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Citation:

Javid, A (2015) The Role of Alcohol in Intimate Partner Violence: Causal Behaviour or Excusing Behaviour? British Journal of Community Justice, 13 (1). 75 - 92. ISSN 1475-0279

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Article (Published Version)

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THE ROLE OF ALCOHOL IN INTIMATE PARTNER VIOLENCE: CAUSAL BEHAVIOUR OR EXCUSING BEHAVIOUR?

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Abstract

This article sets out to explore the relationship between alcohol and intimate partner violence. This research will explore the role that alcohol contributes to intimate partner violence and how it influences such a phenomenon. The empirical research is based on 12 semi-structured interviews with professionals who deal with or have dealt with victims and/or offenders of intimate partner violence. The professionals range from academics to social workers in the North East region within the United Kingdom. By adopting a qualitative approach, this research found that alcohol was used as an excuse in intimate partner violence cases. The data presented herein only give an insight into the discourses of professionals in relation to this topic rather than the views of the victims and offenders themselves. This research stipulates that alcohol is not causal in relation to intimate partner violence but it does offer the offender a 'shield', which allows them to identify themselves not as a 'violent abuser' but rather as someone whose drinking can lead them to do things they otherwise would not do.

Keywords

Intimate partner violence; alcohol; excuse; blame

Introduction

The aim of this study is to understand the experiences of professionals dealing with alcohol and intimate partner violence; these professionals hypothesize about their heterosexual, rather than lesbian or gay, clients. It is, of course, impossible from a study of 12 professionals to determine the relationship between substance abuse and partner violence. The aim of this study, though, is to carefully and rigorously examine the professionals' experiences of dealing with alcohol and intimate partner violence, as there has been a lack of social research on this area of study, more specifically, in the North East region within the United Kingdom. However, international concern about the issue of intimate partner violence still continues to grow. This includes some consideration of a link between violent behaviour and alcohol—the nature of which has not been clearly defined. The connection between intimate partner violence and alcohol is certainly intricate and mediated by significant economic, etiologic, and social factors. This research gives an in-depth analysis into several aspects regarding intimate partner violence and alcohol. It is identified that this research cannot address all relevant issues, but an attempt has been made to achieve a balanced account of current knowledge and thinking. Due to the small sample size in this study (n=12), the results cannot be generalised; but the purpose of this research is to generate fine-grained, meaningful, in-depth qualitative data to explore specific details that the professionals choose to impart.

Feminist theory is used as a foundation in this research to discuss the themes of power and control in support of the research findings. Feminist theory within intimate partner violence stresses power and gender inequality within opposite-sex relationships. It focuses on societal messages that allow men's use of aggression and violence throughout life, and the gender roles that expect how women and men ought to behave in their intimate relationships (Pence & Paymar, 1993). It sees the root causes of intimate partner violence as the outcome of living a society that condones aggressive behaviours committed by males, whilst socialising females to be non-violent. The research findings presented demonstrate that men are the offenders while women are the victims. Therefore, feminist theory is most appropriate to use in this research when critically examining intimate partner violence and alcohol collectively. However, it must be stressed that men can also become victims of intimate partner violence (Walklate, 2004). This research will focus particularly on alcohol and its association with intimate partner violence.

Literature Review

Though a large amount of the literature conveys the perception of a direct cause between alcohol use and violent behaviour, most studies are speculative since few differentiate between the precise quantity and occurrence of alcohol use at the time of violent behaviour. Most studies rely on self-classifications and self-reports rather than objective measures of the use of alcohol, such as blood tests or saliva (Loseke, 2005). Another problem is defining and conceptualising the *use of alcohol* because phrases and words that have different meanings are usually used interchangeably; for instance, abuse, alcohol use, alcoholism, excessive use, dependency, over-use, and so on (Loseke, 2005). Domestic violence is a worldwide phenomenon affecting entire societies indirectly and directly. However, after decades of research, no single definition satisfactorily explains this phenomenon. Current unofficial and official definitions of domestic violence have a

tendency to interconnect with other types of violence, confusing understanding and producing ambiguity. This can affect the validity and reliability of research and produce shortfalls in practices and policies aimed at challenging domestic violence. Therefore, defining 'domestic violence' is extremely difficult, especially when culturally there are different interpretations and ideas of what constitutes intimate partner violence. Thinking within the sphere of the 21st century, the Home Office stipulates a common definition of domestic violence: "Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality" (Home Office, 2005). Given the complexity surrounding the definition of domestic violence, it seems appropriate to use the phrase 'intimate partner violence' throughout this paper. In doing so, it includes all relationship types.

Statistically, intimate partner violence is common in sexual relationships with or without substance use disorders, though the number of intimate partner violence cases is higher in sexual relationships wherein one partner has an alcohol or other substance use disorder (Miller & Carroll, 2006). In this study, the authors argue that, "67% of persons who victimize an intimate partner [...] use alcohol compared to 38% who victimized an acquaintance or 31% who victimized a stranger" (p.103). Moreover, clinicians infrequently deal with intimate partner violence as part of alcohol abuse treatment, regardless of its high occurrence in intimate partner violence cases (Miller & Carroll, 2006). When clinicians do, they may use unsuitable or inappropriate models of intervention for the intimate partner violence, for example, giving separate referrals for the male and female, or they may presume that the male is invariably the perpetrator of violence when this is not always the case (Miller & Carroll, 2006). However, feminist practitioners have stated that batterers and victims should be treated separately, but I argue that this is inappropriate, because by using restorative justice as an approach, it can focus on the needs of both the victims and the offenders instead of punishing the offender and satisfying abstract legal principles. Rather, the victims take an active role in the process, whilst the perpetrators are encouraged to take responsibility for their actions. Restorative justice involves both the victim and perpetrator and focuses on their personal needs.

Other research found that heavy alcohol use and associated problems are well-established risk factors for intimate partner violence, and many females who are the victims of such a phenomenon ascribe male violence to alcohol consumption (O'Leary & Schumacher, 2003; Eckhardt, 2007). Older research demonstrates that males consume alcohol for 'Dutch Courage' to cope with marital problems, but they frequently say that they 'did not know what they were doing' or 'cannot remember doing it' because they were drunk when committing violence under the influence of alcohol (Freeman, 1979:138). Thus, they are able to transfer the blame for executing violence from themselves and onto the effects of alcohol (Freeman, 1979). This implies that alcohol may facilitate particular violent actions but is not necessarily the direct, underlying cause for intimate partner violence.

Although research on intimate partner violence shows a high rate of co-occurrence of alcohol and violence use by one or both partners, alcohol did not appear to be a direct cause of the violence (Leonard et al., 2003). A husband's heavy premarital drinking was predictive of severe violence within relationships that were high in conflict, but not in low-

conflict relationships (Leonard & Quigley, 1999). Again, this is consistent with the view of alcohol as a facilitator instead of an instigator of intimate partner violence. A husband's drinking was more likely to happen in examples of severe physical violence rather than in examples of moderate verbal aggression or physical violence (Leonard & Quigley, 1999). Among couples who had suffered both physical and verbal aggression, the husband's drinking was more likely in examples of physical violence than in examples of verbal aggression (Leonard & Quigley, 1999).

There has been research arguing that men consume alcohol as a form of self-medication, which is an effort to reduce or neutralise the rage they have within, however, the opposite occurs wherein alcohol eliminates control mechanisms, facilitating violence (Fleming, 1979). Although this is an interesting argument and seems logical, one must be aware of Fleming's low sample size—this means his results cannot be generalised to all cases involving alcohol, a small subset of cases requires interpretation with caution. However, given this evidence, it can be seen that when alcohol is predominant in intimate partner violence cases, it may 'trigger' violence but it is not solely the direct cause of intimate partner violence, which seems to be, more often than not, deeper-rooted and intricate. Fleming (1979:291) quotes that, "By pleading drunkenness, wife beaters and their families can deceive themselves as to what is really going on." It may be inferred that alcohol is one of many factors that usually facilitates situations in which intimate partner violence develops. In addition, alcohol might be used as an excuse for violent behaviour and it may trigger arguments that fuel violence, but contrary to conventional beliefs, it is usually not a direct cause of violent behaviour. Therefore, it does not help to fully explain intimate partner violence.

There are three main types of intimate partner violence and their association to gender differs (Johnson, 2007). Johnson's work around the relative role of power and control in different 'typologies' of intimate partner violence is based within the nature of the control context of the relationship wherein the violence occurs. In his terms, *intimate terrorism* is violence ingrained in a relationship context of general coercive control. Intimate terrorism is the violence to which feminist theories refer, wherein one partner utilises violence and other coercive control methods to try to gain general control over her/his partner. Johnson uses gender theory to demonstrate that, though coercive controlling violence can be committed by either women or men within same-sex or heterosexual relationships, it will most frequently be within heterosexual relationships, where it is essentially committed by men (Johnson, 2007). The second type of intimate partner violence, *violent resistance*, occurs when the target of intimate terrorism carries out violence when reacting to the coercive controlling violence of her partner. In heterosexual relationships, violent resistance is utilised essentially by women. The final type of intimate partner violence is *situational couple violence*, and this occurs within the context of certain conflicts that end in arguments that lead to verbal aggression and, eventually, to physical violence. Johnson demonstrates that the execution of situational couple violence is approximately gender symmetric, and that it is perhaps as likely to happen in same-sex as in heterosexual relationships (Johnson, 2006).

That said, men's situational couple violence includes more injuries and incidents and creates more fear than does women's situational couple violence (Johnson, 1999). Within

situational couple violence, the probability of fear or injury is influenced by size differences (Johnson, 2006). Additionally, a slap from a woman is still seen as an entirely different act than is one from a man (Johnson, 2006). Further, UK society's cultures of femininity and masculinity contribute to communication issues in couples that are usually linked to situational couple violence (Johnson, 2006). This argument may help to understand the potential differences and similarities of the role of alcohol in different 'forms' of intimate partner violence. The gender dimension will be explored in the empirical findings, but it is important to note that this study premised itself on heterosexual relationships, so excluding same-sex relationships.

Feminist Theory

Feminist theory of patriarchy is critically evaluated because, in this research, it was found that the professionals believe that intimate partner violence is about male offenders executing power and control onto their victims. Another reason why it is used is because the feminist perspectives have typically been applied to the study of intimate partner violence. The feminist positions situate intimate partner violence within the extensive social structure. For example, the notion that a hierarchy embedded in patriarchal relations allows men to execute domination, power and control over women (Radford & Stanko, 1996). In other words, feminists usually see intimate partner violence as suggestive of a patriarchal culture wherein men regard their wives as possessions, thereby, making it difficult for women to escape their husband's control—intimate partner violence is used as a tool to execute power and control (Borkowski, Murch, & Walker, 1983). Radford and Stanko (1996) support this view, as they hypothesise that male violence is omnipresent because it is a characteristic of all societies underpinned by female subordination and male supremacy.

It is important to note that intimate partner violence is not just men committing violence against women. For example, there is research to prove that women do commit violence against men and men do also commit intimate partner violence against other men (Walklate, 2004). Walklate argues that feminist research, both empirically and conceptually, contribute to the marginalisation of male victims of intimate partner violence. Feminist research, focusing solely on male violence against women, gives the suggestion that only women (and female children) can become victims of intimate partner violence—implicitly leaving us with the belief that men cannot be victims of intimate partner violence (Walklate, 2004). This is neither downplaying the political movement and significance of everything that was attained by feminist activists and academics in highlighting awareness of intimate partner violence, sexual violence, sexual assault, and rape, etc. Rather, this work aims to stress that both men and women can be, and very much are victims of intimate partner violence. However, most feminist research assumes that intimate partner violence is only applicable to females. The difficulty of getting valid research findings within the broad area of intimate partner violence, then, makes it problematic to reach a firm conclusion on which results are an outcome of direct discrimination. Walklate (2004) comments that it is vital to challenge any approach that attempts to essentialise the differences between females and males but, simultaneously, this research should not be read as anti-feminist. This research is specifically focusing on

men's violence against women, but also stresses that intimate partner violence is a broad area, which can include either male or female victims.

However, when critically examining men's violence against women, there are some weaknesses of feminist theory. For example, Bryson (1992) argues that the radical feminist theory of male domination is descriptive instead of analytical and is unable to elucidate the inception of male supremacy, power and control. Therefore, she declares that radical feminist theory is incapable of proposing appropriate strategies for aborting male power. Another criticism of radical feminist theory is that it only reflects the experiences of white middle-class women and ignores the very different experiences of black, working-class, and third world women (Bryson, 1992). It is important to consider the variation of race and class when explaining male violence against women because there is structural bias in the criminal justice system, not just against women, but also working-class women and black people (Croall, 1998; Reiner, 1992). The researcher supports these valid critiques of feminism, so this research aims to fairly consider these biases in terms of intimate partner violence and how such biases are seen in society.

Research Methods and Methodology

Research Methods Employed

The researcher adopted face-to-face interviews and telephone interviews. The interviews were tape-recorded, to explore the experiences of professionals dealing with alcohol and intimate partner violence. These research methods allowed a detailed understanding of the subject matter without "imposing any a priori categorisation that may limit the field of inquiry" (Fontana & Frey, 2000:653). To gain rich, qualitative data, the researcher used semi-structured interviews because they offer the richness and depth of data that is needed to investigate topics (Byrne, 2004). "[Interviews] provide better access to interviewees' view, interpretations of events, understandings, experiences and opinions" (Byrne, 2004:182). Due to the difficulties of access and the time restraints that accompany interviewing professionals, the researcher offered them the option of telephone interviews. Therefore, it was possible to secure interviews with individuals that otherwise may have been unwilling to sacrifice the time it takes to meet up for a face-to-face interview. The average time of a telephone interview was around 15 minutes compared to a face-to-face interview that lasted on average 30 minutes.

Semi-structured interviews offer flexibility whilst allowing the researcher to still focus on the process without dominating it. In this context, it allows the researcher to give the professionals a degree of freedom, which builds confidence and rapport and is also important in drawing out rich, useful, in-depth data. A rigid fixed approach to interviews would not be appropriate in this context, as some of the professionals were not primarily concerned with solely alcohol and intimate partner violence, so steering them quickly away from issues that concerned them, may deter them from providing useful information later on. In addition, as professionals, they may have important contributions to make that are not directly requested by the interviewer (Gomm, 2004:178).

However, by using such research methods, there were some weaknesses: it took a long time to complete the interviews, and to transcribe the qualitative data particularly

because at times, the phone signal was somewhat poor but manageable. Nevertheless, there were some strengths of using the research methods: the rich, in-depth data that was supplied by the professionals enabled the researcher to gain an insight into what role alcohol plays in intimate partner violence cases, considering access was extremely difficult to attain to interview victims and offenders of intimate partner violence. Overall, the approach adopted provided a well-rounded, complete comprehension of the study to understand the *experiences* of professionals dealing with alcohol and intimate partner violence collectively. That said, the focus of the interviews was to explore the professionals' experiences of dealing with intimate partner violence and alcohol collectively, and an appropriate interview schedule was developed based on qualitative interviewing techniques, so the data could easily be captured.

Data Analysis

Thematic analysis was used to analyse the data gathered from the interviews to manage the different themes that emerged from the data. This type of data analysis allowed a detailed understanding of intimate partner violence involving alcohol and its effects on victims' lives. The data analysis and interpretation were developed from the grounded theorist approach, developed by Glaser and Strauss (1967), since the study aimed to comprehend the professionals' experiences of intimate partner violence and alcohol in a detailed way, which the grounded approach accommodates. This approach seeks to iterate the mode of analysis, 'grounding' the analyst more and more into the data to formulate progressively richer conceptions on how the phenomenon at the centre of enquiry works. To attain these, verbatim transcripts were continually read, frequently line-by-line, and key words and phrases were highlighted in the procedure of 'open coding' whereby the analyst drew out key themes using real examples from the text.

Case Study

A case study approach allows the researcher to comprehensively examine certain types of individuals (Yin, 2003). According to Yin, a case study design should be considered when (a) the focus of the study is to answer "how" and "why" questions, and (b) one cannot manipulate the behaviour of those involved in the study. This study premised itself on a case study because the researcher intended to study specific types of individuals within, specifically, the North East region in the UK: professionals dealing with intimate partner violence, wherein alcohol is involved whether in practice or in theory. The rationale for interviewing the professionals is that they are key people in contact with victims and offenders of intimate partner violence and have a core understanding of the impact of violence on victims and the factors that contribute to the violence. They are also able to provide information concerning the needs of victims and the adequacy of existing services in meeting these needs.

Sampling/Access

A snowball sampling method was adopted: the researcher was searching for specific professionals within a variety of organisations that deal with alcohol and intimate partner violence, and those sampled participants proposed other participants who have had the experience of dealing with intimate partner violence cases where alcohol was involved. The professionals were initially contacted through email to ask if they would like to participate in the research. 19 professionals were contacted but 7 declined, resulting in

the final sample size as being 12. Therefore, the limitation of this study is that the results cannot be generalised to the wider population of professionals dealing with intimate partner violence and alcohol collectively. Nevertheless, the aim of this study is to explore the professionals' personal experiences and understandings of the phenomenon. Of the professionals who did agree, 4 were academics who carry out research on intimate partner violence and alcohol collectively; 3 were probation officers who recurrently deal with offenders who commit intimate partner violence; 3 were voluntary agency workers who continually deal with, and counsel intimate partner violence victims; and 2 were crisis workers who frequently support victims who have been subjected to intimate partner violence. In total, there were 4 men and 8 women in the sample and they all have at least 4.5 years of experience in dealing with the topic of intimate partner violence. The participants were not able to give a precise figure on how many clients (who they deal with) come from either a low-income background or high-income background, but they commented that the majority of offenders and victims come from the former.

Ethics

The professionals were made aware of the topic that the researcher was investigating, and that the interview could be terminated at any time they wished. The professionals' testimonies could be retracted at any time before publication and were also provided with a contact email address in case they wish to contact the researcher. It was stressed that there was no need to mention the names of any individuals or organisations during the interview, as it was ensured that the data collected would be non-attributable and kept anonymous and confidential. The interviews that were carried out face-to-face were provided with a consent form for the interviews, to secure the agreement of participants that the research can include their quotes in the paper.

There was the possibility that the interviews could be emotional for the professionals, as interviews on sensitive topics may provoke powerful emotional responses (Jansen et al., 2004). The researcher was, therefore, aware of the effects that the interview questions may have on the professionals and how best to respond, based on their level of distress. However, asking them to reveal stories of their experiences of tackling intimate partner violence can be a transforming experience for both the researcher and professionals, as there is evidence that most participants welcome the opportunity to tell their stories if they are asked in an empathetic, non-judgmental way (Jansen et al., 2004). The researcher, therefore, remained neutral, non-judgmental and empathetic when interviewing.

Ethical dilemmas were always centered on ensuring that the professionals were neither physically nor psychologically harmed by the research, and mechanisms were used to make sure of this during the research process. For example, the interviewer remained neutral when conducting the interviews to not challenge the professionals' answers. It was also ensured that the research process did not in any way interfere with or hinder their work. To ensure this, fieldwork was conducted when they were not occupied, so the interviews were fitted around their work commitments. However, Lee (1993:4) asserts that in sensitive research, the researcher can also experience potential costs. Lee further argues that while sensitive research includes some cost (either in terms of inconvenience, time, or finance), the feature of sensitive research is that possible costs surpass the

unexpected. Indeed, the researcher experienced a cluster of costs, such as inconvenience, time, and finance, but fieldwork required the researcher to go to the places where it was most convenient for the professionals, so primary research could be conducted on their terms.

Results/Discussion

The aim of this study is to understand the experiences of professionals dealing with alcohol and intimate partner violence, so when observing the results, it is important to be aware that the statements only provide insight into the discourses of professionals in relation to this topic rather than the views of the victims and offenders themselves. It is also important to bear in mind that the results cannot be generalised to all professionals dealing with alcohol and intimate partner violence since the sample size is small, but the researcher sought to generate fine-grained data to understand the professionals' nuanced meanings. On the one hand, their meanings somewhat differed, on the other hand, their meanings differed depending on the theme that was discussed, as the following data will show.

There are a number of key themes that emerged from the interviews when using thematic analysis, concerning alcohol and intimate partner violence. Firstly, victims may blame violent behaviour on the abusers consumption of alcohol, claiming that they have a 'drink problem.' This excuses the behaviour, making a non-acceptable behaviour more acceptable and leads them to believe that violence only happens when alcohol is a contributing factor, and that the abuser is different when they are not under the influence of alcohol. It emerged in the interviews that the phenomenon of victims 'excusing' their partner's violent behaviour was a recurrent theme. Many of the professionals said that they had come across victims that described their partners as a "different person" when intoxicated. Therefore, absolving the abuser of any guilt when sober. For example:

'The victims sort of vary in that some buy into the idea you're not fully responsible if you are drunk. So, perhaps early on in the [sic], the family might say well he [the offender] was 'drunk', 'he didn't really mean it [the violence]', 'he apologised afterwards'.' (*Professional 2*)

'You hear that the victim saying that without alcohol, 'he's the nicest guy in the world, and the best father in the world, it's only when he's had a drink that things perhaps might change.' So they sort of try and validate, I guess, that ultimately, this is a nice fella who has some issues with alcohol that have to be addressed.' (*Professional 4*)

The professionals state that they believe that victims may also use alcohol as a coping mechanism, which can exacerbate the circle of violence and blame. For example, a different professional acknowledged that, "It [alcohol] plays a part in relation to both the perpetrator who might have been drinking but also the victim who might have been drinking as well." This was another recurrent theme albeit to a lesser extent. It does, however, illustrate that as well as blaming their partner's drinking for the violence, it shows that victims also blame themselves so seeing it as a legitimate reason for being

victims of violence. This evidence falls in line with the work of Fleming (1979) who notes the use of self-deception in violent relationships. Mahapatra (2012) observes that some communities have their own socio-cultural expressions of violence against women, for example, high degrees of secretiveness or emphasis on close family ties that dissuade women from disclosing violent abuse, or self-blame due to one's actions in previous lives. The third major theme is that alcohol is not a causal factor. Of the 12 professionals interviewed, the overwhelming response (11) was that alcohol is used to excuse what is seen by both perpetrator and victim as unacceptable behaviour or it is a contributory factor. None of the 12 professionals were willing to conclude that alcohol has a causal link to intimate partner violence. One commented, "The problem is violence and alcohol is used to justify it. So yes, it's a factor, but it doesn't have a causal link." This statement concurs with the literature surrounding alcohol and intimate partner violence, in that alcohol did not appear to be a direct cause of the violence (Leonard & Quigley, 1999; Leonard et al., 2003), highlighting that alcohol is a facilitator rather than an instigator of intimate partner violence. Similarly, another professional commented:

'Often, alcohol abuse can be used as an excuse for behaving in an abusive manner. I would say that the most serious cases of domestic violence that I've come across tend to have a link with alcohol and often the perpetrator will often try to hide behind that as a reason for their behaviour.'
(Professional 6)

Other professionals believed that, when alcohol is a main factor in intimate partner violence cases, it could exacerbate the violent, hostile situation wherein the victim and offender situate particularly when mixed in with other substances, such as illegal drugs:

'It [alcohol] plays a part in relation to both the perpetrator who might have been drinking but also the victim who might have been drinking as well, so you know the intensity and ... the situation may well be exacerbated or intensified or made even worse or complicated by either the taking of alcohol, or even by the taking of drugs.'
(Professional 8)

'I think it [alcohol] may contribute and *exacerbate* certain situations because it will inhibit a guy's thinking, but I think more certainly I would say that it allows the perpetrator to hide behind an excuse for his behaviour.'
(Professional 12, *emphasis added*)

We can reasonably speculate that violence can be made worse when alcohol and drugs are involved. In particular, we should see considerable *intimate terrorism*, a type of intimate partner violence that is highly likely to lead to relationship decline and dissolution (Johnson & Ferraro, 2000), and that is primarily male-perpetrated (Johnson, 2006). As for situational couple violence, which varies dramatically in its seriousness (Johnson, 2008), we would expect the more serious violence to be most likely to lead to divorce. Although men's situational couple violence is more likely than women's to create fear, injuries, and psychological damage (Kimmel, 2002), we would expect to find more male- than female-perpetrated situational couple violence, even if situational couple violence is gender-symmetric in terms of prevalence in intact marriages (Kimmel, 2002). Feminist theory

leads us to expect that marriages characterised by intimate partner violence, which is primarily male-perpetrated they argue, are highly likely to end in divorce. Situational couple violence, though approximately gender balanced in terms of prevalence, is not gender balanced regarding fear and injury; consequences of violence that are also probable to end in divorce (Stets & Straus, 1990).

It was also found that female victims may themselves feel culpable or blameworthy for their partners' violent behaviour rather than blaming the alcohol, as one professional states: "They [victims] partially feel responsible so they precipitate it [violence] as a victim, particularly if they might have been drinking." This quote coincides with the literature review in that clinicians may presume that the male is invariably the perpetrator of violence when this is not always the case because, arguably, sometimes the 'victim' may precipitate or be culpable for the violence (Amir, 1971), especially when consuming alcohol and subsequently fuelling the violence (Miller & Carroll, 2006). This conception of victim-blame emerged from Hentig (1948). Hentig carried out the very first study on crime victims, wherein he tried to comprehend criminality by examining the victim rather than the perpetrator. Hentig explored what role the victim plays in her/his victimisation; in particular, victim's interaction with the offender, victim's contribution to his/hers own victimisation, and victim's characteristics. By doing so, Hentig developed the notion of victim precipitation whereby victims are blamed for their own victimisation. Amir (1971) adopted Hentig's approach and subsequently blamed victims of violence for their victimisation. The problem with this approach is that it takes away blame from the attacker and puts it onto the victim instead, completely neglecting the victim's needs. Moreover, the notion of victim precipitation implicitly leave us with the view that victims of intimate partner violence are unlikely to be male, as the notion respectively conceptualises female victims and male offenders, categorising them in gender-specific ways. The conception is also empirically flawed.

However, a different professional solely believes that men are the offenders and women are the victims: "Men's power over women and ... it's not women's fault, but women don't see it like that when they are amidst the suffering." This same professional goes on to say, "Feminism and obviously they have quite a lot to say on domestic violence, they obviously say that it is about male supremacy and female subordination," which agrees with the feminist theory critically discussed earlier in the literature review. Radical feminist theory ultimately argues that intimate partner violence is about men executing power and control over the female victim (Radford & Stanko, 1996). One professional challenges feminist theory because it only talks about women as the victims, not men:

'Because domestic violence has been explained by feminists as an issue to do with...men's control and power over women, that makes it very difficult then for feminists to theorize why women will then batter men, so that is a tricky dilemma for feminists to admit that in the first place...So the feminist literature has often side-stepped that radical feminist literature would only look at men's violence to women, so there's an even small pot of knowledge and research about women's violence to men. The growing literature on masculinity theorizing is giving us some hints of knowledge about...men's

reluctance to admit to, particularly that [intimate partner violence] kind of crime because it usually is the other way around.' (*Professional 8*)

This quote correlates with the literature review because research evidence suggests that feminist research heavily ignores male victims of intimate partner violence (Walklate, 2004). Further, research proves that women do commit intimate partner violence against men and men do also commit intimate partner violence against other men (Walklate, 2004).

Finally, what remains problematic is working with and supporting these violent men who hide behind alcohol as a 'shield' or blame the alcohol for their violent behaviour. This argument is evidenced by one professional, who is a social worker and deals with violent men who do not take responsibility for their violent conduct by blaming alcohol:

'What I would also say, is guys who hide behind alcohol, they're not taking any responsibility – there's no culpability for their behaviour because they're hiding behind alcohol, and it's very difficult to work with a guy who's trying to, not justify, but reason his behaviour with regards to alcohol. You can't necessarily do work with a perpetrator of domestic violence who just sees himself as only behaving that way [behaving violent] when on alcohol.'
(*Professional 1*)

This shows that alcohol may be used as an excuse for violent behaviour and may trigger arguments that fuel violence, but it is usually not a direct cause of violent behaviour. Therefore, it does not help to fully explain intimate partner violence in terms of having other variables involved. To fill this gap in knowledge, further empirical research is required to explore gender, race, and sexuality dimensions when understanding alcohol and intimate partner violence. The quote above also shows that state agencies find it difficult to work with men who blame their violent behaviour on alcohol, so the offenders are not taking full responsibility of their actions. Consequently, interventions that include police and health care workers to identify and deal appropriately with violent offenders become problematic (Abama & Kwaja, 2009), in that such intervention may be based on unsuitable or inappropriate models of intervention for the intimate partner violence (Miller & Carroll, 2006). For example, giving separate referrals for the male and female, or it may be presumed that the male is invariably the perpetrator of violence when this is not always the case (Miller & Carroll, 2006). Additionally, the offender using alcohol as an 'excuse' for violent behaviour can lead to unemployment, as suggested by Stallones and Xiang (2003). This is because, they argue, loss of work may result in increased drinking, which may lead to heavy drinking; in turn, the offender may continue to deny that he has a 'drink problem' so may continue to excuse his violent behaviour. Moreover, economic resources for alcohol use could have otherwise been used for seeking health care, so this may lead to self-care or delay in seeking health care because of the lack of economic resources available, resulting in loss of income due to lost wages, and, sometimes, resulting in the premature death of sole wage earners in a household (Bonu et al., 2004).

Implications for Policy and Practice

There is some evidence that shows a variety of effective interventions to decrease the violence linked with alcohol, ranging from universal strategies to decrease the accessibility of alcohol, to small scale, community-based projects to change environmental conditions (NDRI, 2007). Regardless whether 'qualified' or 'unqualified' staff will be undertaking much of this intervention, it is vital that all intervention targets key fundamental risk factors for alcohol-related violence. This research has found several implications of the use of alcohol as an 'excuse' for intimate partner violence for practice.

From interviewing the professionals, it was found that early intervention is needed when working with violent men who use alcohol as an 'excuse' for committing intimate partner violence, with a view to prevention. It was also found that, it is important for practice that there is an increased awareness and knowledge by practitioners about the intricacy and underlying issues of pragmatically working with such offenders, who do not take full responsibility for their actions. Allowing violent men to blame alcohol for their violent behaviour enables them to feel as if they have 'got away with it'. The professionals in my study highlighted the need for practitioners, who deal with such offenders, to become aware of the risks surrounding this phenomenon; gender differences; the degrees of dependency affected by different substances; to target multiple contributing factors rather than any single cause of alcohol-related violence; and to encourage and facilitate the reporting of the violence, as many victims feel that the offender is only violent when they are intoxicated.

The primary data also suggests that effective work with such offenders and victims together is more impactful for the offender to desist using alcohol as an excuse for their violent behaviour. This process helps the offender to take full responsibility for their actions, while the victim conveys the impact that the violence has had on their relationship and the trauma that it has caused, highlighting the importance of supervision and the provision of supportive working environments that give time and space to work effectively and consistently with the offender and victim. This research also considers the approach of motivational interviewing and its efficacy in working with such offenders and the victims who are affected by the violence. This type of interviewing technique used by practitioners helps to encourage the offender to change their violent behaviour and to seek treatment that will enable the offenders to not use alcohol as an excuse for their violent behaviour. If the offender becomes aware that the alcohol does not fundamentally cause his violence, the violence and abuse should stop following successful treatment. This technique helps to stress that alcohol does not cause violence.

This research coincides with the practice implications argued in Holder, Treno and Levy (2005). They demonstrate, as also suggested by this research, that in order to effectively reduce violence that is alcohol-related, prevention efforts must aim to influence the relationships between the environments and individuals wherein alcohol is consumed (Holder, Treno & Levy, 2005). This research found that much intimate partner violence happens in the couples' homes, so it is vital to examine the environmental conditions (such as, cultural, physical, and social factors) and to encourage safer drinking within the household wherein violence occurs. There is the need for a range of partners in the

community to work together to set appropriate standards for the consumption of alcohol and set informal and formal controls on the misuse of alcohol and the violence that results (Graham & Homel, 2008). Practice intervention aimed at decreasing the alcohol-related violence and negative effects of alcohol in communities must attempt to tackle the factors that facilitate alcohol abuse and the violence that results. It is important that the evidence gathered in this research is used to inform policy and practice and is customised to suit local problems and circumstances. Further evaluation and research of violence prevention programs is required to further our understanding of what works in reducing violence carried out by men who blame the violence on alcohol and why, and to recognise vital lessons for successful implementation.

Conclusion

The aim of this study was to understand the experiences of professionals dealing with alcohol and intimate partner violence, as there has been a lack of social research on the relationship between alcohol and intimate partner violence in the North East region within the United Kingdom in contrast to the USA. This study aimed to identify the key trends in the relationship between intimate partner violence and the consumption of alcohol by providing empirical data. The data presented herein only give an insight into the discourses of professionals in relation to this topic rather than the views of the victims and offenders themselves. The work has identified the omnipresent use of alcohol as an excuse for intimate partner violence. Whilst present in the existing literature, it is wholly underrepresented in importance. The theme of alcohol being used by both the perpetrator and the victim to excuse what would be considered completely unacceptable behaviour runs throughout this research. The thematic analysis suggests that victims see their drunken abuser as distinctly different from their sober living partner rather than acknowledging the greater problems, which is an issue that warrants a great deal more research. On balance, confirming the findings of Johnson (2006; 2008), the data suggests that intimate partner violence is essentially, although not exclusively, male-perpetrated. It was also found that women are more likely to excuse violent behaviour when their partner is intoxicated.

This research suggests that alcohol is not causal with regards to intimate partner violence, but it does offer the perpetrator a 'shield', which allows them to identify themselves not as a 'violent abuser' but rather as someone whose drinking can lead them to do things they otherwise would not do. The data suggests that, when alcohol is involved, intimate partner violence is more frequent and more injurious violence, and has debilitating psychological consequences for the victims. The alcohol allows the victim to avoid the reality of being in an abusive relationship. This type of deception is extremely dangerous, as it allows for the denial of a problem, therefore, preventing the acknowledgement for the need to address it. In short, alcohol, whilst not causal, allows for the denial, excuse, and continuation of violent relationships.

More understanding of the effect of alcohol on people with different propensities toward aggressive behaviour is required. Individual dissimilarities in anger, hostility, agreeableness, impulsiveness, and alcohol expectancies are seen as vital. It is still unclear why and how people with these characteristics seem to be more likely to carry out violent

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behaviour when drunk. A fuller understanding of these processes will help inform more effective approaches to treating and preventing alcohol-involved intimate partner violence.

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