

Alcohol Abuse and Domestic Violence - An Interrelationship: A Preliminary Study

K. S. Latha

*Department of Psychiatry, K.M.C. Hospital, Manipal University, Manipal 576 104,
Karnataka, India
E-mail: drlathaks@yahoo.com*

KEYWORDS Alcohol Dependence. Domestic Violence. Physical Abuse. Verbal Abuse. Dowry

ABSTRACT Alcohol use is frequently associated with violence between intimate partners. The real link between alcohol abuse and domestic violence is difficult to establish. This study intends to examine the prevalence of domestic violence in females attending a psychiatric clinic and the role of alcohol in violence and the nature of violence. Of the 115 cases seen, 65 were married and formed the sample of this study. Domestic violence was reported in 95.6% of the cases. Of the 65 patients, 28(43.1%) had alcohol use in their spouses and in 37(56.9%) it was absent or occasional use. Majority of the women had primary school education, hailed from rural and nuclear families. Verbal abuse, neglect of wife and children, among spouses was common in spouses who were abusing alcohol and there were problems with communication, dowry related issues in spouses who had no alcohol related issues. Some implications are suggested.

INTRODUCTION

There is a growing acknowledgement of the association between family violence and alcohol use. Alcohol is associated with a substantial proportion of human violence, and perpetrators are often under the influence of alcohol. One of the most common forms of violence against women is that performed by a husband or an intimate male partner.

Many studies have provided evidence of a strong relationship between alcohol consumption and violence (Beech and Mercadel 1998; Brismar and Bergman 1998; Haberman and Natarajan 1986; Parry et al. 1996; Perkins et al. 1995). Studies have shown a significant association between battering incidents and alcohol abuse. In one study of interpersonal violence, men had been drinking in an estimated 45 percent of cases (Roizen 1993). Home Office research on 336 domestic violence offenders showed 73% used alcohol prior to the offense, with 48% seen as "alcohol dependent" (Gilchrist et al. 2003).

Another risk marker for partner violence that appears especially consistent across different settings is alcohol use by men (Moreno 1999; Parry et al. 1996; Kyriacou et al. 1998; McCauley et al. 1995; Brecklin 2002; Graham et al. 2004). In the meta-analysis by Black et al. (1999), every study that examined alcohol use or excessive drinking as a risk factor for partner violence found a significant association, with correlation

coefficients ranging from $r = 0.21$ to $r = 0.57$. Population based surveys from Brazil, Cambodia, Canada, Chile, Colombia, Costa Rica, El Salvador, India, Indonesia, Nicaragua, South Africa, Spain and Venezuela also found a relationship between a woman's risk of suffering violence and her partner's drinking habits (Ellsberg et al. 2000; Rodgers 1994; Nelson and Zimmerman 1996; Hakimi et al. 2002; Moreno 1999; INCLEN 2000; Jewkes et al. 2001).

Women whose partners abused alcohol were 3.6 times more likely than other women to be assaulted by their partners (Demetrios et al. 1999). Victims of domestic violence estimated that 45% of perpetrators had been drinking and 17% were under the influence of drugs at the time of the assault (Flood-Page and Taylor 2003). Schumacher et al. (2003) found high rates of domestic violence among men and women in substance use treatment. Brown et al. (1998) found almost 58% of men in alcohol or drug treatment had perpetrated physical violence or abuse toward a partner or child and, with the inclusion of verbal threats, this figure was 100%.

Studies of domestic violence frequently document high rates of alcohol and other drug (AOD) involvement, and AOD use is known to impair judgment, reduce inhibition, and increase aggression. Alcohol consistently emerges as a significant predictor of marital violence (Kantor and Kaufman 1993).

Nayak et al. (2010) in a large population study from north Goa examined 821 women aged 18–49 years to find the relationship between partner alcohol use and violence as risk factors for poor mental health. Results revealed that excessive partner alcohol use increased the risk for common mental disorders two- to threefold. Partner violence and alcohol-related problems each partially mediated the association between partner excessive alcohol use and these mental disorders. Women's own violence-related attitudes were also independently associated with them.

There is evidence to suggest that battered women are at increased risk of attempting suicide, abusing alcohol and other drugs, depression, and abusing their own children (MHSA 1994). Alcohol is present in more than 50 percent of all incidents of domestic violence (Collins and Messerschmidt 1993). Research demonstrating that women whose partners consume alcohol at excessive levels are more likely to experience domestic violence (Marcus and Braaf 2007). The involvement of alcohol in domestic violence is also a significant issue within indigenous communities (Memmott et al. 2001).

Alcohol is likely to contribute to intimate partner violence in a variety of ways. Levels of consumption relate to the likelihood and severity of violence. Alcohol appears to be particularly important in escalating existing conflict (Quigley and Leonard 2000; White and Chen 2002).

Objectives

This study examined the prevalence of violence and the nature of abuse in the lives of women attending a psychiatric clinic for various psychiatric problems and to investigate the relationship between alcohol and violence.

MATERIALS AND METHODS

The data were collected in a cumulative sample of all the consecutive cases of women who were admitted to the medical and surgical wards for various physical ailments and were later referred to the Department of Psychiatry, Kasturba Hospital, Manipal, India for detailed evaluation to rule out any psychiatric morbidity in the last one and half years.

Of the 115 females referred, to the author (KSL) for a psychosocial evaluation and inter-

vention, 68(59.1%) females were married. Of this group, 65(95.6%) had a significant history of abuse and constituted the data of this study. The details of the study were explained and all participants gave consent. The response rate was 100%.

The assessment of abuse was conducted in a semi-structured interview by the author. It is often advisable to precede questioning about abuse with a statement of awareness of the prevalence and seriousness of domestic violence and that the therapist is now asking all patients/clients about this important issue. If the patient discloses a history of abuse the examiner, continue the inquiry establishing a more detailed chronology of violence. Questioning about the first episode, the most recent episode and the most serious episode often helps the therapist quickly to assess severity. It is important to enquire about the previous visits to emergency facilities for treatment, threats or injury because of abuse.

Confidentiality in the patient care setting was assured and honored. Patient was interviewed in privacy without the spouse, children or anyone known to the patient. Physical or sexual abuse by the spouse during the last 12 months was measured by the following questions, "Has your spouse ever pushed you, hit you with a fist, used a knife or any other dangerous objects or tried to choke or burn you?" and "Has your current spouse/partner ever forced you to have sex against your will?" These questions were adapted from the Abuse Assessment Screen (Kunze 2002) and the NCS. Those who responded "yes" to either were then asked if such an event had occurred in the previous 12 months. Women who reported either type of abuse in the previous 12 months were considered positive for violence. In addition, any other maltreatment was enquired about by an open-ended questions to include dowry related harassment, neglect of wife/ children, suspiciousness, extra marital issues and so on.

Other independent variables included age, socio-economic status (measured by the greatest number of years of education attained), marital related factors, family structure, duration of abuse, presence of children, presence of physical illness, past psychiatric illness, problems in family of origins and the use of alcohol and other substances by the spouse and the relationship between alcohol and abuse.

Data Analysis

All quantitative data were analyzed with the SPSS statistical package. Descriptive statistics, was used including frequencies and percentages for categorical and ordinal data, and means and standard deviations for continuous variables to describe the client characteristics and approaches to mental health issues.

RESULTS

The study sample comprised of 68 married females, 65(95.6%) reported h/o violence of some type or the other by their married partners. Of this 28(43.1%) had alcohol use in their spouses and in 37(56.9%) it was absent or occasional use. Alcohol use was amounting to harmful use or dependence fulfilling the ICD X criteria.

Table 1: Characteristics of the sample

Variable	Mean (S.D.)
Current age 17-58 years	33.3 (10.4)
Age at marriage 17-29 years	21.8 (5.4)
Age of spouse at marriage 20-55 years	29.4 (5.8)
Duration of marriage 1 year to 41 years	11.4 (10.7)
Family size	4.6 (1.3)
Number of children	1.7 (1.5)

Table 1 shows the characteristics of the sample. The mean current age of the females were 33.3 (S.D.10.4) with a range of 17-58 years. The mean age at marriage of the females was 21.8(5.4) with a range of 17-29 and it was evident that despite the legal age for marriage of females being fixed as 18 years there were a few who were married off earlier to that. The mean age at marriage of spouse was 29.4 (5.8). The duration of marriage ranged from 1 year to 41 years with a mean of 11.4. The mean size of the family was 4.6 and the average number of children was 1.7. There was no differences in these variables between the two groups, that is, where alcohol use/no alcohol was implicated

Majority in both the groups, that is, with alcohol use/no alcohol had primary or up to high school education; hailed from rural or urban backgrounds; nuclear families; being either homemakers or laborers (Table 2).

Table 2: Characteristics of the sample

Variable	%
<i>Education</i>	
No formal education	23.4
Primary	46.8
High school	24.5
College	5.3
<i>Habitat</i>	
Urban	45.5
Rural	50.7
Suburban	3.8
<i>Type of Family</i>	
Nuclear	51.1
Extended	8.1
Joint	40.8

Table 3: Distribution of nature of abuse

Nature of abuse*	Sub-stance use (28)	No substa-nce use (37)	P value
Physical abuse by spouse	23	19	.009
Verbal abuse*	21	15	.005
Arguments and fights with spouse	24	15	.253
Not intimate/ poor communication*	10	24	.018
Neglect of wife /children*	17	4	.000
Extramarital spouse	8	13	.389
Dowry issues**	3	11	.059
Suspicious spouse	7	3	.064
Forced sex	18	14	.031

*Many reported more than one type of abuse
Fisher's Exact Test *<.001 **< 0.05

Table 3 shows the nature of abuse were compared between the two groups, that is, with alcohol use/no alcohol. There was significant difference between the 2 groups, those with alcohol use had more instances of verbal abuse (<0.05); whereas there was poor communication and problems related to dowry issues in the families where there was no alcohol use but there was abuse (<0.05); neglect of wife and children in families where alcohol was implicated (<.001).

DISCUSSION

The frequency of domestic violence in the general population is a matter of speculation. There are no studies to this effect. Wives rarely seek help for their domestic violence due to the stigma. In the present study, the prevalence of

domestic violence among females referred to the Department of Psychiatry was as high as 65/68 or 95.6% and a major proportion of them suffered from a depressive illness. Domestic violence might lead to marital dissatisfaction and might manifest as depressive symptoms or a diagnosable depressive disorder in many instances.

In this sample, duration of marriage on an average was 11.4 years. Many were married for longer duration, that is, above 15 years. The duration ranged from 1 year to 41 years. It might be speculated that females put up with all odds despite their poor quality of marriage and the presence of children keep the couple together as it is considered their obligation to settle them. Separated, divorced and deserted women are stigmatized even in the industrialized societies.

In both the groups, that is, alcohol use and its absence in spouses, some type of violence or other were evident. Johnson (2001) pointed out that there is little doubt that men with alcohol problems do have higher rates of perpetrating violence against their wives and tend to inflict more frequent and injurious assaults. Alcohol consistently emerges as a significant predictor of marital violence (Kantor and Kaufman 1993). However, this study did not point to the significant relationship between alcohol and physical violence.

In this study, verbal abuse was statistically significant, Leonard (2001) found that among married couples in which family violence was occurring, husbands were drinking in 15- 21% of their worst verbally aggressive episodes.

It may be speculated that alcohol is involved in some incidents of violence in the home, but many incidents of violence in the home do not involve alcohol. Secondly, alcohol consumption occurs in households where there is no violence, and many alcohol dependent people are not violent. In other words, alcohol consumption is neither a necessary nor a sufficient condition for domestic violence to occur.

Alcohol is only one element in the context of domestic violence. There are other factors present that exclude a direct, causal link between alcohol and violence. Gayford (1978), for example, found that the abuse had started before the drinking for many women but continued or escalated when the partner returned home. Other research has highlighted other contributory variables, including low marital satisfaction (Hey-

man and Jouriles 1995; Leonard and Blane 1992; Leonard and Quigley 1999), self-reported emotional problems (Scully 1990), pre-existing aggression (Parrott and Zeichner 2002), violent family backgrounds (Gondolf 1995), and perceived stress (Fagan et al. 1988; Flanzer 1993; Julian and McKenry 1993).

Studies attribute domestic violence to other underlying factors in the abuser's life. Some of these factors include violence in the home as a child, a belief that violence against women is acceptable and a desire for personal power.

Research focusing on women's views of domestic violence has often mentioned the perpetrators' use of alcohol or drugs, but no research has sought to explore their views further. Anecdotal evidence suggests that women blame alcohol for their partner's violence, but there is no adequate research evidence to support this claim.

CONCLUSION

Indeed, while there is an emerging consensus that interplay of personal, situational, social and cultural factors combine to cause abuse there is still only limited information on which factors are the most important. Additional research is needed directly with males involved in spouse abuse to investigate the variables that are assumed characteristic of these men. Intervention programs that address alcohol abuse, traditional sex role values and childhood abuse in addition to controlling anger and violence are recommended for these husbands.

RECOMMENDATIONS

Male partner violence and alcohol-related problems are widespread across diverse cultures. Hence, partner alcohol use problems and partner violence must be routinely assessed to prevent and treat common mental disorders in women. Likewise, interventions for male heavy drinkers need to address partner violence and the female partner's health.

There is widespread belief that the alcohol treatment alone will eliminate the violent behaviour. In order to plan a tailored intervention that addresses the needs of alcohol- or drug abusing partners, a prerequisite is the assessment of such things as patterns of alcohol use, alcohol or drug-related social problems as well as legal

and medical problems. Moreover, it is important to determine the characteristics of the different types of batterers and the violent relationship, for example, lack of social skills in the batterer, extreme jealousy as well as attitudes and beliefs that support violent behaviour. The identification of these specific problem areas in personality and other variables play an important function in the planning and the conduction of an appropriate intervention that is tailored to the specific deficits and problem areas of violent men.

Barriers to screening for partner violence and partner alcohol use such as stigmatisation of victims of violence and acceptance of male violence and heavy drinking by men can be addressed within healthcare settings via mandatory screening and intervention policies. Integrating violence prevention and intervention programmes into already existing healthcare systems, in particular, helps increase women's access to needed services. At the community level, social deterrents for partner violence and heavy drinking are necessary to reduce poor health outcomes in women.

REFERENCES

- Beech DJ, Mercadel R 1998. Correlation of alcohol intoxication with life threatening assaults. *J Natl Med Assoc*, 12:761-764.
- Black DA, Schumacher JA, Smith AM, Heyman R E 1999. Partner, Child Abuse Risk Factor Literature Review: National Network on Family Resiliency, National Network for Health From < www.cdc.gov/ncipc/factsheets/ipvfacts.htm > (Retrieved July 14, 2006).
- Brecklin LR 2002. The role of perpetrator alcohol use in the injury outcomes of intimate assaults. *J Fam Violence*, 17: 185-197.
- Brismar B, Bergman B 1998. The significance of alcohol for violence and accidents. *Alcoholism: Clin and Exper Research*, 7: 299-306.
- Brown TG, Werk A, Caplan T, Shields N, Seraganian P 1998. The incidence and characteristics of violent men in substance abuse treatment. *Addict Behaviors*, 23:573-586.
- Bureau of Justice Statistics 1994. Violence Between Intimates: Domestic Violence. *NCJ Pub, No. NCJ-149259*. Washington, DC: Bureau of Justice Statistics.
- Collins JJ, Messerschmidt MA 1993. Epidemiology of alcohol-related violence. *Alco Healt and Res World*, 17(2): 93-100.
- Demetrios N, Kyriacou D, Ellen AT, Stone S, Toni Tubb, Linden JA, Muelleman R, Barton E, Kraus JF 1999. Risk factors for injury to women from domestic violence. *New England J Medicine*, 341: 1892-1898.
- Ellsberg M, Pen˜ a R, Herrera A, Liljestrand J, Winkvist A 2000. Candies in hell: Women's experiences of violence in Nicaragua. *Soc Sci and Med*, 51: 1595-1610.
- Fagan RW, Barnett OW, Patten JB 1988. Reasons for alcohol use in martially violent men. *Am J Drug and Alcoh Abuse*, 14: 371-392.
- Flanzer J P 1993. Alcohol and other drugs are key causal agents of violence. In: RJ Gelles, DR Loseke (Eds.): *Current Controversies on Family Violence*. Newbury Park, CA: Sage, pp. 171-181.
- Flood-Page C, Taylor J (Eds.) 2003. *Crime in England and Wales 2001/2002: Supplementary Volume*. London: Home Office.
- Gayford JJ 1978. Battered wives. In: J P Martin (Ed.): *Violence and the Family*. Woking, UK: Wiley, pp. 19-39.
- Gilchrist E, Johnson R, Takriti R, Weston S, Beech A, Kebbell M 2003. *Domestic Violence Offenders: Characteristics and Offending Related Needs* (Findings 217). London: Home Office.
- Gondolf EW 1995. Alcohol abuse, wife assault, and power needs. *Soc Serv Rev*, 69: 274-284.
- Graham K, Leonard KE, Room R, Wild C, Pihl RO, Bois C, Single E 1998. Current directions in research on understanding and preventing intoxicated aggression. *Addiction*, 93(5): 659-676.
- Graham K, Plant M, Plant M 2004. Alcohol, gender and partner aggression: A general population study of British adults. *Addict Res and Theory*, 12: 385-401.
- Haberman PW, Natarajan G 1986. Trends in alcoholism and narcotics abuse from medical examiner data. *J Studies on Alcohol*, 47: 316-321.
- Hakimi M, Nur Hayati E, Ellsberg M, Winkvist A 2002. *Silence for the Sake of Harmony: Domestic Violence and Health in Central Java, Indonesia*. Yogyakarta, Indonesia: Gadjah Mada University, Rifka Annisa, PATH, Umeå University.
- Heyman RE, O'Leary KD, Jouriles EN 1995. Alcohol and aggressive personality styles: Potentiators of serious physical aggression against wives? *J Fam Psychology*, 9: 44-57.
- International Clinical Epidemiologists Network (IN-CLEN). *Domestic Violence in India*. Washington, DC, International Center for Research on Women and Centre for Development and Population Activities, 2000.
- Jewkes R, Penn-Kekana L, Levin J, Ratsaka M, Schriber M 2001. The prevalence of physical, sexual and emotional violence against women in three South African provinces. *S African Med J*, 91: 421-428.
- Johnson H 2001. Contrasting views of the role of alcohol in cases of wife assault. *J Interper Violence*, 16(1): 54-72.
- Julian TW, McKenry PC 1993. Mediators of male violence toward female intimates. *J Fam Violence*, 8: 39-56.
- Kantor G Kaufman 1993. Refining the Brushstrokes in Portraits of Alcohol and Wife Assaults. *Research Monograph 24. Alcohol and Interpersonal Violence: Fostering Multidisciplinary Perspectives*. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism, pp. 281-290.

- Kunce JF 2002. *Screening for Domestic Violence: Meeting the Challenges of Identifying Domestic Relations Cases Involving Domestic Violence and Developing Strategies for Those Cases*, 39 CT. REV. 4
- Kyriacou DN, McCabe F, Anglin, D, Lapesarde K, Winer MR 1998. Emergency department-based study of risk factors for acute injury from domestic violence against women. *Ann Emer Med*, 31: 502–506.
- Leonard KE, Blane HT 1992. Alcohol and marital aggression in a national sample of young men. *J Interper Violence*, 7: 19-30.
- Leonard K E, Quigley BM 1999. Drinking and marital aggression in newlyweds: An event-based analysis of drinking and the occurrence of husband marital aggression. *J Studies on Alcohol*, 60: 537-545.
- Leonard K 2001. Domestic violence and alcohol: What is known and what do we need to know to encourage environmental interventions? *J Subs Use*, 6: 235-247.
- Marcus G, Braaf R 2007. *Domestic and Family Violence Studies, Surveys and Statistics: Pointers to Policy and Practice*. Sydney: Australian Domestic and Family Violence Clearing House.
- McCauley J, Kern DE, Kolodner K, Dill L, Schroeder AF, DeChant HK, Ryden J, Bass EB, Derogatis LR 1995. The “battering syndrome”: Prevalence and clinical characteristics of domestic violence in primary health care internal medicine practices. *Ann Intern Med*, 123: 737–746.
- McCord J 1993. Consideration of causes in alcohol related violence. In: SE Martin (Ed.): *Alcohol and Interpersonal Violence: Fostering Multidisciplinary Perspectives*. Bethesda (MD): National Institute on Alcohol Abuse and Alcoholism (NIAAA) Research Monograph No. Interpersonal Violence: *Fostering Multidisciplinary Perspectives*. NIAAA Research Monograph, 24: 71-79.
- Memmott P, Stacy R, Chambers C, Keys C 2001. *Violence in Indigenous Communities: Full Report*. Canberra: Crime Prevention Branch, Attorney General’s Department.
- Moreno Martýn F 1999. La violencia en la pareja. [Intimate partner violence.] *Revista Panamericana de Salud Pu’blica*, 5:245–258.
- Nayak MB, Patel V, Bond JC, Greenfield TK 2010. Partner alcohol use, violence and women’s mental health: Population-based survey in India. *BJP*, 196: 192–199
- Nelson E, Zimmerman C 1996. *Household Survey on Domestic Violence in Cambodia*. Phnom Penh, Ministry of Women’s Affairs and Project Against Domestic Violence.
- Parrott D, Zeichner A 2002. Effects of alcohol and trait anger on physical aggression in men. *J Stud Alcohol*, 63: 196-204.
- Parry C, Tibbs J, van der Spuy J, Cummins G 1996. Alcohol attributable fractions for trauma in South Africa. *Curatationis*, 19: 2-5.
- Perkins JJ, Sanson-Fisher RW, Robertson A, Johnson FYA, Boyle K, Hopkins P 1995. *The Role of Alcohol Consumption in Presentations to Emergency Departments in Papua New Guinea, Fiji and Australia*. Unpublished Report.
- Quigley BM, Leonard KE 2000. Alcohol and the continuation of early marital aggression alcoholism. *Clin and Exper Research*, 24(7): 1003-1010.
- Rodgers K 1994. Wife assault: The findings of a national survey. *Juristat Service Bulletin*, 14: 1–22.
- Roizen J 1993. *Issues in the epidemiology of alcohol and violence*. In: SE Martin (Ed.): *Alcohol and Interpersonal Violence: Fostering Multidisciplinary Perspectives*. Bethesda (MD): National Institute on Alcohol Abuse and Alcoholism (NIAAA) Research Monograph No. 24. 3-36
- Schumacher JA, Fals-Stewart W, Leonard KE 2003. Domestic violence treatment referrals for men seeking alcohol treatment. *J Sub Abuse Treatment*, 24: 279-283.
- Scully D 1990. *Understanding Sexual Violence: A Study of Convicted Rapists*. London: Harper Collins Academic
- White HR, Chen PH 2002. Problems drinking and intimate partner violence. *J Stud on Alcohol*, 63: 205–214.