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Does alcohol use cause intimate partner violence? The role of alcohol in intimate partner violence: Perspectives of women in domestic violence refuges

Angeline C. Swan
Edith Cowan University

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Does Alcohol Use Cause Intimate Partner Violence?

The Role of Alcohol in Intimate Partner Violence: Perspectives of Women in Domestic
Violence Refuges

Angeline C. Swan


A Report Submitted in Partial Fulfilment of the Requirements for the Award of
Bachelor of Arts Honours, Faculty of Community Studies, Education and Social
Sciences, Edith Cowan University.

October, 2005

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Declaration

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Does Alcohol Use Cause Intimate Partner Violence?

Angeline C. Swan

Edith Cowan University

Abstract

Studies consistently find an association between alcohol use and intimate partner violence (IPV) and many explanations for this association have been offered. The purpose of this review was to examine the nature of this association and determine the extent to which it is understood. Two questions were addressed. Is there conclusive evidence that alcohol use plays a causal role in IPV? What evidence supports the various theories put forward to explain the association between alcohol use and IPV? The current research indicates that alcohol is a contributing factor to IPV that needs to be understood in terms of other interacting variables. There is evidence partly supporting each theory on the association between alcohol and IPV. Integrating the different theories should provide a more effective explanation of the role of alcohol in IPV than would reliance on any single theory.

Key words: Alcohol, intimate partner violence, cause, association.

Student: Angeline C. Swan

Supervisor: Dr Greg Dear

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Does Alcohol Use Cause Intimate Partner Violence?

Numerous studies show an association between alcohol use and intimate partner violence (IPV). The various explanations for this association that are given in the literature falls into three broad categories. The first is the physiological perspective in which alcohol's effects on brain functioning and cognitive processes are seen to increase the risk of violent behaviour, including IPV. Second, feminist perspectives assert that men are violent towards women in order to affirm men's power and control over women. The third category contains a variety of psychological models such as sociocultural theories in which IPV is viewed as a learned behaviour acquired through observing others or adhering to cultural expectations. Other psychological models focus on the role of expectancies: men who expect, on the basis of prior learning, to become aggressive after drinking are more likely to enact IPV than men who do not hold such expectations. A further psychological perspective views alcohol-related IPV as a product of interacting biological and social causes, mediated through psychological processes such as self-control mechanisms and attitudes about violence.

The purpose of this review is to examine the nature of this association and determine the extent to which it is understood. In particular, two questions are addressed: (1) is there conclusive evidence to suggest that alcohol use plays a causal role in IPV. And (2) what evidence is there to support the various theories put forward to explain the association between alcohol use and IPV? This review begins by defining IPV in terms of the studies reviewed and the various definitions that exist. It then examines the current research on the association between alcohol use and IPV. It explores studies that have focused on the role of alcohol in IPV and discusses research that has investigated alcohol use as a risk factor, or predictor for IPV. More specific studies on alcohol use and IPV are then examined including areas of culture,

sociodemographics, gender, perceptions of alcohol use and IPV, and characteristics of alcohol using IPV men (Table 1 gives a summary of the studies reviewed in this paper). Implications of the findings of the reviewed research are then discussed and problems with the current research highlighted. Finally, areas that require future research are proposed.

Many researchers disagree on the definition of IPV, which results in difficulties in measuring the problem. Most commonly, IPV is the term used to describe violence that occurs between two individuals who have a personal relationship with one another (Hegarty, Hindmarsh & Gilles, 2000). The most common meaning derived from the term IPV is physical violence between a male and female partner, usually executed by a male partner (Hegarty et al., 2000). As stated by Mouzos and Makkai (2004), a more appropriate definition of IPV is required as physical incidence describes only one part of the violence that can occur between intimate partners. The 2003 International Violence Against Women Survey defines IPV through three types of violent behaviours: Physical violence (including threats of violence), sexual violence (including non-consenting sexual touching) and psychological or emotional violence (controlling behaviours) (Mouzos & Makkai, 2004). Most studies conducted in the United States use a definition of IPV based on Straus's (1979) Conflict Tactics Scale (CTS). This scale measures violence as being pushed, slapped, hit, grabbed, kicked, choked, burned, beaten, threatened with or without a weapon, and forced sex. Definitions vary from study to study, however, for the purposes of this paper, IPV is defined as violence by a male partner toward a female partner of a physical, sexual and psychological nature, including threats of violence (For individual study definitions of IPV, see Outcome Measures in Table 1).

A positive association between alcohol use and IPV has been found consistently by research into the area (Fals-Stewart, 2000; Murphy, Fals-Stewart, O'Farrell & Feehan, 2001; Jewkes, Levin & Penn-Kekana, 2002). In a study by Daniel-O'Leary and Schumacher (2003), the association between alcohol use and IPV was examined to see if the relationship produced a linear effect (IPV increases with the use of alcohol). Alcohol use was measured by the number of days alcohol was consumed by the participant in the previous 30 days, and the number of drinks consumed on these days. The findings of the study confirmed a linear relationship between alcohol use and IPV but highlighted the danger in interpreting this association as "the more a man drinks, the more likely he is to hit his partner", as this oversimplifies the nature of the association by failing to take into account other factors that could be influencing the two behaviours (Daniel-O'Leary & Schumacher, 2003, p. 1580). In addition, Brookoff, O'Brien, Thompson and Williams (1997) examined characteristics of emergency calls to police relating to IPV, and found that 86% of the violent male partners had been drinking alcohol on the day of the violence. While these studies confirm an association between alcohol use and IPV, this type of research is correlational (showing a relationship), and does not give any indication that alcohol causes IPV (Daniel-O'Leary & Schumacher, 2003).

Other studies that have examined the relationship between alcohol use and IPV have used longitudinal diary designs to focus on the day-to-day relationship between male partners' use of alcohol and male-to-female IPV and are summarised in Table 1 (Fals-Stewart, 2003; Fals-Stewart, Golden, & Schumacher, 2003; Fals-Stewart, Leonard, & Birchler, 2005). The results of such studies show that the occurrence of IPV was 5 to 10 times higher on days of male partner drinking than compared to days of no drinking in population samples of men entering alcohol or IPV treatment programs

(Fals-Stewart, 2003; Fals-Stewart et al., 2003). Although these studies provide evidence for an association between alcohol use and IPV, using clinical samples may not give a true representation of the relationship for men in the general community (Daniel-O'Leary & Schumacher, 2003). While the previous studies used data from both the male offender and female victim of IPV, most research uses information from female victims to examine the association between alcohol use and IPV (Natera, Tiburcio & Villatoro, 1997; Willson et al., 2000). Such studies, again, confirm a significant association between the two behaviours. Natera et al. found that for participants who had experienced IPV, 11% reported that their husbands were intoxicated everyday, compared with 1.8% of participants who had not experienced IPV. Using self-report data from female victims of IPV alone has been criticised, as emotions they may feel to an abusive spouse could influence perceptions of certain events or lead to an overstatement of a partner's drinking habits (Hutchison, 2003).

A significant body of research exists that utilises face-to-face interview techniques to clarify the association between alcohol use and IPV (Kaufman Kantor & Straus, 1987; Neff, Holamon, & Schluter, 1995; Leonard & Quigley, 1999; Raskin-White & Chen, 2002, Grekin, Sher & Larkins, 2004). Studies by Kaufman Kantor and Straus and Leonard and Quigley, both found support for an association between husband drinking and episodes of verbal or physical assault, as well as a relationship between high levels of drinking and increased severity of violent incidents. While research has consistently shown a link between alcohol use and IPV, much of the research has failed to take into account other variables such as socio-economic status, unemployment and marital satisfaction (Jewkes, Levin, & Penn-Kekana, 2002). To gain a better understanding of alcohol use and IPV many studies have focused on the role of alcohol in IPV, instead of attempting to prove the existence of an association.

The Role of Alcohol in IPV

Raskin-White and Chen (2002) examined the role of problem drinking in IPV perpetration and victimization while controlling for other factors including negative affectivity, gender roles and history of family violence. The research confirmed previous findings that heavy alcohol use by male partners increased female partners' risk of experiencing IPV. The study concluded that alcohol plays an important role in IPV, but the researchers failed to incorporate other findings of the study into their conclusions (for example, that alcohol use by female partners did not increase the risk of female-to-male IPV). This shortcoming has serious consequences for raising awareness about alcohol use and IPV, as it gives an inaccurate account of the role that alcohol plays. While the Raskin-White and Chen study used statistical analyses of variables (alcohol use and incidents of violence) to assess the role of alcohol in IPV, many researchers in the field believe qualitative methods are more effective in examining alcohol as a causal factor, as important information (for example, cultural expectations) that cannot be measured by specific constructs can still be included in the analysis (Shore & Spicer, 2003; Galvani, 2004).

Shore and Spicer (2003) used an ethnographic design to examine the role of alcohol in an Indigenous Australian community. Their research followed on from MacAndrew and Edgerton's Drunken Comportment hypothesis (1969) that takes on a pharmacological view of alcohol and violence and purports that alcohol provides an excuse for behaviour occurring when drunk, that would be socially or culturally unacceptable when sober. They expanded MacAndrew and Edgerton's hypothesis by finding that intoxicated partner violence includes not only pharmacological effects but societal/cultural framing such as men's right to drink and hit women. In addition, personal beliefs about drinking, an individual's expectations of violence following

alcohol consumption, and the drinking context/environment (such as women physically confronting men while they are intoxicated in line with community expectations of mediating violence through alcohol use) were also thought to influence alcohol-related IPV. Conversely, Galvani's (2004) grounded theory approach adopted a feminist perspective and investigated women's perceptions of the role alcohol plays in IPV. She concluded that individual responsibility and cultural gender roles were more important in IPV than effects of intoxication, however, her participant statements clearly alluded to an effect of alcohol on IPV (when discussing the impact of alcohol on their partners' behaviour, some comments were: "nasty or nice, fools or quiet, honest or violent", Galvani, 2004, p. 362) and this was not highlighted in her conclusions.

Similar to the studies reviewed earlier that examined the association of alcohol use and IPV, research into the role of alcohol in IPV has used samples of couples to investigate the issue (Heyman, Daniel-O'Leary & Jouriles, 1995; Leonard & Quigley, 1999). Both studies concluded that alcohol plays a significant role in male-to-female IPV; however, the validity of these conclusions is questionable due to the age of the sample populations used, and their limited time spent together as a couple. High levels of aggression for young males and the stress of planning a marriage, or settling into a new one, were not accounted for and these factors may have influenced the results.

While most of the reviewed studies examining alcohol in IPV deduce that alcohol plays an important role, Willson et al. (2000) challenge this conclusion in their research on severity of IPV incidents and male partner alcohol and substance use. They found that physical violence was significantly greater for women whose male partner used drugs only (no alcohol). One limitation of these results is that male partner drug use was determined by self-report data from the female partner. As with all self-report data, information may be unreliable due to factors such as untruthful answers or

incorrect recall of an event (Leonard & Quigley, 1999). Biochemical validation of drug use would provide more sound conclusions. Another way of gauging the extent to which alcohol contributes to IPV is through examining its reliability as a predictor.

Alcohol as a Risk Factor or Predictor of IPV

Several studies have used secondary analysis of survey data to measure alcohol as a predictor of IPV (Johnson, 2000; Johnson, 2001; Rodriguez, 2001; Rodriguez, Lasche, Chandra, & Lee, 2001; Jewkes, Levin, & Penn-Kekana, 2002; Field, Caetano, & Nelson, 2004) (See Table 1 for a summary of these studies). Johnson (2000) and Rodriguez et al. examined data from large scale surveys in Canada and the United States, respectively, and found that heavy drinking predicts male-to-female IPV even after the effects of individual and contextual variables such as age, class, type of relationship, employment status and welfare benefits were factored out. These findings confirm the contributory factor of alcohol in IPV while addressing a gap in the studies previously reviewed, which failed to take into account the many mediating factors that influence alcohols' effect on IPV. In contrast, Jewkes et al. found, from a similar survey examination, that conflict over a male partner's drinking was a greater predictor of IPV than the drinking itself. There is a possibility men found women's complaints over their drinking behaviour threatening to their power and control, and this could have been the reason for violence as opposed to the drinking itself (Jewkes et al., 2002).

Findings from Johnson (2001) and Field, Caetano and Nelson (2004) also contradicted Johnson (2000) and Rodriguez's (2001) findings. While Johnson (2001) found that heavy drinking by a male partner doubled the risk of IPV, male perceptions of the right to control and subdue female partners was a stronger predictor ($\chi^2 = 370.16$, $p < .05$) of IPV than alcohol use. In addition, Field et al. concluded that male partners' expectation of aggressive behaviour following alcohol consumption was the strongest

predictor of IPV. A major concern over the above research is that indirect measures are used to illustrate male behaviours and attitudes, and these are assessed through female partners' perceptions, which might not be a true representation of the issue under study (Johnson, 2001). Furthermore, surveys are representative only of the area in which they are conducted and thus generalising the findings to other populations is dubious (Johnson, 2001).

Caetano, Schafer, Clark, Cunradi and Raspberry (2000) used interviews with male and female partners to assess alcohol as a predictor for IPV and found that female victims' alcohol consumption is a stronger predictor of IPV than the offenders'. As this research was done with a Hispanic population, it could be that both male and female partners attributed blame to the woman and therefore reported female victims' drinking habits more (Perez, 2000).

Culture, Gender Roles, Sociodemographics, Alcohol and IPV

Much of the reviewed research into alcohol use and IPV show that cultural and gender differences influence drinking patterns and occurrence of IPV (Neff, Holamon & Shluter, 1995; Ray & Gold, 1996; Perez, 2000; Caetano, Schafer & Cunradi, 2001). Perez examined ritual alcohol use in a Mexican community and concluded that alcohol was not a causal factor of IPV for this community, rather, that both drinking and violence were caused by a systemic, historical cycle of male dominance that originated when the Spanish introduced alcohol to Mexico, in the 16th century. In addition, the continuance of the cycle was linked to Mexican males' lack of control over economic facets of their lives and being unemployed. The methods for arriving at these conclusions included spending time in the community and taking photographs of violent incidents between men and women in the community. In this way, the findings may not be the same for all communities and couples from different socio-economic

backgrounds. Consistent with these findings are those from Rodriguez, Lasche, Chandra and Lee (2001) who examined the contribution of employment status, welfare benefits and alcohol use to IPV. It was found that persons receiving welfare benefits had higher rates of alcohol use and IPV. These findings are important as they illustrate the influence of economic and employment status on drinking and violent behaviour.

A different understanding of cultural differences in alcohol use and IPV comes from studies that compare contrasting cultural groups (see Table 1). Neff, Holamon and Schluter (1995) examined spousal violence amongst Anglo, African American and Mexican samples while Caetano, Schafer and Cunradi (2001) focused on Anglo, African American and Hispanic samples. Both studies found no significant differences between the cultural groups, which contradicted previous findings of greater amounts of alcohol-related IPV for African Americans (Caetano et al., 2001). Controlling for variables that may have influenced the data (childhood poverty or education level) may have produced different results (Caetano et al., 2001). Another contradictory finding in both studies were greater amounts of female perpetrated IPV than male perpetrated IPV across all cultural groups. No explanations for this interesting finding were provided. As is evident in most studies examining male and female perpetrated IPV, Ray and Gold (1996) found significantly higher levels of male perpetrated IPV in a sample of couples, with men high in hyper masculinity (strong adherence to stereotypical male gender roles) showing greater levels of IPV than low hyper masculinity males. Gender stereotypes, alcohol and IPV have also been considered in research on peoples' perceptions of alcohol use and IPV.

Perceptions of Alcohol Use and IPV and Characteristics of Offenders

In line with the study by Johnson (2000) reviewed earlier, Leonard (2002) examined four hypotheses in his study of IPV as a result of alcohol consumption: (1)

people accept alcohol as a cause of violence, (2) people attribute less blame and punishment to intoxicated aggressors than to sober aggressors, (3) alcohol causes or excuses violence and this is associated with and predicts the occurrence of alcohol-related IPV and (4) the administration of a placebo should increase aggressive behaviour. He found, through a review of the literature, that people do perceive alcohol use as a cause of IPV but that people do not accept this as an excuse for the behaviour. An experimental study based on this design is warranted to see if the same results are reached. In contrast with these results are findings from Stewart and Maddren (1997) who investigated the judgments of Australian police officers on victims and offenders of IPV. Their study used a stratified sampling technique to obtain equal numbers of male and female police officers. They found that both male and female police officers believed intoxicated male offenders to be at fault for situations of IPV but attributed fault to female victims when they were intoxicated. These findings have serious implications for the way in which alcohol use and IPV are perceived. It was concluded that police officers saw victim intoxication as a direct cause of IPV and attributed responsibility and blame to the victim through their perceived provocation of assault or inability to avoid the situation as a result of intoxication (Stewart & Maddren 1997).

This also has implications for assaulted women's use of police services. For example, Hutchison (2003) reported that the majority of abused women do not call the police and this is linked with the response they received from police in previous incidents. His study examined the role of alcohol in influencing female victims' utilisation of the police and found that women are significantly more likely to call the police when their partner is under the influence of alcohol, which highlights the notion that alcohol increases the severity of IPV. Following on from this study, Brookoff, O'Brien, Cook, Thompson and Williams (1997) examined the characteristics of male

IPV offenders through attending police call scenes. They found that 86% of the offenders used alcohol on the day of the assault, 45% used alcohol or other drugs to the point of intoxication on a daily basis over the previous month and 19% were classified as alcoholics. Again, as these findings state relationships only, direct casual assumptions between alcohol and IPV should be made with caution. Murphy, Fals-Stewart, O'Farrell and Feehan (2001) added to the body of research on characteristics of male IPV offenders by investigating violent and non-violent male alcoholic patients. They defined alcoholics as men who met the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R, 1987) diagnosis of alcohol abuse or alcohol dependence. They concluded that violent male alcoholics had significantly higher antisocial personality characteristics, alcohol problem severity, use of other drugs, relationship problems, and stronger beliefs in alcohol as a cause of violent behaviours. This last characteristic highlights the importance of the perception of alcohol as a cause and excuse for IPV, and infers the need for more research into perceptions of alcohol and IPV as opposed to research that aims to prove alcohol as a causal factor.

Theories Used to Explain the Association Between Alcohol Use and IPV

Three main theoretical categories emerge from the published research that attempts to explain the association between alcohol use and IPV. Each of these is discussed in turn.

Physiological Theories

Physiological theories claim alcohol effects brain functioning and changes cognitive processes, which can cause violence. According to Bushman and Cooper (1990), alcohol is a direct cause of IPV that can be explained through the effects of ethanol (the drug in alcoholic beverages) on biological functioning and its subsequent increase in aggression. In their review into the association between alcohol and

aggression, it was concluded that alcohol caused IPV. However, in studies where the participants were given the option between aggressive and non-aggressive responses, many participants chose a non-aggressive response and the causal association was not as strong (Galvani, 2004).

One of the most accepted physiological theories to explain alcohol-related IPV takes on a pharmacological approach. This approach emphasises disinhibited behaviour, such as IPV, occurring as a result of the effects of alcohol on cognitive functioning (for example capacity to resist impulses or ability to understand complex situations) (McKenry, Julian & Gavazzi, 1995). However, it fails to take into account social processes that may be influencing cognition and identifies no particular physiological systems that account for these changes in cognitive functioning (McKenry et al., 1995). Rossow, Pape and Wichstrom (1999) examined alcohol and violent behaviour in adolescent individuals and concluded that alcohol use led to misinterpretations and confusion over other peoples' actions. The misunderstandings of intoxicated participants led to conflict that the researchers believe would not have occurred if participants had been sober. While most drinking behaviour does not lead to conflict, these findings on the effect of alcohol on cognition still stand.

In her review of the literature on alcohol use and IPV, McGregor (1990) concluded that the pharmacological model was seriously flawed. She found that alcohol did not occur in all incidents of IPV, and much IPV occurs without the involvement of alcohol. In addition, she found alcohol use and misuse is prevalent in households where IPV does not occur, and many people who are dependent on alcohol are not violent. This is not to say alcohol does not cause IPV in some cases, but that it is not the only cause and might not be a sufficient cause. Another interesting study that questions physiological theories of alcohol and IPV examined the blood alcohol levels of male

IPV offenders, measured by police at the time of assaults (Bard & Zacker, 1974).

While these men claimed they were drunk, the blood alcohol tests showed they were under the legal limit of intoxication. This finding suggests that it could be a perception of being intoxicated that some men use as permission to act violently, as they believe it excuses otherwise unacceptable behaviour.

Feminist Theories

Proponents of feminist perspectives place IPV in a social context of patriarchy and claim that men are violent towards women in order to affirm power and control (Galvani, 2004). Feminist theorists discount alcohol as a cause of IPV (McGregor, 1990). Johnson (2000) suggests that the association between alcohol use and IPV is spurious and that both heavy drinking and violence against women are a result of men's expressions of masculinity. Evidence for this comes from research by Johnson (2001) who found when measures of attitudes about men's rights to control women are taken into account; alcohol use does not significantly predict violence against wives.

Research by Perez (2000) gives credence to this notion by concluding that men in her sample were using violence as a method of gaining control over their female partners, who were the main economic providers for the household. This conclusion was based on consistent findings in interviews with male partners who were violent: "They are usually remorseful but justify their position by saying they were upset because their wife was not fulfilling her duty within the household and he could not stop his anger because of the effects of alcohol. Such neglected duties included...the primary meal without meat, lack of sexual activity, excessive time outside the household or frivolous spending" (p. 372).

In addition, Jewkes, Levin and Penn-Kekana (2002) found that IPV in their sample was not a result of alcohol use or abstinence, but of a change in the male

partner's social order, where his identity and power were challenged (all participants believed they lived in a culture where women were seen as subservient to men, and all participants reported social isolation by their male partner). As a result of this, the researchers adopted a feminist approach to explain their findings and suggested not only that drinking behaviour and violence were a result of threats to male superiority and control, but could also be said to cause each other (Figure 1.). Findings of this nature are important as they take away alcohol as an excuse for violence, place the responsibility of violence on the offender, distract blame away from the victim and illustrate the interaction of drinking and IPV on each other (McGregor, 1990). However, refusal to take into account any physiological effects of alcohol on IPV is a naïve approach, due to the strong body of research that exists to confirm this (Galvani, 2004)

Psychological Theories

Psychological theories that focus on social learning claim that violence, drinking behaviour, attitudes and values are learnt from others, through observation and imitation of behaviours that are observed to work for others, and may be taught or expressed through other individuals or through cultural norms and expectations (Neff, Holamon & Shluter, 1995; Natera, Tiburcio, Villatoro, 1997; Perez, 2000; Caetano, Schafer & Cunradi, 2001; Shore & Spicer, 2003; Galvani, 2004). Attitudes and values may include ideas about sense of entitlement and need for power and control, which in turn influence an individual's self-concept, personal expectations and ability to self-regulate in times of conflict. Perez's study lends support for this idea – she found that alcohol use and subsequent IPV was a tradition in Mexican culture and was passed on from one generation to the next and helped to form a culture of men who perceive and expect themselves and others to drink (as a male rite of passage) and be violent towards

women. Neff et al. and Caetano et al. also point to a learned aspect of drinking and violent behaviours in their study where African American women were more likely to be assaulted by male intoxicated partners, and this is passed on to younger members through learning and association. The learned aspect of alcohol use and IPV as a cultural expectation is strongly reinforced by Shore and Spicer's study on Aboriginal Australians. This study concluded that drinking behaviour and subsequent IPV was embedded in the cultural fabric of the particular community under examination.

Studies reviewed earlier in this paper showed a link between the expectation that alcohol use would lead to violence and the subsequent outcome of this violence (Maddren, 1997; Leonard, 2002; Field, Caetano & Nelson, 2004). This idea underpins theories of expectancy that are used to explain alcohol use and IPV. In a review of the literature, Leonard found support for three hypotheses that parallel this psychological approach to alcohol use and IPV: People accept alcohol as a cause of violence, people attribute less blame and punishment to intoxicated aggressors than to sober aggressors, alcohol causes or excuses violence and this is associated with and predicts the occurrence of alcohol-related IPV. In addition to the alcohol expectancy perspective, psychological theories also include another line of research, that of a link between certain personality traits and alcohol-related violence (Murphy, Fals-Stewart, O'Farrell & Feehan, 2001). In Murphy et al.'s research, it was found that antisocial personality characteristics, such as irritability, were important correlates of IPV among male alcoholic patients. This finding gives an initial indication of how personality factors might help to explain why only some problem drinkers engage in IPV.

Other psychological models view alcohol-related IPV as a product of interacting biological and social factors (McKenry, Julian & Gavazzi, 1995). As a result of the research and support for each of the above theories, this paper argues that the interaction

of biological, psychological and social factors all contribute to an understanding of the association between alcohol use and IPV. Therefore, an integrated theory is thought to be the most effective in explaining the association. To test the validity and effectiveness of such a theory in explaining the association between alcohol use and IPV, McKenry et al. conducted a study in which they interviewed males who were asked to answer questions on constructed questions relating to alcohol use and IPV. In addition, testosterone levels and carbohydrate deficient transferrin (a biochemical marker in the diagnosis and treatment of high risk alcohol use) were taken to examine the biological nature of IPV. The findings revealed that each domain (biological, psychological and social) related to alcohol-related IPV, with the biological and social domains adding to the most variance. It could be that psychological variables (such as hostility) were harder to measure than biological or social variables, or that important psychological variables (such as personal expectations) were omitted (McKenry et al., 1995). Interestingly, none of the three variables were significantly related. This implies that biological, psychological and social factors of alcohol-related IPV need to be taken into account as separate domains, but also as influential factors on each other.

Discussion

The purpose of this review was to examine the nature of the association between alcohol use and IPV and determine the extent to which it is understood. In particular, two questions were addressed: (1) is there conclusive evidence to suggest that alcohol use plays a causal role in IPV. And (2) what evidence is there to support the various theories put forward to explain the association between alcohol use and IPV? Overall, alcohol was found to be a contributing causal factor to IPV, however, caution must be taken in making the assumption that alcohol, alone, causes IPV. More evidence is needed in order to reach a point where it can be said that IPV would be reduced if

violent male partners ceased drinking. Furthermore, alcohol use as a contributing factor to IPV needs to be understood in terms of other variables, such as cultural dynamics, gender stereotypes, expectations of violence following alcohol use, socio-economic status, unemployment and other individual characteristics that may in themselves be the cause of drinking behaviour and violence. There was also evidence that the association between alcohol use and IPV is spurious due to the amount of contradictory research published. This spurious association may be a result of problems with measuring the two behaviours or the population samples used.

In response to the second question, there is evidence for each theory and it is therefore concluded that a comprehensive theoretical approach (incorporating biological, psychological and social factors) is the most effective to understand the nature of the association between alcohol use and IPV. It is important to note that none of the literature reviewed in this paper reflected or commented on the substantial body of research that exists on human violence in general. This omission poses the question of whether violence toward an intimate partner operates on different processes than other types of violence. And if so, why has this not been examined by the IPV literature? Research into human violence has found that low self-control, stress and ability to cope all influence violence and these explanations could help in answering many of the questions the literature on IPV aims to answer (Gottfredson & Hirschi, 1990; Bernstein & Nash, 1999).

The implications of these findings are significant. If alcohol contributes to IPV, improved treatment for heavy to chronic drinkers that are violent is required to see if this could reduce incidents of IPV (Leonard, 2005). On a societal level, perceptions of women, drinking and IPV need to change in order to reduce alcohol-related violence. On an individual level, men need to take responsibility for their own behaviour

regarding alcohol use and violence towards their partners (Galvani, 2004). If this is to occur, major social change regarding alcohol use and violence towards women, as a male rite of passage, needs to shift in order for men to achieve this (Galvani, 2004). In Australia, alcohol use is a defining and accepted part of our cultural past and present and the risks associated with this behaviour, such as IPV, are not acknowledged (Donath, 2002). Governments and policy makers need to address this problem and make a greater effort to educate the public on the harms of this cultural norm. In addition, the court system needs to take into account the contributory nature of alcohol in IPV cases and recommend sentencing and treatment options that consider both the offender and the victim of IPV (Hutchison, 1999). The implications of using an integrated approach to understand alcohol use and IPV are also important. Many researchers criticise physiological theories as they are seen to release offenders of IPV of personal responsibility and can serve as an excuse for this behaviour (McKenry, Julian & Gavazzi, 1995). By incorporating psychological and social factors with biological ones, the effects of alcohol as a contributor to IPV can be maintained, while responsibility is still on the offender to change personal behaviour. In a treatment sense, the therapy for alcoholism will need to be in conjunction with psychological treatment and help for people in their everyday social lives.

Many limitations were observed in the studies reviewed. First, the bulk of the published research assessed the association between alcohol use and IPV only, so direct casual inferences were made with caution. Second, the use of homogenous populations in many of the studies (clinical samples, survey samples, low socio-economic groups) restricted the findings to these types of individuals dealing with alcohol-related IPV, and raised questions of whether the findings could be generalised to the general community. Third, most conclusions were formed on the basis of self-report data from

participants. This information has the potential to be unreliable due to factors such as untruthful answers or incorrect recall of events. In addition, the bias in self-report data (especially for male offenders) may have affected the analyses, as individuals tend to underestimate behaviours they believe to be negative, such as problem drinking and resulting violence (Daniel-O'Leary & Schumacher, 2003). Fourth, many studies made inferences about alcohol use and IPV without controlling for other variables that may have influenced the results (Caetano, Schafer & Cunradi, 2001). Finally, most of the studies reviewed used cross-sectional research designs so no causal information could be garnered, and the findings could only be assessed for short-term periods.

Future research on the contributory nature of alcohol in IPV needs to address the limitations above. But most importantly, complete designs that incorporate biological, psychological and social or cultural investigations for alcohol-related IPV are needed to understand the complex, changing process of this issue. In addition, more longitudinal research is warranted to clarify the issue over time and illustrate the dynamics that occur before, during and after drinking and consequent IPV. Research that incorporates general theories of violence could also help to clarify some of the understanding of the role alcohol plays in IPV. Finally, little is known about how incidents of IPV enacted by men who are intoxicated differ from incidents in which the man has not been drinking. The focus of research has very much been on whether men who drink are also violent, or if they are more likely to enact IPV when they have been drinking. If the violence is different when they have been drinking compared to when they have not, then this will give some clues for the role that alcohol plays in causing some violence, even though it might not be a factor in all IPV.

To conclude, the purpose of this review was to examine the nature of the association between alcohol use and IPV and determine the extent to which it is

understood. It was found that alcohol was a contributing causal factor to IPV that needs to be understood in terms of other interacting variables. In addition, there was evidence to support each perspective on the association between alcohol use and IPV and, therefore, a comprehensive theoretical approach was thought to be the most effective to fully understand the nature of the association. The implications of the findings suggest better treatment for problem alcohol users and a change in the way society views alcohol use and violence against women. Many limitations were noted in the reviewed research and these need to be addressed in the future, as well as studies that examine all of the contributing factors of alcohol use and IPV.

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Table 1

Summary of Reviewed Studies

Author	Type of participants	Study design	Sample demographics	Outcome measures	Findings
Brookoff et al. (1997)	Residents of neighbourhoods visited by police in relation to reports of disturbances or assaults. Survey teams consisted of a physician and a nurse or paramedic.	Survey design. Data obtained through interviews with both victims and assailants.	N = 136 n = 72 (victims) n = 64 (assailants)	Self-report data on current assault, the victim, the assailant, previous history of domestic violence, previous arrests, use of antipsychotic medications, previous use of health care institutions and shelters by the victims due to the violence and drug and alcohol use of the assailants and victims. Also, results of on-scene toxicology tests to measure drug and alcohol levels.	86% of the assailants reported using alcohol on the day of the assault.
Caetano et al. (2000)	Married and cohabitating couples where both members identified as Hispanic	Correlational design. Participants randomly selected from a multistage area household probability sample representative of married and cohabitating couples in 48 states of the US. Face to face interviews conducted with both members of a couple.	N = 527 couples	Self-report data on intimate partner violence (using the Conflict Tactics Scale, Straus, 1979, and whether a violent incident had occurred in the last 12 months), acculturation, alcohol consumption, sociodemographic variables, psychosocial variables and impulsivity measures.	No causal inference between alcohol use and intimate partner violence.
Caetano et al. (2001)	Married or cohabitating couples over the	Secondary analysis of survey data. Originally, participants selected randomly from the Study of Couples and	N = 1,440 couples n = 555 (Anglo) n = 358 (African	Self-report data on the occurrence of 11 violent behaviours (adapted from the Conflict Tactics Scale) and	Drinking and alcohol use related to intimate partner

	age of 18 who participated in the 1995 National Study of Couples in the US.	interviewed in relation to intimate partner violence and alcohol use. Both members of a couple were interviewed equally.	American) n = 527 (Hispanic).	alcohol consumption.	violence, however, rates of female to male violence greater than male to female violence.
Daniel-O'leary et al. (2003)	Male drinkers identified in 2 national surveys in the US, in 1985.	Secondary analysis of the 1985 National Family Violence Survey and the National Survey of Families and Households of New York State. Men in these two samples were matched on similar drinking patterns based on quantity and frequency of alcohol consumption.	N = 2,152 men	Male-to-female physical IPV (measured through the Conflict Tactics Scale) and drinking behaviour.	Linear association between drinking and intimate partner violence.
Fals-Stewart (2003)	Male alcoholics presenting for treatment and their female partners	Longitudinal study over a 15-month period. 2 groups: men entering a domestic violence treatment program and men entering an alcohol treatment program. Men and their female partners provided data.	N = 272 couples n = 135 (domestic violent men entering an alcohol treatment program) n = 137 (men entering a domestic violence treatment program).	Physical aggression and violence measured by the Conflict Tactics Scale.	Significant relationships between male partner's drinking and occurrence of male-to-female physical aggression across both samples. Likelihood of male-to-female physical aggression higher on days of drinking my male partners.
Fals-Stewart et al. (2003)	Married or cohabitating male and female partners where the male partner	Longitudinal study over a 15-month period.	N = 149 violent men entering a drug abuse treatment program and their female partners.	Self-report data on physical aggression and violence (measured by the Conflict Tactics Scale) and substance use.	Alcohol and cocaine use associated with increased daily male-to-female physical aggression.

	was entering a 12-week outpatient substance abuse treatment program.				
Fals-Stewart et al. (2005)	Male and female intimate partners where male partners had been violent at least once in the last year.	Between-groups design. 2 groups: men entering an outpatient domestic violence treatment program and men entering an outpatient alcohol treatment program. Men and their female partners provided data on drinking and violent episodes occurring.	N = 169 couples	Drinking behaviour, violent behaviour (assessed using the Conflict Tactics Scale) and antisocial personality disorder.	Alcohol consumption associated with non-severe violence in men without antisocial personality disorder but not in men with ASPD. Alcohol consumption associated with severe violence in men with ASPD.
Field et al. (2004)	Current drinkers 18 years or older living in households as identified by the US National Alcohol Survey, 1995.	Secondary analysis of responses from the 1995 National Alcohol Survey. One member of the couple was considered the main respondent.	N = 845 couples	IPV (measured through the Conflict Tactics Scale), alcohol use and expectations of violence following alcohol use.	Expectation of aggressive behaviour following alcohol consumption most influential predictor of intimate partner violence.
Galvani (2004)	Women who had suffered or were still suffering	Grounded theory design. In-depth, empirical research using semi-structured face-to-face interviews over a 13month	N = 20 women. Aged between 18-44. Mean age – 30 years.	Violent behaviour measured through self-report answers on the Violent and Abusive Behaviours Inventory.	Alcohol had an impact on male partners' violent

	from violence from a partner.	period.			behaviour.
Grekin et al. (2004)	Participants recruited from a first year university class. Participants were required to family history of alcohol use.	Longitudinal design over an 11 year period. Participants completed interviews and questionnaires at baseline, and years 2, 3, 4, 7 and 11.	N = 489 n = 457 (at 7 years) n = 410 (at 11 years)	Alcohol use, behavioural undercontrol, relationship aggression (measured through the Conflict Tactics Scale), marital satisfaction and family history of alcohol use.	Behavioural undercontrol strongest predictor of marital aggression, over drinking patterns, alcohol abuse, gender, marital satisfaction and family history of alcohol abuse.
Heyman et al. (1995)	Adult couples planning marriage.	Short-term longitudinal design using questionnaires.	N = 272 couples from the State of New York. Mean age of women – 23.6 years. Mean age of men – 25.3 years.	Self-report data on marital status, violence (using the Conflict Tactics Scale) and personality. Outcome measures collected at 1 month prior to marriage and 6, 18 and 30 months after marriage.	Problem drinking by husbands significantly related to serious husband-to-wife aggression in young married couples prior to marriage and at 6 months after.
Hutchinson (1999)	Women who initiated a call to police in response to an abusive incident.	Interviews consisting of unstructured and structured variables conducted with participants. Interviews consisted of 546 variables.	N = 419 female victims of male offenders. 69.9% of participants were African American and 28.9% were Anglo.	Self-report data on drinking behaviour, violence and fear.	Limited relationship between chronic alcohol use and violence against women partners.
Hutchinson (2003)	Women who initiated a call to police in response	Interviews consisting of unstructured and structured variables conducted with participants. Interviews consisted of 546	N = 419 female victims of male offenders. 69.9% of participants were	Drinking behaviour, violence and fear measures.	Abused women significantly more likely to call the

	to an abusive incident.	variables.	African American and 28.9% were Anglo.		police when a violent male partner uses alcohol and drugs and when they are frequently drunk.
Jewkes et al. (2002)	South African women aged 18-49 who were part of a household as identified by the South African Demographic and Health Survey.	Cross-sectional design and secondary analysis of survey data. Predictions made on risk factors for IPV.	N = 1,306 women	Violence against a female partner.	Positive association found between alcohol use and domestic violence but domestic violence most strongly associated with the status of women in society, the normative use of violence in conflict situations and the exercise of power.
Johnson (2000)	Women participating in the Violence Against Women Survey in Canada in 1993, over 18 and in an intact marriage at the time of the survey.	Secondary analysis of survey data. Participants were originally interviewed over the telephone about experiences of physical and sexual assault by spouses and spouses drinking patterns.	N = 7,707 women	Self-report data on violence and alcohol use. Heavy/binge drinking defined as a combination of frequency and intensity.	Heavy drinking by male partners doubled the risk of violence against female spouses.
Johnson (2001)	Women participating in	Secondary analysis of the national Violence Against Women Survey	N = 7,707 women	Self-report data on violence and alcohol use.	Heavy drinking predicts violence

	the Violence Against Women Survey in Canada in 1993, over 18 and in an intact marriage at the time of the survey.	conducted by Statistics Canada in 1993. Random sample of women interviewed by telephone in the survey		against wives even when class, age and type of relationship are controlled for. When measures of attitudes about rightness of male degradation and control of women are taken into account, alcohol use is a non-significant predictor of violence against wives.
Kaufman Kantor et al. (1987)	Families with at least 1 child under 18 living in the household. Families recruited through telephone interviews.	Cross-sectional design using phone interviews. If more than one eligible adult in the family, random procedure used to select participant.	N = 5, 159 American families	Self-report data on alcohol use, violence occurring (as defined by the Conflict Tactics Scale) and occupational status.
Leonard et al. (1999)	Newlywed couples.	Longitudinal design. Mailed questionnaires and associated postage costs given to newlywed couples. Couples recontacted at 1 and 3 years after marriage.	N = 366	Self-report data on premarital aggression, marital conflict styles, individual differences, sex-role identity, husband's alcohol use and marital aggression (modified version of the Conflict Tactics Scale).
				Association between husband drinking and episodes of verbal or physical aggression found. Also, severity of violent incident associated with husband drinking.

McKenry et al. (1995)	Married couples	Cross-sectional design. Face-to-face structured interviews to determine what factors (biological, psychological or social) influence drinking and violence.	N = 102	Self-report data on violence (using the Conflict Tactics Scale). Biochemical validation of alcohol use, testosterone, prolactin, negative life events, relationship quality, income, social support and psychological symptoms.	Significant variables were alcohol, family income and relationship quality.
Murphy et al. (2001)	Heterosexual couples consisting of an alcoholic male and his partner. Couples presented for treatment at the Harvard Counselling for Alcoholics' Marriages Project.	Between-subjects design. 2 experimental groups: violent alcoholic patients and non-violent alcoholic patients.	N = 303 n = 183 (violent alcoholic patients) n = 120 (non-violent alcoholic patients).	Self-report data and interviews provided on marital aggression, alcohol use and antisocial personality characteristics.	Antisocial personality characteristics, severe early onset alcohol problems, other drug use, relationship distress and other cognitive variables important correlates of intimate partner violence among alcoholic patients.
Natera et al. (1997)	Women currently living with a male partner.	Survey design. Randomly sampled participants interviewed face-to-face.	N = 544	Answers on questions on the Danger Assessment Scale that measures couple-related violence and associated risks over the previous 12 months.	Chronic drunkenness and jealousy on behalf of the male partner were contributing factors to marital violence.
Neff et al. (1995)	Anglo, Black and Mexican American regular drinkers and non-	Cross-sectional design using household interviews. Random sampling procedure used to obtain participants through multi-stage area probability sampling	N = 1374 adults n = 602 (male participants) n = 772 (female)	Self-report data on social desirability, financial stress, sex-role traditionalism, alcohol consumption and spousal violence.	Quantity of alcohol, not frequency, best predictor of spousal violence. High rates

	drinkers.	techniques.	participants) n = 451 (Anglo participants) n = 252 (African American participants) n = 671 (Mexican American participants)		of violence reflected drinking as a stimulus for victimization or as a consequence of abuse.
Perez (2000)	Persons attending various fiestas in Santa Maria Atzompa during 1995-1998. Husbands, wives, children, extended family and community members.	Ethnographic design. Researcher attended each fiesta as a member of that community and documented the activities of the participants at each fiesta and followed up each event with interviews of the people involved violent confrontations.	N = 16 fiestas	Acts of violence and drinking behaviour obtained by researcher through participant observation and photographs.	In each of the 16 fiestas, violence occurred and was primarily against women. Violence by a male spouse towards a female spouse accounted for 63% of the incidents. Binge drinking and violence against women are part of a historical cycle of male dominance and women's economic power over men.
Raskin-White et al. (2002)	Young adults participating in the Rutgers Health and Human Development Project.	Longitudinal design. Participants divided evenly by age and gender. Interviews with participants over 5 waves: Wave 1 (1979-1981), wave 2 (1982-1984), wave 3 (1985-1987), wave 4 (1992-1994) and wave 5 (1999-2000).	N = 725 young adults at the time of Wave 1 n = 400 (women) n = 325 (men) Age range at wave 1 was 12-18years.	Perpetration of violence and victimization (measured using the Conflict Tactics Scale) and Problem drinking.	Partner drinking not related to perpetration of violence or victimization for men. Partner drinking for women was strongly related

					to perpetration of violence and victimization.
Ray et al. (1996)	Couples from an introductory Psychology class who were required to have been dating for at least 3 months.	Questionnaires administered in groups of 10-12 couples. Each member of a couple given the questionnaires to complete individually. Data from questionnaires analysed separately and together for each couple.	N = 120 (60 couples) Mean age of male participants – 19.6 years. Mean age of female participants – 18.9 years.	Self-report data measuring hyper masculinity (adherence to stereotypic male gender roles), hyper femininity (adherence to stereotypic female gender roles), IPV (using the Conflict Tactics Scale), and drinking behaviour.	Men high in hyper masculinity were found to drink more alcohol and have higher rates of IPV.
Rodriguez et al. (2001)	Couples who participated in the American National Survey of Families and Households in 1987 and 1992.	Longitudinal design and secondary analysis of survey data.	N = 4,780 couples	Domestic violence defined through self-report data that included both partners being physically violent during arguments.	Alcohol use and participants on welfare benefits positively associated with domestic violence.
Shore et al. (2003)	Members of an Australian Aboriginal community.	Ethnographic design. The researchers spent 3 consecutive months in an Australian Aboriginal community. Ethnographic field data and written survey data was collected.	60 people involved in a discussion on issues about drinking (health workers, teachers, councillors, community workers, drinkers and non-drinkers). 30 people formally interviewed on beliefs about drinking and the relationship between violence and drinking. 39 completed surveys modelled on the	Circumstantial factors, community factors and individual factors.	Alcohol acts as a channel for expressing conflicts and tensions within the community (including physical confrontations).

		Drinking Expectancy Profile.	
Stewart et al. (1997)	Operational officers in the Queensland Police Service	Questionnaire based on one of eight vignettes. Vignettes consisted of 2 independent variables: victim gender (male/female), alcohol consumption of the victim and assailant (both victim and assailant drunk, neither drunk, assailant sober and victim drunk and assailant drunk and victim sober).	N = 97 n = 51 (male officers) n = 46 (female officers)
Willson et al. (2000)	Women presenting for protective orders or to file assault charges against a male intimate partner at a family violence police unit or district attorney's office.	Women asked to fill in a questionnaire about male intimate partners. Male partners were then divided into 4 groups: no alcohol/drug use, alcohol only, drugs only or alcohol and drugs.	N = 180 women
		Self report data on severity of violence (assessed through Severity of Violence Against Women Scale), stalking and substance use of a male partner.	Physical violence significantly greater for women whose male partner used drugs only (no alcohol).

Figure Captions

Figure 1. Causation of intimate partner violence. The figure was taken from Jewkes, R., Levin, J., & Penn-Kekana, L. (2002). Risk factors for domestic violence: Findings from a South-African cross-sectional study. *Social Science and Medicine*, 55, p. 1615.

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Figure 1

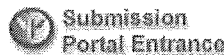


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Running head: ALCOHOL AND INTIMATE PARTNER VIOLENCE

The Role of Alcohol in Intimate Partner Violence: Perspectives of Women in Domestic
Violence Refuges

Angeline C. Swan

Edith Cowan University

Abstract

This study examined the role of alcohol in intimate partner violence (IPV) by investigating incidents of IPV where the violent male partner had consumed alcohol and where he had not. Two research questions were addressed: (1) how are IPV incidents when the male partner had been drinking alcohol similar to those when he had not been drinking alcohol? (2) How do IPV incidents when the male partner had been drinking alcohol differ from those when he had not been drinking alcohol? Six women residing at domestic violence refuges participated in semi-structured interviews. Thematic content analysis indicated that similar interpersonal dynamics occur when alcohol is involved and when it is not, but that incidents of IPV were more severe when alcohol is involved.

Key words: Alcohol, Intimate Partner Violence.

The Role of Alcohol in Intimate Partner Violence: Perspectives of Women in Domestic Violence Refuges

The purpose of this study is to examine the role of alcohol in intimate partner violence (IPV) by investigating incidents of IPV where the violent male partner has consumed alcohol and where he has not. Definitions of IPV vary within the existing published research. Most commonly, IPV is the term used to describe violence between two individuals who have a personal relationship with one another (Hegarty, Hindmarsh & Gilles, 2000). As stated by Mouzos and Makkai (2004), IPV is most adequately defined through three types of violent behaviors: Physical violence (including threats of violence), sexual violence (including non-consenting sexual touching) and psychological or emotional violence (controlling behaviors). Most studies conducted in the United States use a definition of IPV based on Straus's (1979) Conflict Tactics Scale (CTS). This scale defines violence as being pushed, slapped, hit, grabbed, kicked, choked, burned, beaten, threatened with or without a weapon, and forced sex.

A positive association between alcohol use and IPV has consistently been found (Fals-Stewart, 2000; Murphy, Fals-Stewart, O'Farrell & Feehan, 2001; Jewkes, Levin & Penn-Kekana, 2002), however, research to date has failed to provide a clear explanation of the role that alcohol plays in IPV. In a study by Brookoff, Obrien, Thompson and Williams (1997) alcohol was found to be a contributory factor to IPV. They examined characteristics of IPV-related emergency calls to police and found that 86% of the violent male partners had been drinking alcohol on the day of the violence. In addition, Daniel-O'Leary and Schumacher (2003) found that severity of IPV incidents increased with the amount of alcohol consumed, showing a clear linear association. Other factors such as expectancy of violence following alcohol use, however, were not controlled for in the study and might have influenced participants' drinking and violent behaviors

(Daniel-O'Leary & Schumacher, 2003). While studies such as these confirm an association between alcohol use and IPV, such correlational research does not verify alcohol use as a cause of IPV (Daniel-O'Leary & Schumacher, 2003).

Current theories that exist to explain the role of alcohol in IPV have also failed to provide a clear, definitive explanation for the association. Physiological theories claim that alcohol effects brain functioning and changes cognitive processes, which can effect control functions and cause violence (Galvani, 2004). The pharmacological model is one of the most accepted physiological approaches to explain alcohol-related IPV. This model emphasizes disinhibited behavior, such as IPV, occurring as a result of the effects of alcohol on cognitive functions, such as the capacity to resist impulses or ability to understand complex situations (McKenry, Julian & Gavazzi, 1995). Support has been found for the pharmacological model. For example, marital interactions of maritally aggressive men and their wives and non-maritally aggressive men and their wives were measured at a baseline condition with the men then receiving alcohol, no alcohol or a placebo (Leonard & Roberts, 1998). It was found that the marital interactions increased in negativity and aggression for the alcohol condition but not the placebo condition. Leonard (2002), however, states that in similar studies participants who received alcohol, and believed in a link between alcohol and increased aggression, were more likely to act aggressively than those who did not believe in that link. Such data suggest that any pharmacological effects of alcohol are mediated by personal beliefs and expectations.

Feminist theories that explain the role of alcohol in IPV claim that men are violent towards women in order to affirm power and control (Johnson, 2000; Galvani, 2004). Feminist theories discount alcohol use as a cause of IPV (McGregor, 1990). Johnson suggests that the association between alcohol use and IPV is spurious and that

both heavy drinking and violence against women are a result of expressions of masculinity by men. This perspective is supported by research from Johnson (2001) who found when measures of husbands' attitudes about the right to control women were taken into account; alcohol use did not significantly predict violence against wives. Research by Perez (2000) also confirms this notion by finding that men in her sample used violence as a method of gaining control over their female partners. This conclusion was based on consistent findings in interviews with male partners who were violent: "They are usually remorseful but justify their position by saying they were upset because their wife was not fulfilling her duty within the household and he could not stop his anger because of the effects of alcohol. Such neglected duties included...the primary meal without meat, lack of sexual activity, excessive time outside the household or frivolous spending" (p. 372). While research that supports feminist theories are important (they take away alcohol as an excuse for violence and place the responsibility of violence on the offender), refusal to take into account any physiological effects of alcohol on IPV discounts the large body of research that has confirmed this (McGregor, 1990; Galvani, 2004).

Psychological theories used to explain the role of alcohol in IPV focus on social learning and expectations of violence following alcohol consumption. Social learning theories claim that violence, drinking behavior, and attitudes and values (sense of entitlement, need for power and control) are learnt from others through conditioning, observation, and imitation of behaviors and attitudes that are enacted by other individuals, or taught through cultural norms and expectations (Neff, Holamon & Shluter, 1995; Natera, Tiburcio & Villatoro, 1997; Perez, 2000; Caetano, Schafer & Cunradi, 2001; Shore & Spicer, 2003; Galvani, 2004). Research by Perez lends support for this model – she found that of the 16 fiestas (traditional Mexican religious

celebrations) she attended, 10 resulted in husband to wife abuse and all resulted in excessive drinking by attendants. She concluded that alcohol use and subsequent IPV was a tradition in Mexican culture, passed on from one generation to the next, and that the two behaviors were used to confirm the roles of members as individuals and as a group.

Social learning theory also explains the role of alcohol in IPV through expectancies, for example, the expectancy that alcohol causes violence. In a review of the literature, Leonard (2002) found support for three hypotheses that parallel theories of expectancy in alcohol-related IPV: People accept alcohol as a cause of violence, people attribute less blame and punishment to intoxicated aggressors than to sober aggressors, and alcohol causes or excuses violence and this is associated with and predicts the occurrence of alcohol-related IPV. Research by Shore and Spicer (2003) provides ethnographic evidence of the effect of alcohol expectancies on IPV. They collected data in an Australian Aboriginal community on circumstantial, community and individual-level factors surrounding alcohol use and its related violence. The study found that there was an expectation by community members that the effects of alcohol on behavior and emotions precipitated violence. Furthermore, the community-held expectation that alcohol use would lead to violence influenced individual members' own drinking and violent behaviors by providing an excuse for such behaviors that would be considered unacceptable if sober.

Another psychological perspective views alcohol-related IPV as a product of interacting biological and social factors (McKenry et al., 1995). McKenry et al. conducted a study to examine the validity of this theory, where they interviewed males who were asked to answer questions on constructed questions relating to alcohol use and IPV. Testosterone levels and carbohydrate deficient transferrin (a biochemical

marker in the diagnosis and treatment of high risk alcohol use) were also taken to examine the biological nature of IPV. The findings revealed that each domain (biological, psychological and social) related to alcohol-related IPV, with the biological and social domains contributing most variance. It could be that psychological variables (such as hostility) were harder to measure than biological or social variables, or that important psychological variables (such as personal expectations) were omitted (McKenry et al., 1995).

Research on the role of alcohol and IPV has largely examined differences between groups of individuals, such as men who drink alcohol and are violent and men who drink alcohol and are not violent. Consequently, a significant gap in the research is the comparison of IPV incidents that involve alcohol with those that do not. It is known that most men who enact IPV do so when they are intoxicated as well as when they have not been drinking (Keys Young, 1994), but there is not an adequate understanding of how those two categories of IPV differ, if at all.

Pelosi (2004) made an initial contribution to addressing this gap using a within-subjects research design. She examined incidents of IPV that involved alcohol and those that did not with a group of women who presented for counseling in relation to a partner's alcohol problem. Themes that were generated from the data included sense of entitlement and subjugation. These themes were similar across both categories of IPV incidence and therefore highlighted constructs proposed by feminist frameworks; that alcohol is not a cause of IPV, rather male violence against women is the result of power inequality and traditional notions of male entitlement over women. Pelosi's data also showed constructs offered by pharmacological theories. For the IPV incidents that involved alcohol, male partners were less restrained, enacted more physical violence and the violence escalated more rapidly. Pelosi concluded that IPV was a result of

many influencing factors and that alcohol use served to intensify the violence as opposed to making it qualitatively different. However, Pelosi's data does not transfer to all populations of women experiencing IPV (Transferability is the preferred term to generalisability when discussing qualitative findings, Sarantakos, 1993). This is a particular concern for women in domestic violence refuges, who are presenting for major assistance in regards to their partners' violence and are more concerned about their immediate safety, than their partners' alcohol problems.

The present study extends Pelosi's (2004) study by using a within-subjects examination of incidents of IPV that involve alcohol and those that do not, but using a refuge sample. Specifically, two research questions were addressed: (1) how are IPV incidents when the male partner had been drinking alcohol similar to those when he had not been drinking alcohol? (2) How do IPV incidents when the male partner had been drinking alcohol differ from those when he had not been drinking alcohol?

Method

Design

A qualitative research design was used to collect data on participants' recollections and perceptions of incidents where they were subjected to physical violence from a male intimate partner. Each participant was asked to describe at least one incident of IPV where her partner had been drinking alcohol and at least one incident of IPV where her partner had not been drinking alcohol.

Participants

Six women residing at domestic violence refuges in Perth, Western Australia, participated in this study. Two of the women identified as Aboriginal Australian. Five of the women had at least one child. Five domestic violence refuges took part in the study. All the women had been subjected to violence from a male partner (as defined by the

Conflict Tactics Scale, Straus, 1979) and each was able to recount incidents of IPV where her partner was both under the influence of alcohol and sober. All the women were over the age of 18 years. The women were informed that their access to refuge services was not dependent on participation in the study. Four refuge staff formed the focus group used in this study.

Materials

A Dictaphone was used to record the interviews. The semi-structured interview schedule consisted of the same questions used by Pelosi, 2004; see Appendix. Photocopied handouts of the themes to emerge from the interviews were given to members of the focus group.

Measurements

As the women were residing at domestic violence refuges, IPV was already determined. However, for analysis purposes, IPV was thought to have occurred when the women reported behaviors identified by the Conflict Tactics Scale (Straus, 1979). Some of the behaviors in this scale include being pushed, slapped, hit, grabbed, kicked, choked, burned, beaten, threatened with or without a weapon, forced sex, accused and scorned (Straus, 1979). Alcohol use was defined as whether the male partner had consumed alcohol or had not consumed alcohol.

Procedure

A semi-structured in-depth interview technique was used to obtain the data (Breakwell, Hammond & Fife-Schaw, 1995). In-depth interviews involve personal meetings with participants to understand their experiences as they describe it (Minichiello, Aroni, Timewell & Alexander, 1995). The method of in-depth interviewing, used for this study, involved the concepts of alcohol and incidents of violence guiding the questions to the participants.

The interview was conducted in a private room at the refuge at which the participant was residing. Prior to commencing, participants were informed about the nature of the interview and the way it would be conducted. Issues of confidentiality were discussed and the participant was asked to give a verbal indication of her consent to participate in the study and be audio taped. Constructing a comfortable environment for the participant, or establishing rapport, was attempted by outlining the areas of the interview that would be discussed and by explaining the conversational nature of the interview to the participant.

The data were then collected through a semi-structured interview schedule. The questions were asked in an informal way, in the sequence outlined in the Appendix. Follow-up questions (probes) were asked to obtain additional information on a topic or to clarify the question for the participant (Minichiello et al., 1995). For example: *what do you mean by that?* Or, *had he been drinking on that occasion?* The interviews ranged from 30 to 80 minutes. At the end of the interview participants were debriefed and informed that they could access counseling provided by the refuge. The debriefing was not recorded, and none of the participants requested counseling after the interview. Participants were recruited until saturation of the data was achieved. The criterion for saturation was three consecutive interviews that did not reveal any new themes.

On completion of all the interviews, and after data analysis had been completed, a communicative validation technique was used to enhance the quality and credibility of the findings (Patton, 1990). This involved re-entering the field to collect additional data and obtain feedback from key informants involved in the research (Sarantakos, 1993). A focus group consisting of refuge staff was held to discuss the themes that emerged from the data. The focus group was conducted in a private room of the refuge. The researcher began by outlining the aims and research questions of the study and the

method used to obtain data. Members of the focus group were then given handouts that showed the themes to emerge from the data. The researcher asked the members to discuss their thoughts about the themes – specifically, if they thought these themes seemed appropriate in regards to the aims and research questions addressed by the study. An informal discussion with members of the focus group was then held, to obtain any other relevant information, including how they thought the research could benefit women in refuges. Handwritten notes were made during the focus group, documenting the relevant issues raised.

Analysis

The data were analyzed using a thematic content analysis technique. This technique was adapted from Miles and Huberman (1994), Creswell (1998) and Taylor and Bogdan (1998) to examine the content of the interview and identify emerging themes. A transcript, or copy, of the recordings was made after the interviews by documenting the entire interview, verbatim, de-identifying any names or information that could reveal the participants. Data collected on incidents of IPV involving alcohol were analyzed separately to data collected on incidents of IPV not involving alcohol. The themes in the two sets of data were compared and contrasted.

The first stage of analysis involved reading the transcripts and producing a statement that summarized each transcript to understand the data more completely. The transcripts were then read again, with observations, thoughts and biases noted in the margin. This reflection acknowledged my impact on the data and analytical process, and attempted to establish validity within the research (Miles & Huberman, 1994). If personal thoughts or biases influenced coding of a particular part, a second opinion was sought from my supervisor. Relevant parts of the transcripts were highlighted on a subsequent reading. Relevance was defined as any words, sentence fragments or

paragraphs pertaining to descriptions of recollected incidents of violence or perspectives about the role of alcohol in IPV. An open-coding technique was then used, where relevant parts of the transcripts were grouped together based on similar meanings and assigned codes (Taylor & Bogdan, 1998). Coded parts of the transcripts – that had underlying themes and concepts in common – were grouped together and classified as first-order themes. First-order themes were defined as relevant parts of the data that had common or similar meanings. This coding process was done until saturation was reached, that is, until there was no new information in the transcript relevant to a particular code (Creswell, 1998).

The next stage of analysis involved thematic analysis of first-order themes to form second-order themes. Second-order themes were defined as higher-level abstractions that could be used to explain similar first-order themes. A summary of the second-order themes was then produced to ensure they adequately explained the first-order themes.

The handwritten notes, made from the focus group discussion, were analyzed using the same thematic analysis process that was used for the interview transcripts.

Results

Data obtained from interviews with participants are reported first, followed by data obtained from the focus group.

Incidents of IPV that Involved Alcohol

Participant responses that contained information on incidents of IPV that involved alcohol use, by a male partner, were examined to determine the behaviors and circumstances occurring at these times. Thematic analysis of participants' responses revealed four second-order themes that explained the circumstances surrounding

incidents of IPV that involved alcohol: Sense of entitlement, control over partner, self-control and lack of responsibility for IPV (See Table 1).

Sense of entitlement. Sense of entitlement referred to male partners' behaviors of superiority and authority over female partners (Johnson, 2000; Galvani, 2004). All participants reported that for incidents of IPV that involved alcohol, male partners acted out of a sense of entitlement. Three first-order themes were grouped together to form the second-order theme of sense of entitlement (Table 1): Male partner expects to get his own way, disregard for female partner and male partner is self-absorbed when intoxicated.

Control over partner. Control over partner referred to male partners' control, dominance and devaluation of female partners. All participants reported that male partners exhibited control over them in incidents of IPV that involved alcohol. Four first-order themes were grouped together to form the second-order theme of control over partner (Table 1): Male partner attempts to control female partner, dominating behaviors, assertion or challenges by female partner increases violence/aggression and male partner isolates female partner from others.

Self-control. Self-control referred to male partners' ability to exhibit self-restraint when under the influence of alcohol. Participants reported that (1) IPV was more severe when their male partner was intoxicated, (2) violence escalated quicker when their male partner was intoxicated, (3) male partners exhibited a loss of self-control when they were intoxicated, and (4) male partners' behavior was unpredictable when intoxicated. These four categories were the first-order themes that were grouped together to form the second-order theme of self-control (Table 1).

Not accepting responsibility. This second-order theme referred to male partners' responses to violence after the violence had occurred. Participants reported that male

partners avoided responsibility for the violence, blamed their female partner for the violence and stated that they could not remember committing the violence due to intoxication (Table 1).

Incidents of IPV that did not Involve Alcohol

Participant responses that contained information on incidents of IPV that did not involve alcohol use by a male partner, were examined to determine the behaviors and circumstances occurring at these times. Thematic analysis of participants' responses revealed four second-order themes that emerged for incidents of IPV that did involve alcohol. They were: Sense of entitlement, control over partner, self-control and expressions of remorse (See Table 2).

Sense of entitlement. All participants reported that male partners engaged in IPV out of a sense of entitlement over them, for incidents of IPV that did not involve alcohol. Three first-order themes were grouped together to form the second-order theme of sense of entitlement (Table 2): Male partner expects to get his own way, disregard for female partner and male partner is self-absorbed when not intoxicated.

Control over partner. All participants reported that male partners exhibited control over them, for incidents of IPV that did not involve alcohol. The same four first-order themes were grouped together to form the second-order theme of control over partner (Table 2): Male partner attempts to control female partner, dominating behaviors, assertion or challenges by female partner increases violence/aggression and male partner isolates female partner from others.

Self-control. For incidents of IPV that did not involve alcohol, participants reported that (1) IPV was less severe when their male partner was not intoxicated, and (2) male partners had a greater awareness of enacting violence when not intoxicated.

These two first-order themes were grouped together to form the second-order theme of self-control (Table 2).

Expressions of remorse. The main difference in participant reports for IPV that involved alcohol and IPV that did not, was in male partners' responses to violence. Participants reported that for incidents of IPV that did not involve alcohol male partners showed remorse for their actions after the violence occurred (Table 2).

Focus Group Discussion

Members of the focus group strongly agreed with the themes extracted from the data and believed these were the main issues relating to alcohol use and IPV. Focus group members held the opinion that some level of awareness is always present in IPV incidents involving alcohol, even when male partners claim they cannot remember a particular incident. The main theme to arise from the focus group was that IPV will occur whether alcohol is a factor or not, and that while alcohol may affect severity of IPV, complete behavior change is necessary to seriously impact IPV. Complete behavior change was described as a change in both problem drinking patterns and control-based behaviors of male IPV offenders. Members of the focus group also reported on the ability of the current study to increase public awareness of IPV.

Discussion

The themes that emerged for incidents of IPV that involved alcohol and those that did not are discussed in relation to each research question in turn. Following this, an integration of the similarities and differences is presented, including a discussion of the implications for theory and practice. In the final section, the strengths and limitations of the study are examined and priorities for future research identified.

Similarities Across Categories of IPV

Male partners acted out of a sense of entitlement and a need to control their spouses in IPV both when they were intoxicated and when they were sober. Second-order themes that were similar reflected power and control constructs proposed by the feminist model and overlapped significantly with the themes that emerged from Pelosi's (2004) study and the focus group. The concept of IPV as a result of male attitudes of entitlement and control over female partners is repeatedly reported in the literature on alcohol use and IPV (Johnson, 2000; Perez, 2000; Jewkes et al., 2002; Galvani, 2004). For example, Johnson used regression models to examine the importance of alcohol abuse as a predictive factor in cases of IPV and concluded that negative attitudes towards women, men's rights to degrade and devalue female partners, and attitudes that supported men's right to control women were the strongest predictors of IPV over the effects of alcohol abuse. The first-order theme of IPV occurring when male partners did not get their own way has also been found in other studies (Perez, 2000). The men in Perez's study reported that they engaged in IPV when their female partners failed to perform duties to their satisfaction (if their wives did not cook to their liking or did not engage in sexual activity when required).

It is important to note that sense of entitlement is a psychological factor that contributes to violent offending generally, not just in IPV (Andrews & Bonta, 1998). It is suggested that some violent offenders have an inflated sense of entitlement that results in a greater risk of feeling disrespected or insulted with the need to retaliate accordingly (Hall, Fisher & Dear, in press). This idea can be applied to the male partners in the current study, who retaliated violently when they believed their spouse was not obeying their authority or fulfilling needs of superiority.

A major theme to arise from Pelosi's (2004) study was titled 'subjugation' and mirrored the theme 'control over partner', reported in the current study. In Pelosi's

study, male partners subjugated their female partners for both IPV that involved alcohol and IPV that did not, however for incidents not involving alcohol, male partners were more controlling through verbal aggression as opposed to physical violence. It is likely that the male partners in the current study are more violent than other male partners, perhaps reflective of the refugee population under study. It also might be the case that the differences between IPV involving alcohol and IPV not involving alcohol are more marked in men with alcohol problems (such as those in Pelosi's, 2004, study). Conversely, this minor difference might simply be a result of research undertaken by two different researchers examining two different populations.

Dominating behaviors (for example male partners yelling in a spouse's face or going through her belongings) was a first-order theme that fed into the second-order theme of control over partner. Such behaviors might be an indication of the technique some men use to acquire control of situations and emotions they feel unable to manage, both when intoxicated and sober. Male partners were seen to lose control and power over their partners if the women were assertive or challenged them in some way. This, in turn, caused IPV to intensify, for both incidents involving alcohol and those that did not. The resulting violence appears to be the preferred method for male partners to regain control over their spouses. In the current study, participants also reported that IPV occurred in situations where the male partner aimed to isolate his spouse from other individuals. Jewkes et al. (2002) found this in their study of risk factors for IPV in a South African sample, and identified social isolation of women by male partners as a technique used by violent males to gain greater control over their female partners and reduce the likelihood of a woman leaving her abusive spouse.

Differences Between Categories of IPV

Incidents of IPV that involved alcohol differed from incidents not involving alcohol in the level of self-control exhibited by male partners and in male responses to IPV. Second-order themes that were different reflected the effects of alcohol on cognitive functioning, as stated by the pharmacological model, and overlapped significantly with the themes that emerged from Pelosi's (2004) study and the focus group. The notion that alcohol-related IPV occurs as a result of the effects of alcohol on cognitive processes is consistent with literature that conforms to pharmacological perspectives on alcohol use and IPV (McKenry et al., 1995; Leonard & Roberts, 1998; Leonard, 2002). For example, Leonard and Roberts reported that in their sample, marital interactions of husbands in the alcohol condition became more aggressive and unable to manage their aggression non-violently, compared with men in the no alcohol or placebo conditions.

In the current study, IPV was more severe when the male partner was intoxicated and nearly all participant descriptions of worst incidents of violence was when male partners had consumed large amounts of alcohol. In addition, IPV was quicker to escalate if the male partner had been drinking alcohol. These findings illustrate the pharmacological effects alcohol can have on IPV behaviors and suggest that alcohol contributes to IPV, by intensifying violent incidents and causing the violence to escalate more rapidly (McKenry et al., 1995). This is consistent with research by Leonard and Roberts (1998) who found that aggression was more severe and longer in duration for martially aggressive men who had consumed alcohol.

Participants also reported that male partners displayed unpredictable behavior and a loss of self-control if they had consumed alcohol. In contrast, when male partners had not been drinking alcohol, they were more aware of the violence occurring and could regulate themselves more effectively. These findings parallel those in Pelosi's

(2004) study, where she described violent male partners as being unpredictable when intoxicated and able to self-regulate emotions more effectively when sober. While findings such as these do not provide an excuse for violent behavior, they suggest pharmacological factors adversely influence male partners' apparent inability to withdraw from the violence once it has started.

When male partners had been drinking alcohol and violence occurred, participants reported that they avoided responsibility for the violence and often said they could not remember the violent incident. While this might be true, it could also be that male partners were influenced by expectations that alcohol causes violence, thus avoiding responsibility for their actions (Stewart & Maddren, 1997; Leonard, 2002; Field, Caetano & Nelson, 2004). This idea reflects the notion put forward by the focus group, that there is always a level of awareness in alcohol-related IPV. Research has found that violent male partners who believe in a link between alcohol use and violence are more violent than other men, so perhaps the male partners in the current study also adhere to this belief. In addition, for incidents of IPV that did not involve alcohol, male partners showed remorse for their actions, but this might have been because they were forced to take responsibility for their violent behavior, as they could not use alcohol as an excuse.

Integration of Similarities and Differences

The themes that emerged in this study reflect constructs evident in both the feminist and pharmacological frameworks that explain the role of alcohol in IPV. This implies that both control over women and pharmacological factors need to be taken into account in order to completely explain and understand the role alcohol plays in IPV.

As it stands, feminist theories discount alcohol use as a cause of IPV (McGregor, 1990). While findings that illustrate the control-based context of IPV are

important (they take away alcohol as an excuse for violence, place the responsibility of violence on the offender and distract blame away from the victim (McGregor, 1990)), refusal to take into account any pharmacological effects of alcohol use on IPV is unwise, as it results in an incomplete explanation.

Moreover, pharmacological theories that claim IPV is a result of the effects of alcohol on cognitive functioning are partially accurate, but fail to allow for patriarchal attitudes and values (such as sense of entitlement and need for power and control) which could influence an individual's self-concept and expectations, in turn affecting other cognitive processes and ability to self-regulate in times of conflict.

Many researchers criticize pharmacological theories as they are seen to release IPV offenders of personal responsibility and can serve as an excuse for IPV behavior (McKenry et al., 1995). By incorporating pharmacological factors with issues of power and control, the effects of alcohol as a contributor to IPV can be maintained, while responsibility is still on the offender to change personal behavior. In a treatment sense, alcohol-related IPV interventions will need to address both drinking behavior and interpersonal dynamics occurring between male and female partners. In regards to policy, the courts will need to be informed that addressing alcohol problems alone will not reduce violence. Instead, when handing down treatment orders to IPV offenders, it will be important to address both problem drinking patterns and psychological factors such as sense of entitlement and control.

While the current study and Pelosi's (2004) study examined two different subgroups, the data and themes that emerged were very similar. This indicates that there is a high degree of transferability across these two clinical groups, and the findings might apply to other groups of women experiencing IPV.

Strengths, Weaknesses and Future Research

The research design used in this study was able to examine incidents of IPV that involved alcohol and incidents that did not, for the same individual. This allowed for a greater understanding of the similarities and differences between both types of IPV incidents and was the first study to use a refuge sample with this type of research design. As women in domestic violence refuges are in crisis situations relating to their IPV, the findings of the study have great benefits for such women in guiding the development of services and policy. In addition, the focus group emphasized the benefits of the study in increasing awareness and educating the public about IPV. The use of a focus group to examine the themes increased the credibility and external validity of the study by confirming the results with a relevant sub-group.

As conclusions were formed on the basis of self-report data from participants, there is the potential for information to be unreliable due to factors such as incorrect recall of events, however, using perspectives of female partners who have experienced alcohol-related IPV is important, as they are the individuals (along with children) in IPV incidents who are at most risk of injury. While saturation of the data was reached with the first three interviews, and no further interview added any new themes, credibility might have been enhanced if more interviews were conducted. To overcome this, the use of a focus group to discuss and examine the emergent themes was used. Attaining participants was difficult due to the nature of the population under examination. Problems encountered included participants agreeing to be interviewed and then leaving the refuge with no contact details and women residing at a particular refuge for a short period of time and not being in an emotional position to discuss the issues.

Future research into the role of alcohol in IPV is needed to examine the dynamics occurring between partners in incidents of IPV that involve alcohol, that

result in escalating and more severe violence. In addition, as this study used female partner perspectives to gauge the similarities and differences between IPV incidents, research that obtains perspectives of male partners is also required. Research is also needed to devise ways of rigorously testing constructs such as sense of entitlement or control; however, as this is not an area that lends itself to experimental research it will be a great challenge for IPV research. Finally, as not all problem drinkers are violent, future research is needed to examine whether attitudes that underpin issues such as power and control identified by the present study, differ between problem drinkers that enact IPV and problem drinkers that do not.

In conclusion, the themes that emerged in this study reflected constructs from both feminist and pharmacological models used to explain the role of alcohol in IPV. Subsequently, an integrated approach appears necessary in order to adequately explain the role of alcohol in IPV. The results were consistent with those found by Pelosi (2004), which suggests that the findings are likely to transfer to other populations of women experiencing IPV.

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Table 1

Thematic Analysis of Participant Responses for Incidents of IPV that Involved Alcohol

Themes	Participant Responses
Sense of Entitlement	
- Male partner expects to get his own way	T1(p.1) He's violent when he doesn't get his way.
	T6(p.4) And fighting if he doesn't get his way.
- Disregard for female partner	T3(p.5) I had a few girlfriends over from where I worked and we were all sitting and having cowboys....and he'd come back intoxicated and poured the Cowboy stuff all over my head.
	T4(p. 5) If he's been drinking....he always comes home and wants to have sex and I'm just like "no thanks. Not when you're like this", and he'll start getting aggressive and threatening.
- Self-absorbed when intoxicated	T3(p.9) He couldn't absorb any other conversation but his own.
Control Over Partner	
- Male partner attempts to control female partner	T2(p.6) I wasn't allowed to talk to anyone. It was all controlled.
	T1(p.5) He has to have control over me.
- Dominating behaviors	T3(p.3) I could hear him going through

my mobile.

T4(p.) He'd tell me to shut up and start yelling in my face.

- Assertion or challenges by female partner increases violence/aggression
- T6(p.4) I'd argue with him over the drinking all the time. And then the violence would start because I was arguing with him about it.

T4(p.5) I got angry at him for letting my youngest daughter swim in the river with no supervision. And he just lost it.

That's when he bashed me.

- Male partner isolates female partner from other people
- T4(p.2) I ended up losing my best friend over him. That was another time when he was drinking.

Self-Control

- IPV more severe when male partner intoxicated
- T1(p.4) He's more physical when he's drunk.

T6(p.1) He was more violent then.

T5(p.5) He gets almost psychotic.

- Violence escalates when male partner intoxicated
- T4(p.4) ...when he's drunk aggressive he can't stop himself from getting worse.

- Loss of self-control when intoxicated
- T4(p.5) He got nastier when he was drunk

T1(p.4) When he's not sober he'll just lose it.

-
- Behavior unpredictable when intoxicated

T5(p.2) He's very loud. And erratic, very unpredictable.

T1(p.4) He'll pick up anything and do anything.

Not taking responsibility

- Male partner avoids responsibility/blames others/cannot remember violent incident

T3(p.11) He said he'd consumed 2 and ½ bottles of bourbon and he had a blackout and does not recall hitting me or his baby.

T1(p.3) He kept saying no, that me and his girlfriend were having a fight. He didn't even remember him actually flogging me to the extent where my eyes were puffed up.

T3(p.10) He said it was my fault all this happened.

Table 2

Thematic Analysis of Participant Responses for Incidents of IPV that did not Involve Alcohol

Themes	Participant Responses
Sense of Entitlement	
- Male partner expects to get his own way	T4(p.6) Everything had to be his way. T6(p.4) He actually wanted things his way all the time.
- Disregard for female partner	T1(p.6) Just flog me and leave me there. T4(p.2) I started telling him not to treat me like this....and then he just got crazy.
- Self-absorbed when not intoxicated	T5(p.2) Self-absorbed all the time. All the time. Not just when he'd been drinking.
Control Over Partner	
- Male partner attempts to control female partner	T1(p.6) He tried to break me to control me. T5(p.2) He was very, very controlling....I wasn't allowed to leave the house.
- Dominating behaviors	T4(p.2) He was screaming in my face. T1(p.3) He wouldn't let me into the nightclubs or pubs.
- Assertion or challenges by female partner increases violence/aggression	T2 (p.1) But if I retaliated and answered and tried to sort it out, that's when it would go to the next level.

T5(p. 4) He didn't like me telling him what to do.

- Male partner isolates female partner from other people

T3(p. 2) He would be so rude to my friends that they'd never come back to the house.

T5(p.2) I wasn't allowed to have friends. Not allowed.

Self-Control

- IPV less severe when male partner not intoxicated

T1(p.3) Probably not as tense. There's not that feeling of fear that you don't know how he's going to react.

T4(p.4) Like when he's sober, he will push me or throw me, or grab my arm but when he's drunk is when it goes that step further.

- Awareness of violence when not intoxicated

T1(p.4) When he's sober he knows what he's doing.

T2(p.3) It's reality I think.

Expressions of remorse

- Male partner acts remorseful

T4(p.3) And then he'd come home with flowers.

T1(p.4) You can know when he's sorry because he'll start doing things for me.

APPENDIX

Semi-structured Interview Schedule

- Q1. Tell me about some typical incident in which your partner was violent to you
- Q2. Tell me about one of the worst incidences of violence
- Q3. Tell me about a typical incident of violence when your partner was not intoxicated
- Q4. Tell me about a typical incident of violence when your partner was intoxicated
- Q5. What difference do you notice about the violence when he is intoxicated as compared to when he is not?
- Q6. What signs let you know he has been drinking?
- Q7. How can you distinguish between levels of intoxication?

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