, S. (2015). Research using qualitative, quantitative or mixed methods and choice based on the research. Perfusion, 30(7), 537-542.

22. Moss, H. B., Lynch, K. G., Hardie, T. L., & Baron, D. A. (2002). Family functioning and peer affiliation in children of fathers with antisocial personality disorder and substance dependence: Associations with problem behaviors. American Journal of Psychiatry, 159(4), 607-614.

23. Mudar, P., Leonard, K. E., & Soltysinski, K. (2001). Discrepant substance use and marital functioning in newlywed couples. Journal of Consulting and Clinical Psychology, 69(1), 130.

24. Murphy, J. M., Jellinek, M., Quinn, D., Smith, G., Poitrast, F. G., & Goshko, M. (1991). Substance abuse and serious child mistreatment: Prevalence, risk, and outcome in a court sample. Child Abuse & Neglect, 15(3), 197-211.

25. Resnick, M. D., Bearman, P. S., Blum, R. W., Bauman, K. E., Harris, K. M., Jones, J., ... & Udry, J. R. (1997). Protecting adolescents from harm: findings from the National Longitudinal Study on Adolescent Health. Jama, 278(10), 823-832.

26. Richters, J. E., & Martinez, P. (1993). The NIMH community violence project: I. Children as victims of and witnesses to violence. Psychiatry, 56(1), 7-21.

27. Ryan, A. M., & Patrick, H. (2001). The classroom social environment and changes in adolescents' motivation and engagement during middle school. American Educational Research Journal, 38(2), 437-460.

28. Saal, D., Dong, Y., Bonci, A., & Malenka, R. C. (2003). Drugs of abuse and stress trigger a common synaptic adaptation in dopamine neurons. Neuron, 37(4), 577-582.

29. Samek, D. R., & Rueter, M. A. (2011). Considerations of elder sibling closeness in predicting younger sibling substance use: social learning versus social bonding explanations. Journal of Family Psychology, 25(6), 931.

30. Selman, R. L. (2003). Promotion of Social Awareness: Powerful Lessons for the Partnership of Developmental Theory. Russell Sage Foundation.

31. Sheridan, M. J. (1995). A proposed intergenerational model of substance abuse, family functioning, and abuse/neglect. Child Abuse & Neglect, 19(5), 519-530.

32. Sheridan, M. J., & Green, R. G. (1993). Family dynamics and individual characteristics of adult children of alcoholics: An empirical analysis. Journal of Social Service Research, 17(1-2), 73-97.

33. Stuart, J., Fondacaro, M., Miller, S. A., Brown, V., & Brank, E. M. (2008). Procedural justice in family conflict resolution and deviant peer group involvement among adolescents: The mediating influence of peer conflict. Journal of Youth and Adolescence, 37, 674-684.

34. Sussman, S., & Ames, S. L. (2001). The social psychology of drug abuse (Vol. 25). Buckingham, GB: Open University Press.

35. Swadi, H. (1999). Individual risk factors for adolescent substance use. Drug and Alcohol Dependence, 55(3), 209-224.

36. Taylor, A., & Kroll, B. (2001). Parental substance misuse and child welfare. Jessica Kingsley Publishers.

37. Tye, J. B., Warner, K. E., & Glantz, S. A. (1987). Tobacco advertising and consumption: evidence of a causal relationship. Journal of Public Health Policy, 492-508.

38. Welsh, M., Parke, R. D., Widaman, K., & O'Neil, R. (2001). Linkages between children's social and academic competence: A longitudinal analysis. Journal of School Psychology, 39(6), 463-482.