



ALCOHOL + VIOLENCE



Intimate partner violence and alcohol

INTIMATE PARTNER VIOLENCE refers to any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in that relationship. It includes acts of physical aggression (slapping, hitting, kicking or beating), psychological abuse (intimidation, constant belittling or humiliation), forced sexual intercourse or any other controlling behaviour (isolating a person from family and friends, monitoring their movements and restricting access to information or assistance) (1). Alcohol consumption, especially at harmful and hazardous levels is a major contributor to the occurrence of intimate partner violence and links between the two are manifold. This fact sheet details what is known about the role of alcohol in shaping the extent and impact of intimate partner violence, factors that increase the risk of becoming a victim or perpetrator, and the role of public health in prevention.

1 Harmful use is defined as a pattern of alcohol use that causes damage to health. Hazardous use is defined as a pattern of alcohol use that increases the risk of harmful consequences for the user (World Health Organization, http://www.who.int/substance_abuse/terminology/who_lexicon/en/).

Links between alcohol use and intimate partner violence

Strong links have been found between alcohol use and the occurrence of intimate partner violence in many countries. Evidence suggests that alcohol use increases the occurrence and severity of domestic violence (6,7,8). Alcohol consumption as a direct cause of intimate partner violence has often been contested (9) either on the basis of additional factors (e.g. low socio-economic status, impulsive personality) accounting for the presence of both, or because frequent heavy drinking can create an unhappy, stressful partnership that increases the risk of conflict and violence. However, evidence is available to support relationships between alcohol and intimate partner violence that include:

- Alcohol use directly affects cognitive and physical function, reducing self-control and leaving individuals less capable of negotiating a non-violent resolution to conflicts within relationships (10).
- Excessive drinking by one partner can exacerbate financial difficulties, childcare problems, infidelity (11) or other family

BOX 1: Extent of intimate partner violence

Most reported intimate partner violence is perpetrated by men towards women (1) However, violence is also committed by women towards men (2) and within same sex relationships (3). Variations in methodologies and definitions of violence between surveys make the extent of intimate partner violence and differences between countries hard to estimate. However, the *WHO multi-country study on women's health and domestic violence against women* (4), one of the few

studies to report comparable data, shows that between 15% (Japan) and 71% (Ethiopia) of women reported experiencing physical and sexual violence by an intimate partner over their lifetime, and between 3.8% (Japan) and 53% (Ethiopia) as experiencing such violence within the past year. In a survey of 24,000 men and women in Canada, 7% of women and 6% of men reported having been victims of intimate partner violence in the last five years (5).

stressors. This can create marital tensions and conflict, increasing the risk of violence occurring between partners (12).

- Individual and societal beliefs that alcohol causes aggression can encourage violent behaviour after drinking and the use of alcohol as an excuse for violent behaviour (13).
- Experiencing violence within a relationship can lead to alcohol consumption as a method of coping or self-medicating (14).
- Children who witness violence or threats of violence between parents are more likely to display harmful drinking patterns later in life (15).

Magnitude of alcohol-related intimate partner violence

Studies of intimate partner violence routinely identify recent consumption of alcohol by perpetrators. Estimates vary between countries. In the United States of America, and in England and Wales, victims believed their partners to have been drinking prior to a physical assault in 55% (16) and 32% (17) of cases respectively. In Australia, 36% of intimate partner homicide offenders were under the influence of alcohol at the time of the incident (18), while in Russia, 10.5% of such offenders were intoxicated (19). In South Africa, 65% of women experiencing spousal abuse within last 12 months reported that their partner always or sometimes used alcohol before the assault (20). Other countries where strong links between perpetrator drinking and intimate partner violence have been found include India (21), Uganda (22), Vietnam (12), and Zimbabwe (23). Furthermore, a multi-country study in Chile, Egypt, India and the Philippines identified regular² alcohol consumption by the husband or partner as a risk factor for any lifetime physical intimate partner violence across all four study countries (24).

Alcohol consumption in victims of intimate partner violence has also been shown, although at a lower level than in perpetrators.

² Alcohol use was categorised as: non-drinker, drink but not to excess, occasional drinker and regular drinker, although categories were not defined further.

For example, a Swiss study indicated that victims had been under the influence of alcohol in over 9% of incidents of intimate partner violence (compared with 33% of perpetrators) (25), while in Iceland, 22% of female domestic violence victims reported using alcohol following the event as a mechanism for coping (26).

Risk factors alcohol-related intimate partner violence

A number of individual, relationship and societal factors can exacerbate the association between alcohol use and violence. For perpetrators, heavier, more frequent drinking increases the risk of violence (27,28), and there is some evidence that problem drinkers are at increased risk of victimization (28). Having only fair or poor mental health has been found to co-occur with problematic alcohol use³ as a risk factor for violent offending (29), and heavy drinking is more strongly associated with severe intimate partner violence among men with antisocial personality disorder (30). Having an expectation that drinking alcohol will lead to aggressive behaviour increases the risk of committing violence towards a partner (13), while relationship dissatisfaction can strengthen the links between problem drinking and partner violence (the USA) (31). Some evidence suggests that differences in alcohol consumption between partners are also important and couples where only one partner drinks excessively are more likely to experience alcohol-related arguments and physical violence (the USA) (32).

Societal beliefs about alcohol consumption, gender roles and violent behaviour can also affect the risk of alcohol-related partner violence. For instance, in some societies, both heavy drinking and violent behaviours toward female partners are associated with masculinity (27). Moreover, in South Africa, beliefs that alcohol facilitates aggression have led to drinking so that individuals can carry out violence perceived to be socially expected (33). Equally, societal beliefs that a victim's drinking is a cause of violence may in some cultures be seen as a mitigating factor, while in others

3 As perceived by the victim.

alcohol-related violence can increase the blame and punishment metered out to the offender (34).

Impact

The impacts of intimate partner violence are wide-ranging. For the victim, health effects include physical injury (which for some women may lead to pregnancy complications or miscarriage), emotional problems leading to suicide, suicidal ideation and depression, and alcohol or drug abuse as a method of coping (1). In severe cases, the injuries sustained from intimate partner violence can be fatal, and in the US around 11% of all homicides between 1976 and 2002 were committed by an intimate partner (35). Intimate partner violence is more severe and more likely to result in physical injury when the perpetrator has consumed alcohol (8).

Related social problems often affect victims' relationships with family, friends and future intimate partners as well as their ability to work or attend school (36). Furthermore, children who witness violence (including threats of violence) between their parents are more likely to develop violent and delinquent behaviours during childhood (37) and heavy drinking patterns or alcohol dependence later in life (15), increasing their risk of becoming perpetrators of violence.

ENCADRÉ 2 : **Economic costs of intimate partner violence**

The economic costs of partner violence include those to health care and judicial systems, refuge and lost earnings. Estimated costs for selected countries are:

- *United States*: US\$12.6 billion a year (38). Perpetrators have been estimated to consume alcohol in 55% of cases (15).
- *England & Wales*: £5.7 billion in 2004, with an extra £17 billion estimated for emotional costs to the victim (39). Perpetrators have been estimated to consume alcohol in 32% of cases (16).
- *Canada*: US\$1.1 billion a year (direct medical costs to women) (38). Perpetrators in one Canadian community had consumed alcohol in 43% of cases (40).

The economic costs of alcohol-related intimate partner violence are broadly unknown. However the cost of intimate partner violence in general is substantial (Box 2). For health services alone, costs reflect victims of intimate partner violence as having more operative surgery and more doctor visits, hospital stays, visits to pharmacies and mental health consultations over their lifetime than non-victimized women (1). Wider costs include those to judicial systems, refuge provision, lost earnings, and emotional costs to the victim.

Prevention

Research focusing on the prevention of alcohol-related intimate partner violence is scarce. However, generic strategies that tackle intimate partner violence and those that aim to reduce harmful use of alcohol in the population both play important roles in prevention. Successful strategies for tackling intimate partner violence in general have been reviewed elsewhere (1). Such measures should include addressing societal tolerance towards intimate partner violence, acceptance of excessive drinking as a mitigating factor, and normative beliefs about masculinity and heavy drinking. Intimate partner violence may also be reduced through interventions to moderate alcohol consumption which include:

- *Reducing alcohol availability:* In Australia, a community intervention that included restricting the hours of sale of alcohol within one town reduced the number of domestic violence victims presenting to hospital (41). In Greenland, a coupon-based alcohol rationing system implemented in the 1980s that entitled adults to the equivalent of 72 beers-worth of alcohol per month saw a subsequent 58% reduction in the number of police call outs for domestic quarrels (42).
- *Regulating alcohol prices:* Increasing the price of alcohol is an effective means of reducing alcohol-related violence in general (43). Although research evaluating the effectiveness specifically for intimate partner violence is scarce, in the USA it has

been estimated that a 1% increase in the price of alcohol will decrease the probability of intimate partner violence towards women by about 5% (44).

- *Treatment for alcohol use disorders:* In the USA, treatment for alcohol dependence among males significantly decreased husband-to-wife physical and psychological violence, and wife-to-husband marital violence six and 12 months later (45).
- *Screening and Brief Interventions:* Alcohol screening (such as AUDIT [46]) and brief interventions in primary health care settings have proven effective in reducing levels and intensity of consumption in low- to middle-income and high-income societies (47); although their direct effect on alcohol-related intimate partner violence has not been measured.

Such interventions and their evaluation have primarily been conducted in high-income countries and consequently much less is known about their suitability or effectiveness outside of these countries. For many low- to middle-income countries, interventions such as establishing and strengthening legislation on the legal minimum age for purchase of alcohol, and efforts to strengthen and expand the licencing of liquor outlets could be of great value in reducing alcohol-related intimate partner violence (42). Further, having fewer specialist health facilities reduces opportunities for alcohol treatment or screening; although the role of primary health care workers or general practitioners in identifying and alleviating harmful alcohol use could be developed (42). Consequently, creating effective interventions specific to low- and middle-income countries is essential but requires further work on evaluating strategies that alter social norm (48), promote violence and alcohol prevention through educational systems, and establish effective health and judicial responses to intimate partner violence.

The role of public health

Public health has a central role to play in the prevention of

intimate partner violence (49) including addressing its relationships with alcohol use. Key responsibilities include to:

- Collect and disseminate information on the prevalence of intimate partner violence, alcohol consumption levels and drinking patterns in the population.
- Promote, conduct and evaluate research on the links between alcohol consumption and intimate partner violence, both by victims and perpetrators, that improves understanding of risk and protective factors.
- Increase awareness and routine enquiry regarding intimate partner violence in services addressing alcohol abuse.
- Measure and disseminate information about the health, social and wider economic costs associated with alcohol-related intimate partner violence.
- Evaluate and promote effective and cost effective prevention strategies for reducing levels of alcohol-related intimate partner violence.
- Promote multi-agency partnerships to tackle intimate partner violence by raising awareness of the links between alcohol consumption and intimate partner violence.
- Advocate for policy and legal changes to protect victims of intimate partner violence, to reduce problematic drinking, and to exclude alcohol as a mitigating factor for violent acts.
- Ensure close links between intimate partner violence and alcohol support services, allowing those presenting at one to receive screening and referral to the other⁴.

Implementing such measures is often dependent on having established and accessible health and criminal justice services and the capacity to record and monitor alcohol use and violence. Such assets are not ubiquitous, even in high-income countries. However, alcohol's role as a contributory factor in intimate partner violence should inform developments in information collection, the design

4 In practice such links are challenging to accomplish (50) and rarely seen (51).

of services relating to both alcohol problems and violence, and the choice of evidence-based interventions, especially when resources are scarce.

Policy

Both the harmful and hazardous use of alcohol and intimate partner violence have been recognized internationally as key public health issues requiring urgent attention. At both national and international levels, health organizations have a key role in advocating for policies that address the relationships between alcohol use and violence and in doing so promote prevention initiatives that will improve public health. The World Health Organization (WHO) runs comprehensive programmes on both issues to instigate and conduct research, identify effective prevention measures, and promote action by Member States to implement successful interventions and align policy towards reducing hazardous and harmful drinking and intimate partner violence.

For alcohol, this includes collating and disseminating scientific information on alcohol consumption, developing global and regional research and policy initiatives on alcohol, supporting countries in increasing national capacity for monitoring alcohol consumption and related harm, and promoting prevention, early identification and management of alcohol use disorders in primary health care (52). A World Health Assembly resolution on *Public health problems caused by harmful use of alcohol* (WHA58.26 [53]) of 2005 recognizes the health and social consequences associated with harmful alcohol use and requests Member States to develop, implement and evaluate effective strategies for reducing such harms, while calling on WHO to provide support to Member States in monitoring alcohol-related harm, implementing and evaluating effective strategies and programmes, and to reinforce the scientific evidence on effectiveness of policies.

For violence, this includes the WHO Global Campaign for Violence Prevention. Launched in 2002, the Campaign aims to raise international awareness about the problem of violence (including

youth violence), highlight the role of public health in its prevention, and increase violence prevention activities globally, regionally and nationally. The approach to preventing violence is set out in the WHO *World report on violence and health* (1). World Health Assembly resolution WHA56.24 (54) of 2003 encourages Member States to implement the recommendations set out in the report, and calls on the Secretariat to cooperate with Member States in establishing science-based public health policies and programmes for the implementation of measures to prevent violence and to mitigate its consequences. Complementary to this, the Violence Prevention Alliance has been established to provide a forum for the exchange of best practice information between governments and other agencies working to reduce violence around the world.

International policy on intimate partner violence includes the Declaration on the Elimination of Violence towards Women, adopted by the United Nations General Assembly in December 1993. The declaration raises awareness of the problem of violence against women globally (including violence within relationships), stresses the responsibility of states to condemn and eliminate all forms of violence towards women, and highlights key strategies for prevention. UNIFEM, the United Nations Development Fund for Women, provides financial and technical assistance to programmes that promote women's empowerment and gender equality, including those working to eliminate violence against women.

All references used in this document are available at:

http://www.who.int/violence_injury_prevention/publications/violence/en/index.html

For further information please consult:

http://www.who.int/violence_injury_prevention

http://www.who.int/substance_abuse/en

http://www.who.int/substance_abuse/terminology/who_lexicon/en

<http://www.who.int/gender/violence/en>

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