Summary of Thesis submitted for PhD degree

by

Sarah Galvani, MA, BA, DipSW

on

**Women's Perspectives:
the Role of Alcohol in Violence to Women**

The primary objective of this research was to understand what role women thought alcohol played in their partners' violence to them, from the perspective of women who experienced violence from men partners.

It aimed to: 1) question whether women blamed alcohol for their partners' violence, as anecdotal claims suggest, 2) establish whether the women made allowances for their partners' violence because of their partners' drinking, 3) determine the extent to which the women believed alcohol played a key role in such violence, 4) explore any differences in the women's beliefs about alcohol's role in violence when it was directed at others, and when it was directed at them, 5) develop theory, grounded in the women's views, that offers an explanation for alcohol's role in the violence they experienced.

In order to meet these aims, in-depth, semi-structured, interviews were conducted with 20 women who suffered violence or abuse from their partners. Due to the subject of this research and the absence of women's views in research on this subject, a grounded theory approach was used, located within a feminist research framework. In addition, the women completed a supplementary checklist relating to their alcohol use and their violent and abusive experiences.

The key findings include the women's beliefs that, 1) alcohol has an impact on behaviour, often seen in extremes of behaviour, 2) alcohol's role in violence depends on many factors, 3) alcohol is not responsible for their partners' violence and, 4) they would not forgive their partners more easily if they were violent after drinking. The quantitative data demonstrated a significant increase in physical violence after their partners had been drinking.

The main conclusion of this study is that while the women accept that alcohol has disinhibiting effects, they do not blame alcohol for their partners' violence and abuse. They hold their partners responsible for their behaviour regardless of the alcohol consumed.

THE UNIVERSITY OF HULL

Women's Perspectives: the Role of Alcohol in Violence against Women

being a Thesis submitted for the Degree of

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Sarah Galvani, MA, BA, DipSW

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Chapter 1

<u>Introduction</u>

> O thou invisible spirit of wine, if thou hast no name to be known
> by, let us call thee devil! ... I remember a mass of things, but
> nothing distinctly; a quarrel, but nothing wherefore.-O God, that
> men should put an enemy in their mouths to steal away their
> brains! that we should, with joy, pleasance, revel, and applause,
> transform ourselves into beasts!
> (Cassio in Shakespeare's *Othello*, Act II, scene III)

Alcohol's ability to transform its users into 'beasts' and become violent in spite of themselves is not a modern phenomenon. Alcohol and violence have been conjoined for centuries. While science develops a clearer understanding of alcohol's properties and its impact on human functioning, there remains a public tolerance of 'uncharacteristic' behaviour under its influence. But, to what extent does this tolerance extend into the private sphere? Where women draw the line between men's behaviour that is tolerated and behaviour that is not is key to this thesis.

1.1   Background to the research

This research focuses on the perspectives of women who experience violence and abuse from men partners. While there is evidence that women can also be violent to men partners (Kershaw et al. 2001), such violence is significantly less severe, less injurious, and less prevalent than men's violence to women (Kantor and Jasinski 1998, Mirrlees-Black 1999). Women's violence to men is not bound up in centuries of social and legal condonation – men's violence to women is. This is not a level playing field. The claims that 'men are beaten too' are valid, but they are most often heard in response to debates about men's violence to women and seldom as a concern in their own right. Such defensive responses do little to gain a sympathetic ear. They are seen as attempts to belittle the importance of addressing men's violence to women.

There is a substantial body of evidence linking alcohol with violence in general, and with violence to women in particular (chapters 3 and 4). What appears to be missing from such evidence is the sound of women's voices – women who suffer violence and abuse from men partners - and a reflection of their experiences and beliefs.

Anecdotal evidence suggests women 'blame' alcohol for their partners' violence. Such explanations are analysed as minimising behaviour, or a form of emotional and psychological self-protection (Hearn 1998, Dobash et al. 2000b). I suggest this is over simplistic. There is little evidence of any in-depth exploration or discussion with women on alcohol's role in men's violence to them. This thesis is an attempt to fill this gap.

1.2   The research aims and objectives

The primary objective of this research is to understand what role women think alcohol plays in their partners' violence to them, from the perspective of women who have experienced violence and abuse from men partners. It aims to address and question anecdotal claims that women blame alcohol for their partners' violence. It aims to explore whether the notion of 'blaming' alcohol is a valid one for these women or whether it is one part of a wider explanation for their partners' violence. It aims to establish whether the women make allowances for their partners' violence because of their alcohol consumption and to determine the extent to which they believe alcohol plays a key role in such violence. Further, it aims to explore any differences in the women's beliefs about alcohol and violence that is directed at others, and alcohol-related violence they suffer from their partners. It further aims to develop a theoretical

explanation, grounded in the women's beliefs and experiences, which accounts for alcohol's role in the violence and abuse they have experienced.

In order to meet these aims and objectives it was important to establish the women's definitions of violence and abuse. This study faced the same difficulties in establishing agreed definitions of key concepts such as 'violence' and 'abuse' as those faced by other research in this field. The women's definitions of these concepts are clarified in chapter 8, thus improving the validity of the results presented. This study outlines some aspects of the women's personal histories in relation to experiences of alcohol and alcohol-related violence and abuse. These provide an important context for the views the women expressed during the interviews and for the analytic process that followed.

My questions for the women drew on their beliefs about alcohol, violence and violence to women (see appendix 1). They explored the women's beliefs about alcohol and violence in general as well as their personal experiences of alcohol use and violence from a partner. I questioned whether their early experiences of alcohol-related violence might be relevant to their beliefs and experiences at the time of the interview. I asked about their own use of alcohol and that of their partners. Further, I questioned whether their perceptions of alcohol's role in violence would differ relative to the intimacy of the relationship between the victim and perpetrator. A key question for this thesis was the extent to which a woman forgave her partner more easily if he was violent or abusive to her after drinking. Finally, I was interested to find out whether alcohol played a role in their own coping or challenging strategies and, if so, what that role was. These aims and objectives are reviewed in more detail in chapter 5.

The interviews conducted with the women in this study resulted in a large amount of data that would far outstretch the necessary bounds of this thesis. For this reason some data have been set aside and the results presented here focus specifically on men's alcohol-related violence to women in order to meet the study's aims and objectives.

1.3 The research methodology

To meet my aims and objectives this study required empirical research with women who had suffered, or were still suffering, violence and abuse from a partner. The lack of empirical research asking women for their beliefs about alcohol's role in their partners' violence to them is an obvious gap in the research. Primarily, this required a naturalistic form of enquiry that, in turn, suggested purposive sampling and qualitative research methods. Asking women to reveal such personal and painful data demanded face-to-face interviews. Further, such naturalistic enquiry allows for inductive data analysis and theory generated from the research data (Robson 1993).

My priority in planning the research and choosing a methodology was to ensure that it reflected the sensitivity of this research subject. Quantitative research techniques alone are not sufficiently sensitive to, nor supportive of, the women who would be involved in this research. Generally quantitative research methodologies support concepts of objectivity that advise a detached relationship between the researcher and the people being 'researched'. This view of objectivity was inappropriate, and potentially unethical, given the subject matter of the research. An alternative view of objectivity incorporates the subjectivities involved in, and arguably required for, sensitive research of this kind (see chapter 5).

The aims and objectives of my research required in-depth data that would not be reached by quantitative methods alone. Ethically, there also had to be emotional support for the women through the research interviews and afterwards. In addition, the interviewer had to be able to offer this support as and when required without traditional notions of detachment being prioritised over the woman's well-being. The combination of all these considerations indicated that qualitative research methods would be most suited to this study.

Feminist Research Practice

My research priorities were closely allied to principles of feminist research practice. Feminist research is distinct from other research practice due to its focus on particular research questions; principally, those that explore women's experiences and position in society. Its starting point is a political one that views women's voices as inadequately represented in research, which, historically, has been conducted by male researchers. In addition, feminist research practice is distinct in its location of the researcher in the research process. It allows for the researcher's involvement in the research process and rejects traditional notions of detachment between researchers and research subjects. In addition, feminist research practice has a clear political purpose in that it seeks to improve the position of women in society. However, it was important to my methodology not to seek women's views and then interpret them through an ideological perspective, which could translate and disrespect the original meaning. An approach was required that would allow theory to emerge from the data first, to be followed by an interpretation within a broader feminist theoretical framework. Principles of grounded theory clearly met this requirement (Strauss and Corbin 1998), particularly its premise that the researcher does not start by hypothesis testing but allows an inductive approach

to data collection and analysis. I will explain more fully in chapter 5 how these principles of grounded theory were located within a feminist research framework.

Methods

Just as there is no one 'feminism', there is no one feminist method. Feminist research practice draws primarily, although not exclusively, on qualitative research methods and administers them within feminist research principles. Given the need for sensitivity and support for the women throughout the research, and the depth and nature of the data required, semi-structured interviews appeared the most appropriate research tool.

Feminist research requires the researcher to be part of the research and to acknowledge the subjectivities involved in the research process. It also highlights the importance of keeping women's voices at the centre of the research. Semi-structured interviewing was able to meet these principles of feminist research, as the interviews could be administered flexibly according to the circumstances of the woman being interviewed, while still allowing the collection of the data needed to meet the research aims and objectives. Further, as semi-structured interviews require the researcher to be present during the data collection, this tool allowed me to offer emotional support to the women as necessary. This notion of reciprocity during the research is also key to feminist research, although not exclusive to it. These were important features of the interviews and will be discussed further in chapter 5.

Thus, while semi-structured interviews became the primary research tool, the data collection and analysis followed principles of grounded theory. This was adapted to ensure the administration and analysis of the interviews remained within principles of feminist research practice.

I complemented the interviews with a two-part, self-completion checklist that I gave to the women at the end of the interview and asked them to return to me by post in the stamped addressed envelope provided. I used this quantitative tool to support and verify some of the information obtained during the interviews. The checklist served a supplementary role, as it was not possible to tell in advance whether or not the women would return the checklist to me. In-depth qualitative research usually draws on smaller numbers of research subjects than much quantitative research, thus it was also not clear whether any statistical significance could be drawn from the checklists without knowing how many would be administered and returned to me.

The first part of the checklist, based on the AUDIT alcohol survey, was designed to identify harmful and hazardous drinking by the interviewee (Babor et al. 1992). This was included to assess whether there was any relationship between the interviewee's drinking behaviour and the suffering, or perpetration, of violence and abuse, given the research evidence linking the two (chapter 3). The second part of the checklist, the Violence and Abusive Behaviour Inventory (VABI), I designed to supplement the interview data on the types of abusive behaviours the interviewees suffered before and after their partners had been drinking. I will provide further details of the checklist and the concerns its use raised for me in chapter 6.

Analysis of the data primarily followed Chesler's (1987) 7-step model of data reduction and analysis. It was further informed by Strauss and Corbin (1998), who adopt a grounded approach to analysis and theory building. However, while some of the coding techniques and principles of grounded theory analysis were adopted, the goal was to develop theory at a later stage in the analytic process, not to begin developing theory

from the first interview as in grounded theory. Thus, Chesler's (1987) seven-step method most closely met the research requirements. The analytic process will be discussed further in chapter 6 (s.6.4).

Before introducing the structure of this thesis, the following section will briefly address the problem of agreed definitions in research of this kind.

1.4   Definitions

One of the limitations in much of the research on this subject is the inability for researchers to agree to the use, and meaning, of terms such as 'violence' and 'abuse'. There is on-going debate about the explicit and implicit differences inherent in such terms, particularly the use of 'domestic violence' as opposed to 'partner violence', 'wife abuse', 'violence to women' and so on. For some researchers the choice is a political one and centres around the gendered nature of the violence. They point out how the terms used for it often hide or minimise men's role in such violent and abusive behaviour. Phillips and Henderson (1999) explain:

> Male violence is referred to by terms such as *domestic violence,*
> *family violence, violence against women*, and *wife abuse*. The
> gender present in the cultural conversations is female. These
> common discourses function as a lens to organize truths about
> male violence. If unchallenged, this view is taken for granted as
> a foundation and often remains invisible. When the perpetrator
> is genderless and the violence described only includes the
> identity of the female victim, male violence against women is
> constituted as a problem of women.
> (Phillips and Henderson 1999: 119/120) (emphasis in original)

It is a debate that no researcher in this field can avoid and this research is no exception. To address this issue women were asked for their understanding of the terms at the beginning of each interview. Unsurprisingly, there was no unanimous interpretation of 'violence' and 'abuse'. Therefore, both terms will be used throughout the thesis in order

to reflect this lack of agreement. Where I report the women's words or my conversations with them, I will use their meanings and their terms. Where I report research or opinion of another author I will use the term(s) they have used. Similarly, I have used 'partner' or 'ex-partner' throughout rather than 'husband', 'boyfriend' and so on, except where I am reporting the woman's preferred term.

Another definitional issue raised during my pilot study was the use of the term 'abuse'. A significant number of the people, during the pilot study, interpreted the term 'abuse' as 'child abuse'. This term was therefore changed to 'abusive behaviour' or 'behaving abusively'.

1.5   Limitations of scope

This thesis presents the results of research with a sample of women who have spoken in depth about their views of alcohol's role in violence and, in particular, their partners' violence to them. It has asked the supplementary questions about alcohol's role in men's violence to women that other research appears to have left out. It explores the views of 20 women living in their own homes with or without their partners. In this way it differs from much previous research that reports the views of women living in shelters, refuges or in treatment facilities. These are women who had no contact with 'helping' agencies, except for their emergency contact with the police in relation to their partners' violence and abuse. However, experiences and explanations change over time and the results of this research demonstrate this well. Only longitudinal research would accurately determine whether their beliefs and opinions remain consistent over time and only larger scale research would determine how representative or generalisable these findings would be to the woman population. I will now provide an overview of the thesis structure and content.

1.6   Overview of the thesis

This thesis is divided into three parts. Part I contains three chapters providing a critical review of the research on men's violence to women (chapter 2), alcohol and violence (chapter 3) and alcohol's role in men's violence to women (chapter 4). Chapter 4 also contains a summary of policy and service provision. It concludes by identifying how this research has begun to fill one gap in this area of research.

Part II contains three chapters relating to the study's methodology and research methods. It explains how they emerged from seeking a research approach that would encompass ethical and political concerns on how to conduct sensitive research of this kind. Chapter 5 presents my research aims and objectives and the methodology for this study. Chapter 6 presents the methods used, beginning with the pilot study and the lessons learned from it. Chapter 7 reflects on the research process including the strengths and limitations of the research and the ethical dilemmas it raised. It also presents feedback from the women I interviewed in support of the methodology chosen.

Part III presents the results of the study and the discussion of key findings. Chapter 8 reports the profile of the women who took part in this research and a brief socio-economic profile of Kingston-upon-Hull, the City in which the research took place. It details the coding process and the resulting thematic clusters that emerged from the data. In order to provide a context for the qualitative data on alcohol's role in violence and violence to women, it also reports results from four themes relating to violence and abuse and presents quantitative analysis of the checklist results.

Chapter 9 presents findings from the in-depth interviews. These findings fall into three clear thematic categories, 1) alcohol: beliefs and effects, 2) the impact of alcohol on aggressive behaviour, and 3) the role of alcohol in moderating violent behaviour. Each category contains a range of themes that emerged from the interview data and is illustrated with quotations from the women. The women's names have been changed throughout this thesis in order to maintain confidentiality.

Chapter 10 discusses the key findings further and examines the relationship between these findings and research on the role of alcohol in men's violence to women. It presents the theory that has been grounded in, and developed from, the women's responses. The chapter concludes with a discussion on how this study and its findings are set within a broader theoretical and structural framework that requires a significant socio-cultural shift if the needs of women affected by alcohol-related violence are to be met fully.

Chapter 11 completes this thesis with a consideration of the significance of the findings and analysis. It presents the implications of this study and suggestions for future research emerging from it.

1.7   Conclusion

To introduce this thesis I have briefly outlined the background to this research, its aims and objectives. I have summarised the methodology and methods underpinning the research, and drawn attention to some of the definitional complexities faced by research of this kind. I have acknowledged the key limitation to the scope of this work before ending with an overview of the thesis structure.

This study has begun to fill a research gap. It asks women, who are suffering, or have suffered, violence from a male partner, what role they think alcohol plays in his violence. This micro-exploration of women's experiences and observations is absent from research on this topic. It is their responses to such inquiry that 'should' determine how we support them rather than a particular ideological discourse or theoretical perspective. I will now review the key literature on violence to women and alcohol's impact on such violence.

Part I

Gender,
Alcohol and Violence

Chapter 2

Men's violence to women partners

> With a relatively static environment and natural selection
> favoring an association between violence and masculinity over
> tens of thousands of generations, it is easy to understand why
> this association became part of the biological system level of
> action among men ... sexual dimorphism in size and muscle
> mass is a major product of natural selection among men.
>
> (Bowker 1998: 12)

Men's use of violence to dominate other men was once a requirement for their own, and

their family's, survival; a competition for scarce resources. In a modern society of mass

production and consumerism, no longer do men need to hunt and fight for food. In 21st

century Britain such primal forms of power seeking seem acceptable only in the arena

of organised combat, that is, sport or war. Violence is, however, tolerated in many

other contexts providing it is accompanied by factors such as, youth, alcohol or

provocation. As Bowker (1998) points out, society is now more complex and it is

because of this complexity that it has failed to reduce men's violent behaviour in any

significant way. This failure, he suggests, results from a 'lack of will' rather than a lack

of knowledge or understanding.

It is this lack of will that has undoubtedly prevented effective intervention in terms of

men's violence to women, and continued to allow alcohol to serve as a reason for bad

behaviour. This chapter will review the nature of men's violence to women, the

historical context for it, the prevalence of such violence and the theoretical explanations

posited for it.

2.1   The nature of men's violence to women

Men's violence to women partners takes many forms. 'Domestic violence' is most often associated with physical violence but the intimacy of a relationship between partners lends itself to many other forms of violence and abuse that are not so readily apparent.

Further, what differentiates men's violence to women from men's violence with strangers or acquaintances is the private nature of such violence. While there are occasional public displays of partner violence, it is undoubtedly the notion of 'privacy' that has served to perpetuate the abuse of women and deter public intervention. Coveney et al.'s (1984: 17) papers on male sexuality and the social control of women reinforce this issue when they state "men do not become uncontrollable in Woolworths or Harrods". As Hearn (1998: 86) states, the "enactment of perceived 'loss of control' is spatially contingent".

In public such violent behaviour is a crime under public law and its perpetrators are accountable to it, in private there are no such consequences unless the victim takes steps to involve outside agencies. This is not an option for many women due to a range of complex psychological and practical reasons including fear of retribution from their partners or isolation from supportive local resources.

Add to such privacy notions of 'normal conflict' in relationships and it becomes increasingly difficult to assess accurately the nature of abuse and violence within a relationship, or determine accurate prevalence levels. Dobash et al. (2000a) infer this element of 'normality', and suggest abuse within relationships comes in different types and patterns:

While many couples have had an exchange of slaps or minor blows at some time, and this is unfortunate and regrettable, this does not necessarily constitute a pattern of systematic and sustained violence meant to harm, intimidate, terrorize, and brutalize...not all escalate to the type and level of violent relationships necessitating public or private concern or active intervention.

(Dobash et al. 2000a: 4)

Johnson (1995: 283) also infers a sense of normality in some relationship violence. He distinguishes between "common couple violence" and "patriarchal terrorism", stating "common couple violence" is an occasional, "less-gendered" form of violence by men and women, which may happen a few times a year and not be serious enough to involve outside agencies.

Similarly, Berkowitz (1993) suggests two different types of motivation for aggression, which, he suggests, changes the victim's experience of it. He differentiates between "instrumental" and "emotional" aggression. Instrumental aggression is geared towards achieving a particular goal, for example, money or status, whereas the purpose of emotional aggression is simply to cause hurt or harm to the other person. Berkowitz points out that such differences in intent can make a substantial difference to the victim in terms of knowing if the harm caused was a by-product or the goal of such aggression. The difficulty in this argument is that the two are not likely to be mutually exclusive.

Whether or not there are distinguishable types of violence or aggression, different people will tolerate different levels of abusive behaviour in the context of disagreements. The difficulty with the distinctions suggested above is their implication that women's experiences will fall into one of two categories. Women who speak about their violent and abusive experiences from men often report violence and abuse increasing over time. It would be more helpful to view such violence on a continuum

rather than two separate types of violence or aggression. Johnson's distinction also suggests there is a line that is crossed from 'common couple' violence to 'patriarchal terrorism'. The question this raises is how is this line drawn and who draws it? Does frequency or type of violent or abusive behaviour determine when the violence becomes 'patriarchal terrorism'? There are obvious problems in such dyadic formulations.

The difficulty in establishing a fixed line of behaviour, across which all else is abusive, has led to many different definitions being used in existing research. Accurate comparison of research on this subject is therefore difficult.

2.1.1   Violent and abusive behaviours

The following categories highlight the key forms of violence and abuse women report suffering from their partners.

Emotional abuse is one of the earliest signs of abuse in a relationship and is arguably present to varying degrees in disagreements between many couples. Emotional abuse ranges from name calling, to criticism about appearance or personality, to humiliation in public (Pence and Paymar 1993). One of the main effects of such repeated abuse is its negative impact on the woman's self-esteem. Eventually the woman may believe the abuse and stay with the partner for fear of no one else wanting her.

Physical Abuse ranges from pushing, shoving and grabbing, to biting, kicking or hitting with a fist, object or weapon (Straus and Gelles 1995). Some women try to fight back but this often worsens the man's violence and, together with the woman's inferior physical strength, has little effect. It is for this reason that women will, on occasions,

resort to the use of weapons to defend themselves, in an attempt to redress the balance of power and physical threat (Griffiths 2000).

Psychological abuse is summarised by Pence and Paymar (1993) as a tool men use for power and control over their partners. Two such factors are "intimidation" (for example, using glares or smashing property) and "isolation" (controlling what she does and who she sees). The element of isolation can be intensified for women in rural settings. As Adler (1996: 463) states, "... often abusers compound the physical isolation with social and emotional isolation".

Other forms of psychological abuse include "using coercion or threats" (threatening to hurt her or commit suicide), "using the children" (to relay messages or using child contact visits to harass her), "minimizing, denying or blaming" (not accepting seriousness of the abuse, denying it happened, telling her it's her fault), and "using male privilege" (making every decision, telling her he is in charge) (Pence and Paymar 1993). Barnett et al. (1997) found that men reported frightening their partners significantly more than women reported frightening their partners. More men than women also endorsed "controlling their partner as the rationale for their abuse" (475).

In addition, such psychological abuse often increases women's fear about what might happen, or creates such mental and emotional confusion that it is easier for women to comply than continually battle against it. Women can often end up taking the blame for, feeling guilty about, or deserving of, the abuse they suffer.

Economic or financial abuse includes not allowing women partners to get work or keep wages, not giving them enough money for housekeeping or clothes for themselves or

the children, or by simply making them ask for money all the time (Pence and Paymar 1993). This often means the woman's social life and outings can be non-existent or restricted by the partner as well as prevent her from leaving an abusive relationship through fear of having no financial means to support herself or her children (Kantor and Jasinski 1998).

Sexual abuse/violence is not only a matter of rape or forced sexual contact, it also incorporates sexual harassment through unwanted sexual suggestions, touching, or derogatory sexual remarks (Mullender 1996, Women's Aid 2001c). The fact that a sexual relationship is likely to have been present at some point in many intimate relationships adds a level of complexity to the recognition and experience of sexual abuse. The boundary for some women may be difficult to establish as there may well have been a gradual process from having willing sexual contact to pressured (or forced) sexual contact. Research has shown that women are at far greater risk of being raped by a partner than a stranger (Browne and Williams 1993, Harris and Grace 1999, Myhill and Allen 2002).

Ironically women's fear of stranger rape or assault is significantly higher than any fear of assault in their own home. Pain's study (1997) of women's fears of public and private sexual violence found:

> ...while women who have been victimised in the past (in the majority of cases by men known to them) justifiably fear private violence, far more women locate their fear of physical or sexual attack in public space and centre it on strangers.
> (Pain 1997: 310)

Pain further states that it is not simply explicable by women's false beliefs or perceptions but it remains despite their knowledge that "domestic violence or acquaintance rape is a more likely threat to safety" (310). Green et al.'s (1987) earlier

study supports this view. They argue that such false perceptions serve as a way of helping men control women in public, and state that men use a range of behaviours to exercise such control, ranging from "silent disapproval through a variety of joking and ridiculing behaviour and sexual innuendo to open hostility" (88). Green et al. suggest the important issue is that women know that if such behaviours fail to achieve control, they are faced with the threat of physical violence.

While it is the physical violence that commonly precedes public or judicial attention, women often report that the psychological and emotional abuse is longer lasting in the hurt and damage it causes, both to themselves and to their children. This is supported by research that increasingly shows the negative impact of such abuse on women's mental health (Giles-Sims 1998, Golding 1999, Roberts et al. 1998, Mertin and Mohr 2000).

Stark and Flitcraft's (1996) research supports the link between men's violence to women and its negative impact on their mental health, but are critical of the medical response to it:

> ...because battered women often present with long-standing
> tranquilizer or analgesic use, chronic symptomatology
> unresponsive to treatment, vague complaints, and frequent clinic
> visits, they may accumulate a range of pseudopsychiatric labels
> that identify them as difficult, demanding, or noncompliant
> patients...
>
> (Stark and Flitcraft 1996: 119)

Other UK and US research is similarly critical of the general lack of medical screening and poor identification of women who are suffering violence from partners (Abbott and Williamson 1999, Downs 1999). Abbott and Williamson (1999) highlight the lack of training and knowledge among health practitioners, while Downs (1999) states routine screenings of women in health clinics are required. Further, domestic violence and

abuse has been linked to increased suicide attempts among women. Stark and Flitcraft (1996: 111) found that "battering, and ongoing criminal and life-threatening expression of women's oppression" was a "major determinant" of suicide attempts among women, particularly among minority women.

Ethnicity is a significant issue as women from some minority ethnic groups face additional forms of abuse and further difficulties in escaping abusive relationships due to cultural and role expectations. Imam (1994: 189) reported that Asian women often have to escape not only the abusive partner but also the family and community pressures before they can seek help. Further, she points out that domestic violence against black women and children additionally violates "their sanctuary and shelter from racism - the home". Mama (1989) concurs and found that men have often used the woman's immigration status as a source of power to control and abuse them. Such risk of deportation is often added to the "dishonour and rejection" they will face from their community for having a failed marriage (Choudry 1996). In addition, women face practical difficulties seeking help such as language problems or ignorance of their rights (Choudry 1996). As Merchant (2000: 250) points out, the research and literature on domestic violence gives "scant attention...to the ethnicity of victims". This may be due, in part, to the understandable resistance of some minority ethnic communities to accede to research that may be misinterpreted and serve to reinforce negative and racist stereotypes (West 1998).

The timing of the violence and abuse also lends some insight into the motivation behind men's violence. It is common for the violence and abuse to start, or worsen, at a time of increased threat to the man's position in the household. Pregnancy is a time of high risk of violence towards the woman (Gelles 1974, Gayford 1978, Stark and Flitcraft 1996,

Brookoff et al. 1997, Elhassani 1999, Mezey 2000). It is a time when a woman is feeling emotionally and physically vulnerable and is in need of more support than usual from her partner as she copes with pregnancy. Thus for violence to begin, or worsen, at this time of increased vulnerability will leave the woman feeling trapped in the relationship and able to see few, if any, alternatives. In addition, the greater physical and emotional attention she receives from outside agencies, for example, doctors and ante natal care, as well as family and friends, will be threatening to a controlling partner and may increase the chance that his violence and abuse will be found out.

Once the baby is born the woman's energy and attention is focussed primarily on the child and thus less attention is spent on her partner. Winnicott (1965: 147) referred to this as "Primary Maternal Pre-occupation" and states it is the healthy development of the mother's relationship with her child starting during pregnancy and eventually dissipating months after birth. He further points out that the quality of this relationship is dependent on the man's ability to provide her with a "safe" "external reality" in order for her to be "temporarily in-turned, self-centred" (147). With pregnancy being a time of high risk for violence and abuse from partners, such safety and relationship building, as Winnicott suggests, is not likely to be present for these women.

Separation is also a high-risk time for violence and abuse. The risk of violence starting or increasing at the time of separation has been supported by a considerable amount of research (Bergman et al. 1988, Hester and Radford 1996, Kurz 1996, Hearn 1998, Kantor and Jasinski 1998). Krug et al. (2002: 96), in their review of studies on separation and domestic violence, found separation "usually" occurred when "the violence becomes severe enough to trigger the realization that the partner is not going to change, or when the situation starts noticeably to affect the children". The thesis is that

a violent partner may feel he has 'nothing left to lose' at the point of separation or divorce and thus the risk of violence is considerably higher at this time. Hearn (1998) in his research with violent men states:

> Splitting up can be a particularly dangerous time for women as some men attempt to maintain control of women after separation by returning to physical violence. One man interviewed used physical violence after he had separated because he knew this would appear out of character and be especially hurtful to her.
>
> (Hearn 1998: 85)

Brookman and Maguire (2003) in their review of domestic homicide in the UK, also highlight separation or the threat of separation as a predictive factor in men's killing of women partners. Thus, the high-risk times for violence appear to be when the partner's control is lessened and when his role as the intimate partner is being threatened. The theoretical implications of this will be discussed further in section 2.4.

The following section will contextualise the nature of men's violence to women with a brief review of its historical context.

2.2   The historical context

While men in western societies no longer have to fight for food, a competitive element still exists in violence between men. The 'fight' has remained a way of demonstrating manhood, particularly among young men. As Archer (1994) states:

> Male violence is acted out against a background of beliefs about the importance of aggressive and violent acts for maintaining status in the male group and a sense of masculine identity.
>
> (Archer 1994: 121)

But this does not explain the existence of men's violence to women. Historically men have had more physical power and women have been subordinate to it. Legislation from centuries past and present provides evidence that such violence and abuse of

women was condoned and supported. Public support for the abuse of women may have diminished, but there is no doubt that violence and abuse towards women continues within the private domain. It is here that the policy makers have been reluctant to intervene to any great effect. With human rights now high on the moral agenda of both public and political campaigning, it remains something of an anathema that violence and abuse of women continues. However, a glance at history offers some explanation.

Women's subservient position to men is nothing new. Studies of men's violence to women show centuries of legitimised violence, abuse and domination (Agnes 2000, Dobash and Dobash 1979, Schechter 1982). According to Dobash and Dobash (1979: 49) the context for violence against women was strengthened in 16th century England when "the state began to assume more powers of justice, punishment, military protection, and regulation of property". Together with a campaign "oriented toward encouraging subservience, obedience, and loyalty both to the king and to the husband" (49), this greater power provided the context for a reinforced ruling patriarchy. Dobash and Dobash state that kings and fathers were synonymous in many contexts and, while work and domestic lives were centred around the home, "wives, children, servants and apprentices" all fell under the controlling power of the father, which included "the legitimate use of physical chastisement" (50). This continued into subsequent centuries:

> Through the seventeenth, eighteenth, and nineteenth centuries,
> there was little objection within the community to a man's using
> force against his wife as long as he did not exceed certain tacit
> limits. ...The violence could be quite severe before the
> community would take collective offense and even then they
> might not intervene but only express disapproval because to
> intervene directly was to interfere in the private sphere of family
> life...
>   (Dobash and Dobash 1979: 56/57)

Yet there was some acknowledgement that 'wife beating' was wrong. Traditional rituals of "public shaming and punishment" included men who beat their wives (Dobash

and Dobash 1979: 58). By the end of the 19th Century, "legal and judicial remedies" had taken over from public shaming. In 1853, when the Act for Better Prevention and Punishment of Aggravated Assaults upon Women and Children was passed, it "extended to women some of the same protection already extended to animals who were cruelly treated" (Dobash and Dobash 1979: 63). 1861 saw the introduction of the Offences against the Person Act although Hearn (1996: 25) states this legislation was not applied to men's violence to known women "until subsequent reforms in the nineteenth and twentieth centuries".

In 1895 the Summary Jurisdiction (Married Women) Act made a conviction for assault adequate grounds for divorce. The problem then, as now, appeared to be proving the assault to the degree that an arrest was made and a conviction obtained. More than 100 years later the same problem remains with few 'domestics' ending in arrest and, of those that do, even fewer end in charging and convictions (Edwards 2000a).

At the end of the 19th century there was also the 'first-wave' of feminism, which called attention to men's violence to women (Hearn 1996). 'Respectability' had not proved itself to be the protective factor from physical and sexual violence that feminists earlier in the century hoped it would be (Stanko 1985). Women in the suffragette movement continued to be abused by both the legal and political system. They were refused the right to vote and force fed when some women went on hunger strike, prepared to die, in the fight for their cause (Sachs and Wilson 1993).

By the turn of the 20th century there had been little advance in terms of law. While early suffragette movements campaigned for magistrates to be harsher in terms of the sentences they passed on violent men, this was matched by one London police

magistrate who, in 1915, suggested "the husband of a nagging wife...could beat her at home provided the stick he used was no thicker than a man's thumb" (Young 1976, in Dobash and Dobash 1979: 74).

While the women's rights movement of the early 20th Century secured the vote for women, it was the 'second-wave' of feminism (Hearn 1996) in the late 1960s/early 1970s that brought renewed focus to the issue of men's violence to known women. Post World War II and pre-1970 there were no housing, social or medical resources for women to call on if they were suffering violence from their partners (Hague and Wilson 2000). In addition, the stigma and shame attached to such abuse meant the vast majority of women suffered in silence (Hague and Wilson 2000).

The first shelter for women escaping men's violence and abuse opened in London in 1972 and two years later the Women's Aid Federation of England (WAFE) began (Women's Aid 2001a). The organisation provided a solid foundation on which to build the fight for women's rights to live in a relationship free from violence and abuse. Nearly 30 years later it is still the voluntary sector that leads service provision for women escaping violent men (Cabinet Office and Home Office 1999).

By 1976, The Domestic Violence and Marital Proceedings Act allowed courts to impose four types of injunction against abusive or violent partners together with a 'power of arrest'. Similarly, the Domestic Proceedings and Magistrates Court Act 1978 gave magistrates the power to make orders of protection or exclusion against a violent spouse, again with the option of attaching a 'power of arrest'. However, research by Edwards (1989) found only a small proportion of orders (28%) had a 'power of arrest' attached to them. She criticised the courts stating that without the 'power of arrest'

attached, injunctions were effectively redundant and tantamount to giving an abuser a warning without imposing any penalty at all. Further, she stated the courts were not prepared to act in order to prevent a violent occurrence, only to respond after it had happened. Eleven years later there seems to have been considerable improvement. A power of arrest is now attached to 75% of occupation orders and 80% of non-molestation orders – both of which are orders under the Family Law Act 1996 (Edwards 2000a).

There is no criminal offence of 'domestic violence'. Although the Home Office issued the police force with a change of definition in April 1999, which reflected the emphasis on violence and abuse between couples in an intimate relationship, this change of definition was for "statistical purposes only" (Marriage 1999). Arrest and prosecution policies rely on the victim pressing charges for offences such as assault, grievous bodily harm, wounding and so on.

The legal system remains resistant to both introducing and, most importantly, enforcing laws which may 'interfere' in the private arena. This resistance has been demonstrated throughout legal history. Where law has been introduced there has been little evidence of its effective application. Historically, and in the present day, most laws passed relating to 'domestic violence' have been civil laws and have been minimally applied at best.

History has demonstrated that change comes reluctantly. Government initiatives in the 21st century appear to suggest this situation is changing (see s.4.3). It is belatedly taking some responsibility for addressing domestic violence and its impact on children and families (Cabinet Office and Home Office 1999, Harwin 2001, Home Office 2002). It

will remain to be seen whether these measures effectively address the issue and begin to
hold men accountable for their violence and abuse.

Having considered the nature of men's violence to women and its historical context, the
following section will now present what is known about the prevalence and incidence of
men's violence to women.

2.3   The extent of men's violence to women

Accurate estimates of the extent of men's violence to women are difficult to find. First,
the private nature of such violence makes women reluctant to report or disclose their
experiences. Second, the 'normalisation' of some forms of intimate violence and abuse
leads to women not counting their experiences as 'domestic violence' and third, the
different definitions and methodologies used in prevalence research make cross-
comparisons difficult. There is also a lack of funding for research into this subject in
the UK that further hampers attempts to assess the scale of the problem.

The best estimates of the prevalence of men's violence to women in England and Wales
are based on interviews with a "representative" sample of more than 10,000 people as
part of the 1996 British Crime Survey. This survey contained supplementary questions
on domestic violence in the form of a self-completion questionnaire. It found that more
than 25% of women had suffered partner violence or abuse at some point in their lives,
with 6% of women suffering violence from a partner within the last year (Mirrlees-
Black 1999).

Studies from other countries show both lower and higher rates of violence and abuse but
what is clear is that men's violence to women is a world-wide problem. As the World

Health Organisation (WHO) reported in 2002, "Intimate partner violence occurs in all countries, irrespective of social, economic, religious or cultural group" (Krug 2002: 89). The *World Report on Violence and Health* drew data from "48 population-based surveys from around the world" finding between 10-69% of women reported physical violence and abuse at some point in their lives (Krug et al. 2002: 89). As with many studies on this subject, the report presented data on physical violence only. As a result the figures are undoubtedly underestimates as psychological, sexual, emotional and financial abuse were not considered. The studies also used a range of sampling techniques, varying sizes of research population (from 97 – 89,000 people) and various data collection methods. Thus, it is not possible to draw any population generalizations from some of these data.

Figures for England and Wales are based primarily on the annual British Crime Survey (BCS) of which domestic violence is only a small part. Results from the 2001/2002 survey showed 635,000 incidents of domestic violence, a significant reduction (23%) since 1997 (Simmons et al. 2002). Women were the victims in more than 80% of these incidents. However, the authors suggest caution in interpreting these results as they are based only on face-to-face interviews and people "may not wish to disclose such sensitive information face to face" (Simmons et al. 2002: 52). The authors suggest the reader await the results of the more detailed "interpersonal violence" survey, carried out as part of the 2001 BCS, due in summer 2003. Until then, like BCS authors before them, Simmons et al. (2002) point to the more detailed supplementary survey, carried out as part of the 1996 BCS (Mirrlees-Black 1999), for "a more complete measure" of domestic violence:

In total it is estimated that there were about 6.6 million incidents
of domestic physical assault in 1995. 2.9 million of these
involved injury. In addition there were about 7 million
frightening threats.

(Mirrlees-Black 1999: vii)

It is important to note that the figures for domestic violence produced by the main BCS

survey in 1995 were vastly different from the detailed survey quoted above. The former

reported only one million incidents of domestic violence, two thirds of which were

against women (Mirrlees-Black et al. 1996). This substantial difference is the reason

that subsequent BCS authors have been cautious about their estimates for domestic

violence in the main surveys.

What has been consistent among researchers in this field is the caveat that any survey

figure is likely to be an undercount, particularly those surveys based on police figures.

Few incidents are reported to the police although figures for 2002 suggest some

improvement. Simmons et al. (2002) estimate that 35% of all domestic violence is

reported to the police although the gender of the victim is not explicit. Previous

estimates suggest only 2% to 27% of incidents of men's violence to women are reported

to the police (Dobash and Dobash 1979). Of significance to this study is US research

based on interviews with 419 women that suggests women who perceive their partners

as drunk more frequently call the police than women who do not (Hutchison 2003).

As Mirrlees-Black et al. (1998: 7) point out in the 1998 British Crime Survey, "victims

of domestic violence may not define their experiences as crimes or be reluctant to reveal

them to interviewers for other reasons". These 'reasons' include defensiveness,

protection of privacy, shame and fear of reprisals from their violent partner for speaking

out. A further reason is the woman's sense that she 'deserved' or 'provoked' the abuse

or violence. A study by Hanmer and Saunders (1984: 24/25) suggested that women

"are even more likely to take responsibility for attacks from men known or related to them than they are for stranger violence".

Mirrlees-Black (1999) states that due to the difficulties of measuring different types of abuse only "physical assault" and "frightening threats" were included in her more detailed supplementary survey in 1996. Thus, emotional, psychological, and other forms of abuse, which so many women report as being more damaging than physical abuse, were not reflected in these statistics. This survey found almost 6% of women reported physical assault or frightening threats from their partners in the last year (Mirrlees-Black 1999). Lifetime experiences of assault increased this figure to 23% and it rose again to 26% with the inclusion of lifetime occurrences of frightening threats (Mirrlees-Black 1999).

Other studies offering estimates of prevalence are relatively small scale and more locally based. For example, Mooney's (2000) study based on interviews with 571 women in the London Borough of Islington found more than 30% had experienced lifetime physical violence from a partner with 12% experiencing such violence within the past year. Painter and Farrington's (1998) survey based on 1000 married women found 24% had been physically abused by their husband, as had 59% of divorced or separated women.

In terms of sexual violence, accurate prevalence figures are even harder to access. A Home Office study found that, between 1985 and 1997, rape reported to the police had increased by more than 300%, from 1,842 cases in 1985 to 6,281 cases in 1997 (Harris and Grace 1999). The conviction rate for such offences in the same time period dropped from 24% to 9% (Harris and Grace 1999). The threefold increase was largely

due to an increase in reported rapes from women who knew the perpetrator. The majority of cases that had been dropped by either the police or Crown Prosecution Service were either partners or acquaintances (Harris and Grace 1999). These statistics provide clear evidence of the failure of the criminal justice system to address domestic and sexual violence.

There were 9,008 reports of woman rape in the 2001/2002 *Crime in England and Wales* study, a 14% increase on the previous year. There were a further 21,765 recorded cases of indecent assault on a female (Simmons et al. 2002). The authors do not comment on the sex or relationship of the offender. Myhill and Allen (2002) drawing on data from the 2000 BCS estimated that nearly 10% of women, aged between 16-60 yrs, suffer "any sexual victimisation" during their lives while nearly 5% of women are raped. The 2000 BCS found 0.4% of women reported being raped within the preceding year. Applied to the women population of England and Wales, this results in a "best estimate" of 61,000 women raped within the previous 12 months (Myhill and Allen 2002). The "best estimate" for rape victims since age 16 was 745,000 women. They also found the majority of perpetrators were the victims' partners at the time of the sexual violence (45%), with ex-partners and "dates" making up a further 22%. Only 8% of rapes were by strangers (Myhill and Allen 2002)

Other smaller studies report higher rates of rape. Mooney (2000) found 23% of the 571 women interviewed in her North London study had experienced lifetime rape from a partner or former partner, with 6% of the women raped within the last year. Lees (1996) cites Hall's (1985) London-based study (n=2000), which found one in five women had been raped or suffered attempted rape or other sexual assault, but this figure increased to two in five women when marital rape was included.

Women who have a history of violence from a male partner are also most at risk of being killed by them (Brookman and Maguire 2003). Figures of female victims of 'domestic homicide' (n=250) in 2001/2002 showed that 46% were killed by their partners or ex-partners (Cotton 2003). This compares to 5% of male victims. No "suspect" had been identified for 12% of female victims suggesting this figure could be higher. Brookman and Maguire (2003: 14) suggest "effective measures to reduce domestic violence as a whole would have at least a small effect on the number of domestic murders". This is a view supported by the London Metropolitan Police who reported that 25% of all murders in London were domestic murders and have introduced a risk assessment tool for police officers to use where domestic violence is evident (Metropolitan Police Service 2002).

Repeat victimisation is common among women who suffer violence from partners. The 2001 BCS survey found that 54% of women were repeat victims of domestic violence (Kershaw et al. 2001). In terms of rape, repeat victimisation was highest for women who had been raped by a partner (62%) or ex-partner (52%) (Myhill and Allen 2002). Hanmer et al. (1999), researching with the West Yorkshire Police, found that 60% of police calls to domestic violence incidents were caused by 31% of perpetrators, in the 12-month period of study. In the UK, new legislation has required police forces to look at repeat victimisation as part of their 'best value' performance indicators (Farrell et al. 2000).

Repeat victimisation is a concept which public opinion appears not to understand and leads to the question of 'why women stay' in abusive relationships. Hanmer and Griffiths (2000: 325) cite a study by McGibbon et al. (1989) that suggests "women will,

on average, have been assaulted 37 times prior to the first police attendance". As Pain (1997: 310) points out, such abusive men are not obvious, "it is not always...easy to distinguish between violent and non-violent men on first meeting them, nor to escape from relationships which turn violent".

The assumption underpinning the question of 'why do women stay?' is that women have a choice about staying or leaving. Often leaving is not an option for practical as well as emotional reasons. O'Sullivan (1998) suggests that how the woman responds to the violence will depend on many factors relating to both her "strategy" and the batterer's characteristics. As Brookoff et al. (1997: 1372) state, victims can have "strong emotional and economic bonds" to their batterers, the former in spite of his violence and abuse to her. Such men do not behave violently 24 hours a day and can present as loving and caring. Such emotional bonds add ambivalence to any urge the woman has to leave.

It is also apparent that abuse and violence fluctuate over the life course of a relationship. In their review of risk factors for partner violence, Kantor and Jasinski (1998: 28) cite research by Aldarondo (1996) that found "physical assaults against women may stop completely or may occur inconsistently over the course of a relationship". Other researchers, they state, have found similar fluctuating patterns (Margolin et al. 1998, Kantor and Jasinski 1998) but it is the lack of longitudinal research in the UK, as well as the lack of national surveys, that make life course changes impossible to assess.

In sum, this research provides evidence that women are the main victims of domestic violence, rape, and domestic homicide. It also shows that, in the majority of cases, the perpetrator is the male partner or ex-partner. The findings highlight an obvious gender

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imbalance in the perpetration and suffering of such violence that needs to be explained. It raises questions about why this is the case and what this suggests in terms of men's relationship with women. Further, it lends support to the historical evidence (s.2.2) that shows how men's violence to women has been cemented in our society and culture for centuries as well as how little has changed despite policy development.

The research evidence also consistently highlights the underreporting of men's violence to women. Again it raises questions about how and why this underreporting occurs. While individual reasons for underreporting have been given above, such reasons are located within a social and cultural context that does not adequately acknowledge and address men's violence to women. It is unsurprising, therefore, if women do not have confidence that their voices will be heard if they speak out about it. Reasons of shame, stigma, fear and privacy, serve only to protect violent and abusive men by maintaining the status quo and power imbalance between the man and woman in the relationship. At the same time they disempower the woman even further. The power that accompanies gender roles is key to men's violence to women – it is a tool that men have at their disposal and discovering what triggers some men to use it and others not is at the core of effective prevention and intervention.

The findings also raise questions about why there is a lack of UK research on this issue. Further research on the extent of men's violence to women is of paramount importance. It needs to combine methods and sources of data collection in order to achieve a more accurate picture. It is obviously not viewed as a priority for funding despite decades of pressure on the Government to address the issue. Women are at far greater risk of violence, abuse, and death from a partner than from a stranger (Brookman and Maguire 2003, Flood-Page and Taylor 2003, Krug et al. 2002, Myhill and Allen 2002, Simmons

et al. 2002). Men are at greater risk from a male stranger or acquaintance than their female partner (Brookman and Maguire 2003, Krug et al. 2002, Simmons et al. 2002). The risk to women is higher within a private environment; the risk to men is higher within a public environment. It is arguably easier for policy makers to address public disorder or crime than private 'disorder'. Such public measures visibly demonstrate Government action. Addressing private disorder would involve legislating against men's abuse of power in their relationships with women as well as enforcing such measures. Given that men form the majority of decision makers in the police and political system (Cracknell 2000, Office for National Statistics 2003d, The United Kingdom Parliament 2003) it is not surprising that they are hesitant to do so.

Having established the nature and extent of abuse of women, I will now turn to the theories of why such abuse occurs.

2.4 Theoretical explanations

A range of theoretical explanations has been offered to explain and predict the occurrence of men's violence to women. Some theories focus on individual personalities and characteristics, while others focus more broadly on social and cultural factors or the influence of setting and immediate environment. A final group combine elements of internal and external factors highlighting the difficulty of searching for a single, catch-all theory.

In their review of risk factors and the dynamics of 'partner violence', Kantor and Jasinski (1998: 13) suggest three broad groups of theories to explain partner violence; "intraindividual theory", "sociocultural theories" and "social-psychological approaches". The first group, 'intraindividual theory', is based on aspects of the

individual's psychology or personality including medical diagnoses of personality disorder, or psychological traits including alcohol/drug abuse, low self-esteem or approval seeking behaviours. The thesis is that it is the individual's make up, both psychological and physiological that influence his choice to perpetrate violence and abuse to women.

Holtzworth-Munroe and Stuart (1994: 481) focussed on the individual when they conducted a review of previous research on 'batterer' typology. From 17 studies, they designed "three descriptive dimensions" of batterer "sub-types"; "family only", "dysphoric/borderline" and "generally violent/anti-social". The first dimension, "family only", contains men who use "violence...generally restricted to family members: these men are the least likely to engage in violence outside the home" (481). The second dimension, "dysphoric/borderline", includes men who display higher levels of emotional volatility and psychological "distress". Men fitting this description may also exhibit symptoms of psychiatric disorder, that is, borderline or "schizoidal personality", and they may also abuse alcohol or drugs (Holtzworth-Munroe and Stuart 1994: 482). The last dimension, "generally violent/anti-social", contains the men most likely to be violent outside and inside the home and have the most "extensive history of related criminal behavior". They too may abuse alcohol and drugs and have a psychiatric diagnosis of "anti-social personality disorder or psychopathy" (482).

Holtzworth-Munroe and Stuart (1994: 494) then placed each research study they reviewed into one of these three dimensions and concluded that the "differences in behavioral typography reflect differences in the function and the causes of the behavior". While their review provides an interesting categorisation by type, setting

and frequency of the violence and abuse, what is doubtful is the extent to which inferences about causal relations can be established by secondary data analysis.

While some of the research Holtzworth-Munroe and Stuart reviewed used assessment tools such as the Minnesota Multiphasic Personality Inventory (MMPI), others defined their groupings or explanations by medical diagnosis of personality disorders, presumably using the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM) (American Psychiatric Association 1994). Some used information based on victim reports, for example, Gondolf (1988) who developed a typology of batterers following analysis of data from intake records at women's shelters. The differences in methodologies and sample size used in the studies reviewed by Holtzworth-Monroe and Stuart (1994) suggest caution in interpreting their results.

O'Sullivan (1998), in his analysis of similarities between men involved in gang rape and "wife battery", lists various personality characteristics that are common to the two. These include "excessive jealousy", blaming the victim, denying the violence, low opinions of their wives and women, an approval of "sexual infidelity" in men, believing they were entitled to respect as men, belief that they could discipline their wives and finally an acceptance that they may sometimes "lose control" of their anger. However, as O'Sullivan points out, the main difference between the gang rapists and the women batterers is the extent of 'closeness' between the man and the woman. For the batterers the women are closely connected, for example wives or partners, for the rapists the women are not "connected to an individual man" (98). The key to the shared characteristics, however, is the man's attitude to his relationship with women and how he positions himself as superior to them, regardless of which group he belongs to.

There is also the question of how the rapists would treat their own partners or wives, and whether these men in particular fall into both 'gang rapist' and 'wife battery' categories inflicting sexual violence both inside and outside the home.

The debate about 'personality types' and individual characteristics, and their impact on men's abusive and violent behaviour to women, remains a controversial one. This theoretical approach has attracted much criticism for not taking sufficient account of wider social and cultural factors that serve to condone or collude with such violence. Feminist theorists, for example, would draw attention to the lack of consideration this approach pays to the broader patriarchal social structure and the extent to which it reinforces notions of male dominance. Such individual personalities and characteristics are not constructed within a cultural vacuum or a society devoid of structures and inherited norms of behaviour. However, the important contribution of theories based on individual characteristics and personality is precisely the focus they place on the individual in relation to the violent behaviour, rather than an external factor in which the individual is a passive recipient. In terms of policy and intervention, this focus on the individual needs to translate to holding the individual accountable for their behaviour and not allowing it to be lost among the range of variables that may be posited as contributing to a man's violence and abuse.

Kantor and Jasinski's (1998: 13) second group, 'sociocultural theories', includes theories focussing on "social-structural and family processes". They suggest variables such as "social class, education and income" fall into this group. Research has shown these variables to be risk factors for perpetration of abuse by some men (Gelles 1993, Hotaling and Sugarman 1990, Straus 1995) but the varying sample sizes and

methodologies used caution against any firm conclusions. Hotaling and Sugarman (1990) found:

> ... couples characterized by frequent conflict, frequent drinking by the husband, traditional expectations about division of labor, and those in which the wife's level of educational attainment exceeded that of the husband were more likely found among the ranks of wife assaultive relationships.
>
> (Hotaling and Sugarman 1990: 11)

Other research supports these findings. Gelles (1974), in his study of 80 couples, found most violence where the wife's education was higher than her husband's, among couples who had a low income, where one or both partners had no religion or were agnostic, and where the husband had a "medium status" occupation. He also found such couples tended to be cut off from their neighbours and community. Finkelhor (1983) agreed with these factors including isolation from community ties or friendships and the lower economic status but, conversely, found unemployment predicted higher levels of abuse.

However, such socio-structural factors alone are not sufficient to identify perpetrators, or women at greater risk of violence from partners. Evidence of men's violence to women demonstrates that it crosses all class, education and income brackets, even if there are slightly higher risks associated with some of these factors, particularly women living in poverty (Krug et al. 2002). In the 1996 BCS sample (5,886 women), Mirrlees-Black (1999: 30) found that while there was a higher rate of victimisation for women living in households where the "head of household's occupation fell in the two least skilled categories" (6%), women in 'professional' households still reported significant rates of "assault" (3%). Similarly, while the lower income households (£0 to < £5000pa) produced a significantly higher rate of violence to women (10%), the middle and higher income brackets (£5,000 to <£20,000pa, and £20,000pa + respectively)

showed minimal difference (3.7% and 3% respectively). Ethnic origin made no difference to the risk of men's violence to women (Mirrlees-Black 1999).

Socio-cultural theories also include feminist perspectives of men's violence to women. They argue that men's violence to, or abuse of, women can only be fully understood "as part of the system of structured power and oppression that constitutes patriarchy and patriarchal social relations" (Hearn 1998: 31). Keeping women and women's oppression at the centre of the debate is fundamental to feminist argument. They argue that men abuse women because it helps them to maintain power and control. Further, the need to maintain such power and control is upheld and condoned by socio-cultural messages about men's dominant position in society and, in this case, in intimate relationships. Feminist perspectives reject purely individualistic theories or those focussing on the victim as reasons for men's violence. They also reject theories based on externalities such as alcohol or drugs or childhood sexual abuse as adequately explaining such abuse.

Feminist views criticise other theories for their "under-theorization of gender" (Hearn 1998). Scully (1990), in her US study of convicted rapists (n=114) and a control group of other "felons" (n=75), supports the feminist view. She argues that men are able to "ignore sexual violence" because the larger culture provides them with excuses for it. Scully states:

> ...men dominate through an ideology that erases or ignores the significance of women and allows men to take for granted that their social constructions *are* reality, ...
>   (Scully 1990: 3) (emphasis in original)

Leonard and Senchak (1996) who studied predictors of male aggression in newlywed couples (n=541) found evidence to support this theory. Their research, based on self-

completion questionnaires, found that where the husband and wife believed in sharing power within a relationship there was less marital violence. Similarly, Yllo and Straus (1995: 398), in their analysis of the "interrelationship between the dimensions of patriarchy and the level of violence against wives" in 30 US States, found some support for this argument. Based on data taken from the large-scale national family violence surveys (Straus and Gelles 1995), they found a curvilinear relationship between patriarchal structure and 'wife beating'. Where women's status was more equal there was less wife beating, but in States where it was low or high the rate of wife beating was highest. Krug et al. (2002) suggest it is when the women's status is in "a state of transition" that the risk of violence is highest.

Feminist views have been criticised for their inability to see beyond the view that men's violence maintains the patriarchal status quo, despite their inclusion of theories of socialisation and social learning being key to the passing on of such rigid gender stereotypes and socially constructed masculinities.

Scully (1990) refers to the socialisation process as the key to our understanding, and interpretation, of behaviour and what we perceive as being acceptable. She states "that men rape not because they are idiosyncratic or irrational, but because they have learned that in this culture sexual violence is rewarding" (159).

It is this element of social learning and socialisation that is central to the final group of theories suggested by Kantor and Jasinski (1998), the "social-psychological approaches". Within this group are theories that suggest men are abusive because they have seen their father be abusive to their mother, or through their own experiences of violence as a child and/or adult.

Dutton's (1995: 119) review of research on the social psychology of "wife assaulters" supports this view. He found "a background of verbal abuse by the mother correlated significantly with [the man's] anger and humiliation responses to the conflict scenes". Margolin et al.'s (1998) research with 175 married couples also found that "negative life events" were a risk factor for men's abuse of women, particularly when coupled with "marital dissatisfaction". Coggans and McKellar's (1995) study of alcohol and aggression in adolescence concluded:

> Where children are socialized in an atmosphere of
> aggressiveness we should not be surprised when such children
> grow into aggressive adults. While some children may become
> withdrawn and anxious as a consequence of exposure to family-
> centred aggression others will learn that aggression is a 'normal'
> way of life and incorporate aggressiveness into their repertoire
> of responses.
>   (Coggans and McKellar 1995: 101)

However, as Coggans and McKellar suggest, not all children exposed to violence and abuse grow up to repeat it in their own relationships.

Feminist views support some elements of social learning but reject the possibility of it being a "general theory". As Hearn (1998: 26) states, social learning theory "tend[s] to rely on correlational analyses of the experiences and actions of individuals out of the context of social structures". For feminist theorists, these gendered 'social structures' are key to the debate. Further, as Kantor and Jasinski (1998: 18) point out, "few absolutes are found in social behavior; what is transmitted is a vulnerability to victimization or perpetration of aggression".

It is apparent that the separation of these theories from each other is largely an academic one. Each set of theories overlap to some degree with no single theory sufficiently

explaining men's violence to women. People do not grow up in a vacuum untouched by socialisation, social learning and the socio-cultural context in which they live. Nor do all men of low income, low educational achievement and lower class status abuse women. There is also no evidence that all boys growing up in families where the father is violent to the mother repeat this behaviour in their own adult relationships. The question remains as to what makes some men become violent and abusive while others do not even when they have similar upbringings or backgrounds? The answer seems to be seated in a combination of individual choice and learnt behaviour, a socio-cultural framework that perpetuates a power imbalance between genders, and the lack of a clear policy framework that holds the perpetrator accountable. While all the theories offer some explanation of men's violence to women, and some insight into the risk factors for it, there is no catch-all theory that sufficiently explains its prevalence. If each of the risk factors mentioned above is perceived as being responsible for men's violence and abuse then they will dilute attempts to address it.

Ecological theory, originally introduced by Bronfenbrenner in the late 1970s, offers a more inclusive way of explaining and intervening in men's violence to women. The ecological model explains how violence and abusive behaviour is multi-faceted (see figure 2.1 below) and locates individual factors within broader relationships and social structures:

Figure 2.1   Ecological model for understanding violence
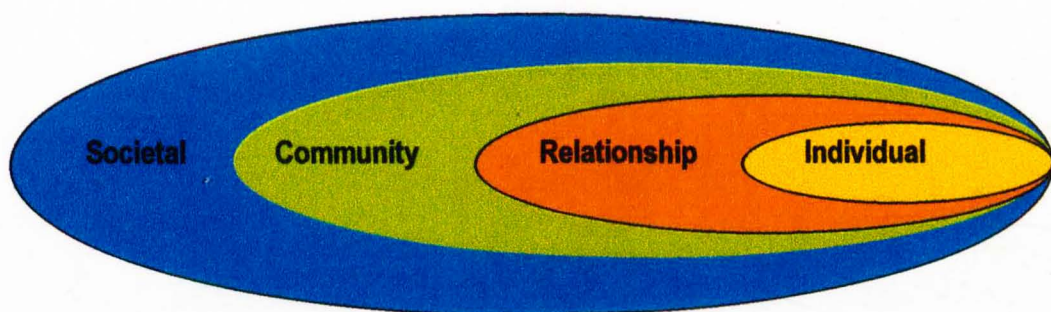
Source: *World Report on Violence and Health* (Krug et al. 2002)

What is important to this model is the fact that each level is contained within the overriding "societal" context – a context that continues to support an imbalance of power between men and women and fails to address men's abuse of it. Any theory that does not address the issue of gender and the socio-cultural context of men's violence to women will ultimately fail to acknowledge and address the key elements of it.

Dutton (1995) summarises the theoretical debate, stating that just as the research shows no single variable can 'cause' "wife abuse", there is also no single theory that can adequately explain such behaviour. As he states, the growing emphasis is now on multivariate analysis - a fact that will add complexity to the theoretical models endeavouring to explain the phenomena of violence to women.

I will now turn to chapter 3 and examine the links between alcohol and violence, before addressing the link between alcohol and violence to women in particular in chapter 4.

Chapter 3

Alcohol and violence

Alcohol's role in violence and aggression has been keenly debated for many years. Its exact effect on violence remains unclear despite more than 60 years of research by social and natural scientists. Scenes of drunken violence in or around a bar or pub are not unusual. As Homel et al. (1992: 689) state, "... the research findings reflect everyday experience that violence is a routine aspect of interactions in many pubs and clubs". It seems, therefore, that there is an association. What is not widely agreed is whether alcohol plays a causal or contributory role in such violence.

Alcohol's role in violence to women has caused even greater debate. While anecdotal evidence suggests a link between the two, the feminist movement in particular has passionately dismissed alcohol as a reason for men's violence arguing that men are violent to women with and without alcohol (Mullender 1996).

This chapter will review the biological effects of alcohol on the body, the theoretical and evidential discourse around alcohol and crime, and alcohol and violence in particular. It will explore some of the gender issues associated with alcohol-related violence and conclude with a review of alcohol's role in violence to women.

3.1   Alcohol: the impact on human functioning

> A SOMONOUR was ther with us in that place,
> ...And for to drinken strong wyn, reed as blood,
> Than wolde he speke and crie as he were wood,
> And whan that he wel dronken hadde the wyn,
> Than wolde he speke no word but Latin.
>
> (Chaucer c. 1385)

In the above excerpt from the *General Prologue to the Canterbury Tales*, Chaucer, writing in the 14th century, makes comical reference to the effects of alcohol. In this case the Summoner's drinking of red wine made him 'talk and shout as if he were mad' and, when he had drunk the lot, 'he would speak only Latin' (my translation). Seven centuries later it would be unusual to find anyone speaking Latin after drinking alcohol but slurred speech and even incoherence would not be uncommon.

The drug, ethanol, is known to have a toxic effect on many of the body's organs including the heart, liver, nervous system and pancreas (Ritson and Thorley 2000). It has also been linked to cancers of the mouth, throat, and gullet, as well as diabetes, sexual impotence, brain damage and epilepsy to name a few (Eren 1995, Ritson and Thorley 2000, Paton 2000). As a central nervous system (CNS) depressant, alcohol is found to dull the senses soon after even a small quantity has been consumed, thus slowing down reaction times and movement coordination (Ritson and Thorley 2000). Alcohol is thought to cause deficiencies in brain chemicals such as serotonin, a neurotransmitter "associated with increased tendency to violence and victimization" (Pihl and Peterson 1993), and George and Norris (1993) point out how both penile response and vaginal arousal diminishes as blood alcohol concentration (BAC) increases.

Bondy (1996: 1666) summarises alcohol's detrimental effects on "sensory and motor" function. She states "these effects include visual impairment, a decreased ability to focus and concentrate on stimuli, reduced capacity to process information and make decisions, reduced reaction time and reduced fine motor control" (1667). In other words, it can impair our vision, our ability to concentrate, our thoughts, decisions and reactions, as well as reduce the control we have over our physical movements. Such

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evidence clearly establishes a causal link between "acute episodes of drinking alcohol and the potential to increase the risk of accidental injury" (Bondy 1996: 1667).

However, alcohol has stimulating as well as sedating properties (Giancola et al. 1998). These appear to be physiological and psychological. Giancola et al. (1998: 1) cite Martin et al. (1993) who state that the stimulating effects "occur on the ascending limb of the BAC curve, whereas its sedating effects occur on the descending limb". Ritson and Thorley (2000: 17) report that the early stages of intoxication result in an "enhanced sense of well-being" and "mild disinhibition". They state the drinker will not feel any direct physiological stimulation, but will more likely experience the psychological effects of the environment, and the relaxation associated with drinking. They state the two are "inextricably interrelated", and combine to produce the sense of 'well-being' (18).

So, what of non-accidental injury? It is here the biological explanations fail to provide adequate explanation for alcohol-related violence or aggression. Pihl and Peterson (1993) stop short of stating alcohol causes violence:

> ...alcohol can increase the capacity for aggression by reducing anxiety and by enhancing motivated psychomotor activity. The combination of impulsivity with alcohol-induced fearlessness and hyperactivity appears prone to produce aggressive acts or to culminate in victimization.
> (Pihl and Peterson 1993: 6)

What may be questionable is that reduced anxiety can facilitate aggression and that the "fearlessness" and "hyperactivity" required is stimulated only by alcohol. Laboratory studies have found that alcohol-related aggression is dependent upon where an individual is on the BAC curve (Dougherty et al. 1999, Giancola and Zeichner 1997). They report increased aggression as BAC increases but not when it decreases, although

Giancola and Zeichner recommend caution in translating their findings to "real world" aggression. This caution is advisable as both studies were based on small numbers of drinkers (26 people in the Dougherty et al. (1999) study and 60 in Giancola and Zeichner (1997)) in laboratory environments that do not replicate the normally social context of drinking.

Dougherty et al. (1999: 327) also stated that the "increases in aggressive behaviour remained for several hours after peak intoxication". This implies that, with the initial fall of the BAC following 'peak intoxication', the level of aggression did not decrease as might be expected but remained high for some time afterwards.

Hoaken et al.'s (1998: 606) study of 43 men focussed on the impact of alcohol on the functioning of the frontal lobes of the brain, which are thought to be responsible for "inhibition of inappropriate or impulsive behaviors, with adaptive shifting to alternate behaviors". They concluded that while alcohol seemed to impair the functioning of the frontal lobe, their research subjects proved able "to retain sufficient residual functioning to be able to inhibit their aggression" (607). However, they also pointed out that their sample had "above average cognitive abilities", which will limit the applicability of their research to a broader population.

The acknowledgement that the mind as well as the body has a role to play in aggressive behaviour has prompted medics to tie the physiological effects of alcohol with its psychiatric impact. A psychiatric disorder of "pathological alcohol intoxication" was included in the American Psychiatric Association's manual of mental disorders, the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III-R) (1987) (Bergman 1997: 1184). Bergman explains the diagnosis as a "deviant aggressive reaction to

alcohol" followed generally by amnesia and behaviour that is out of the ordinary for the individual in question. This diagnosis was excluded from the fourth edition of the manual, DSM-IV (1994) (Bergman 1997: 1184), although it is not known why. The difficulty may lie in distinguishing the medical issues from the social issues and the extent to which it is helpful to pathologise social behaviours that will change according to personal and socio-cultural factors.

Biological sex has also proved important in the physiological effects of alcohol on the body. Alcohol is distributed around the body in the body's water content, which is less in women than it is in men, thus women have a higher concentration of alcohol in their blood than men after drinking the same amount of alcohol (Institute of Alcohol Studies 2002). This suggests that women will experience more negative physical consequences of drinking than men even when drinking at the same or lower levels (Institute of Alcohol Studies 2002, Lieber 1997, Plant 1997). Such consequences will increase with higher levels of drinking. Mumenthaler et al. (1999) found that women's cognitive functions will be more impaired by alcohol than men's at the same level of alcohol intake, but state little evidence exists to suggest a similar impairment of "psychomotor performance".

The increased risk of adverse consequences on women's health is why the UK Department of Health guidelines recommend lower daily and weekly units of alcohol consumption for women than for men. However, some research has found that men are more likely than women to experience the adverse effects of drinking regardless of the level of consumption, although for some studies the adverse effects included psychological effects as well as physical consequences (Bongers et al. 1998, Plant et al. 2000).

Middleton Fillmore et al. (1995: 411) believe the different physiological impact of

alcohol on women cannot be divorced from socio-cultural factors. They ask, if men and

women's alcohol consumption was held constant, "will variation in societal norms

surrounding gender roles and/or societal-level stresses mediate between the experience

of men and women with respect to their consumption and alcohol-related problems,

regardless of the differences in physiology?".

To conclude, what is evident is that alcohol has significant effects on the functioning of

the human mind and body. These tend to be dose related but, even at low levels of

consumption, it does have an impact on human physiology. In terms of alcohol's causal

link with violence and aggression, what the biological research suggests is that alcohol

has some impact but is cautious about declaring a direct causal link.

The next section will examine in greater detail the evidence linking alcohol and

violence, the nature of this link and the extent of alcohol-related violence. It will also

look at how drinking patterns effect such violence before moving on to examine the

theoretical base for the link between the two.

3.2   Alcohol in violence: its nature and extent

> The most fundamental problem in understanding alcohol's role
> in violence is distinguishing alcohol's mere presence from its
> causal implications ... The major challenge is to distinguish
> those occasions when alcohol contributes to violence from those
> when it is present but irrelevant to violence.
> <div align="right">(Collins and Messerschmidt 1993: 93)</div>

The "challenge" of discovering the extent of alcohol's involvement in crime or violence

has been met head on by social and medical researchers but their success in providing a

decisive answer has been limited. While a direct causal link between alcohol and violence is in doubt, research to discern the variables that combine with alcohol consumption and lead to violence continues.

This uncertainty is evidenced in the increasingly cautious wording of research and reports discussing the issue. A Home Office report on alcohol-related crime and disorder suggested alcohol was "implicated" in a range of "crime or disorder incidents", most of which involve some degree of aggression. They are:

- violent behaviour
- anti-social behaviour
- disorderly behaviour
- acquisitive crime
- criminal damage

(Finney and Simmonds 2003: 2)

The uncertainty about the extent to which alcohol is directly responsible for aggressive behaviour has arguably hampered accurate policy and practice initiatives. However, initiatives that threaten accepted cultural drinking practices are likely to prove unpopular and potentially politically suicidal.

There is clearer evidence to suggest that an individual's increasing alcohol consumption is positively correlated to their risk of becoming a victim of crime or violence. Such is the strength of the perceived association that the last four British Crime Surveys have included a question on the "No. visits pub/wine bar in evening during last month" [*sic*] (Mirrlees-Black et al. 1998, Kershaw et al. 2000, Kershaw et al. 2001, Simmons et al. 2002). The authors do not explain the relevance of this variable although it is likely linked to evidence that a person's chances of being victimised are greater when that person has been drinking. By implication, and a great deal of assumption, the more 'visits to the pub' as reported in this BCS, the greater potential frequency of intoxication.

The validity of the assumed BCS correlation is questionable without further details on whether alcohol was consumed on the visits to the pub, in what quantities, and even the reasons for, and lengths of, the pub visits. The only possible assumption is that the environment of a pub/wine bar provides an obvious context for alcohol-related violent behaviour, and therefore any adult may be at greater risk of becoming a victim of violence in that context.

Research by Rossow (1996) and Room et al. (1995) also found that more frequent intoxication increased a person's chance of being a victim of alcohol-related violence. Rossow's (1996) study, based on interviews with 2,711 Norwegian adults, found that frequent intoxication increased a person's chances of being actively involved in a fight as well as being the victim of it. Room et al.'s (1995: 506) analysis of the 1989 National Canadian Alcohol and Drug Survey (n=11,634) concluded, "Both a greater volume of drinking and regularly having five or more drinks on one occasion significantly predict an increased risk of being assaulted by someone who had been drinking". However, the increased risk could be due to the fact the victim is in the presence of other drinkers who perpetrate such violence (Pernanen 1991, Room et al. 1995), rather than a person being more vulnerable to "predatory crime" (Room et al. 1995).

Public perception about responsibility for alcohol-related aggression also varies and is arguably powerful in determining people's behaviour as well as influencing policy, as shown in later discussion about 'alcohol expectancies' theory (see s.3.3.2). Lindman and Lang (1994), in their cross-cultural comparison of the beliefs of 1,008 students from eight countries, found that all respondents "shared the belief" that aggression increased

as a response to alcohol. Wild et al. (1998: 684) analysed the telephone responses of

994 Ontario residents and found that they believed alcohol played a causal role in

aggression and this was greater when a person was "drunk" rather than "feeling the

effects". However, they also found that for particular types of aggression, that is,

assault and rape, if the victim was intoxicated the causal role of alcohol moved

responsibility for the act away from the perpetrator. There is also evidence to support

these beliefs in the context of violence against women partners, and this will be

explored further later in the chapter. Wild et al. (1998) concluded that:

> Consistent with the idea that there are multiple contextual
> determinants of perceived culpability, potentially important
> findings emerged regarding *victim drinking* and culpability
> assigned to the perpetrator.
> (Wild et al. 1998: 685) (emphasis in original)

However, Wild et al.'s conclusions (1998) about perpetrator responsibility for

aggressive behaviour matched those of Paglia and Room (1998) who analysed different

elements of the same survey. Both found that people held the individual responsible for

his/her aggressive behaviour even when they adhered to alcohol-expectancy theory.

There is some evidence to show that alcohol consumption and the perpetration of

violence are significantly related, even if the causal connection remains in doubt (Myers

1982). On a macro level, Sumner and Parker (1995), in their international review of

alcohol's role in crime, cite several studies from Australia, Norway, Sweden, Mexico

and Denmark, demonstrating a positive correlation between per capita alcohol

consumption and increasing convictions for assault, homicide and other forms of crime.

However, Sumner and Parker caution against the assumption that aggregate level data

reveal information about individual incidents. Murdoch et al. (1990) are similarly

sceptical stating that, while statistically there appears to be a link, there are critical

questions that would need to be answered in order to demonstrate that alcohol use and

crime are not independent. For example, they state we would need to know "what proportion of the time and at which times the population at risk is intoxicated, what proportion of the time and at which times is it engaged in aggressive acts, and in what proportion these events occur" (Murdoch et al. 1990: 1078).

On a micro level, there is more evidence of an association between alcohol and violence. Myers' (1982: 204) study of 50 prisoners convicted of violent offences and 50 prisoners convicted of non-violent offences, found "assailants were more likely to drink heavily round about the time of offence than were controls". Twenty years later, larger scale surveys, for example the BCS, also found a correlation between alcohol use and the perpetration of violence. The supplementary report to the *Crime in England and Wales 2001/2002* survey, found that 47% of victims of violence reported their assailant as under the influence of alcohol with 21% under the influence of drugs (Flood-Page and Taylor 2003). The accuracy of victim-based responses, however, is limited by the fact that many victims will not know what, if any, substances their assailant has consumed. It is arguable that people's familiarity with alcohol and its distinctive odour make it more easily identifiable than a perpetrator's drug use. This may be one reason why the figure for alcohol is considerably higher than that of drugs, as well as people's understandable hesitance to report illegal drug use. Victim reports can also be influenced by many factors including their own expectancies around alcohol, drugs and violence, the setting or context in which the violence took place, or the need to minimise the perpetrator's violence or attribute it to something other than individual choice.

Pernanen (1991: 127), in his observational study of nearly 1000 residents of Northern Ontario, found a strong association between alcohol and violence. He states "alcohol

was not just present in the most extreme or tragic cases of violence, but was also part of its everyday manifestations". He found 42% of violent crimes were recorded by police as being preceded by alcohol use - a statistic the British Police do not yet collect in any routine way. As Deehan and Saville (2000: 1) state in their 'briefing note' for the Home Office, "there are no official statistics collected systematically making it impossible to gain a true picture of the role of alcohol in crime at a national level".

Although the Home Office has published guidance for local Crime and Disorder Reduction Partnerships aimed at improving their data on alcohol-related crime, it accepts that such data collection will be limited (Finney and Simmonds 2003). The guidance suggests different approaches to the collection of such data and lists possible data sources in each local area. However, it acknowledges that the "presence of alcohol will...be based on subjective judgement" and will not "satisfy the scientific community" (Finney and Simmonds 2003: 3).

Operational evidence from the police concerning alcohol-related violence is undoubtedly among the reasons why the Government's White Paper on modernising the licensing laws (Home Office 2000a) has addressed the issue of public disorder at pub closing times. It suggests offering "more flexible" opening hours allowing people access to pubs and alcohol 24 hours a day. Myers (1986) speculated that much of the violence that occurred immediately after pub closing was due to fighting replacing drinking for "serious drinkers" forced to leave the pub at closing time. However, whether extending pub opening hours will help reduce public violence and disorder, 'caused' by people under the influence of alcohol ejected into the street *en masse* at closing time, remains to be seen. It is possible that the disorder will simply be moved to a later hour or spread out over a longer time period.

Scientific evidence in support of this legal change has been found in a number of small laboratory studies where research subjects administered small electric shocks to their opponent in response to provocation after drinking (Gustafson 1993, Parrott and Zeichner 2002, Zeichner et al. 1994). They found that under provocative conditions, alcohol clearly facilitated aggression but if those provocative conditions were absent there was no such aggression. A limitation of this type of research is that it does not allow for any conclusions to be made about the subjective factors that determine provocation, as these will vary according to the individual. Dougherty et al. (1999) found that the "aggression-increasing effects of alcohol" were only applicable to people in their study (n=26) who demonstrated a higher level of aggression "under placebo conditions", that is, without the alcohol. In other words, alcohol worsened the aggression of men who already had pre-existing high levels of aggression. Conversely, Parrott and Zeichner (2002: 202) found that, for the men in their study (n=136) with pre-existing high levels of anger, alcohol made no significant difference to their aggressive behaviour. Such inconsistency demonstrates the need for further research and caution about how these data are used.

Taylor and Chermack (1993) take this debate further stating provocation, the quantity of alcohol, the "social pressure to aggress", and the individual's pre-existing "aggressive disposition" all contribute to alcohol-related aggression. If this is the case, new UK licensing laws may affect drinking patterns – if not quantities consumed – and may lead to a smaller number of intoxicated people on the street at any one time, but they do nothing to address the individual's pre-existing aggression. It appears the emphasis of such new legislation has been placed on environmental factors and control rather than individual responsibility for violent behaviour after drinking.

Research into the importance of location in relation to alcohol and violence also appears to support a link between the two. Rossow (1996) cites Swedish research (Gustafson 1995, Lenke 1974, Wikstrom 1985) that found evidence of a significant number of assaults in relation to drinking alcohol in restaurants or bars. Norstrom (1998) concurs. From his analysis of alcohol retail sales and police reported assaults and homicides in Sweden, he reported the assault rate was associated with drinking "beer and spirits in bars and restaurants" while the homicide rate was linked to the private context and spirit drinking (689).

The 2001/2002 *Crime in England and Wales* report also lists the locations of violent incidents (unweighted n = 1,440) (Flood-Page and Taylor 2003). 21% of 'all violence' took place in or around a pub or club, although, importantly, a greater proportion of 'all violence' happened at home (27%). The majority of incidents of 'stranger violence' (38%) took place in the vicinity of the pub or club. While the evidence suggest a strong link between alcohol and violence according to location it is significant that the majority of all violence happened at home.

The following section will review evidence that links patterns of drinking with violent behaviour.

3.2.1   Patterns of drinking and violent behaviour

The issue of drinking patterns and how they relate to violence is a further consideration in the alcohol-violence paradigm. The quantity of alcohol consumed appears to be closely associated with violence although research has, at times, provided conflicting evidence about how this quantity is consumed. Leonard et al. (1985: 281), in their

study of 484 male "blue-collar workers", found it was the "pathological" pattern of drinking as opposed to the total amount of alcohol consumed that was critical in the alcohol-violence association. Wells et al. (2000), in their interviews with 1,001 adults, found the quantity of alcohol consumed was key, not simply whether someone had been drinking alcohol.

There is also evidence that a 'binge' or 'acute' pattern of drinking is linked to aggressive behaviour (Room et al. 1995, Leonard 2001). Collins (1982) found short-term, or "acute" effects of alcohol, as opposed to the longer-term, or "chronic", effects were more closely linked to the occurrence of violence. Similarly, Leonard et al. (1985: 281) found that "instances of very excessive consumption" were more closely linked with aggression particularly where there was evidence of "a pathological consumption pattern". Later research conducted by Collins and Schlenger (1988) on 1,149 men convicted and incarcerated for a violent offence showed similar results. The acute effects of alcohol were significantly associated with incarceration for a violent offence whereas chronic effects were not. This, they believe, lends credence to the argument for a direct causal association between alcohol and violence although the association would be specific to the acute effects of use. This thesis would also support the rationale that fixed pub closing times lead to acute episodes of drinking which, in turn, lead to increased aggression. Extending pub opening hours would therefore minimise the potential violence by reducing the 'need' for people to drink quickly before closing time. Leonard and Senchak (1990) found that for young men in particular, it was heavy episodic drinking rather than moderate daily consumption of alcohol that was most associated with physical aggression.

Conversely, Gondolf (1995: 279) is among fewer researchers who state that chronic drinking as opposed to acute drinking is a more accurate predictor of "wife assault and violence in general". Similarly, Reider et al.'s (1988) study of 75 couples found husbands with a higher level of drinking during their lifetime showed higher levels of violence towards their wives. The difficulty with data on lifetime or chronic drinking is that many of the perpetrators are likely to have 'passed through' acute episodes of drinking on the road to chronicity. Acute episodes of drinking, therefore, could feasibly account for the same violence reported in studies looking at lifetime or chronic drinking and violence.

Rossow's (1996) findings suggest that overall alcohol consumption is most closely related to violent behaviour even when frequency of intoxication is controlled for. This would suggest that more access to alcohol, as suggested by the UK Government's proposed legislative measures, would not provide the reduction in drunkenness and public disorder it is aiming for, rather it would simply spread it out over a longer time period. Indeed, such extended times are likely to increase overall alcohol consumption for some individuals and it may therefore lead to an increase in incidents of aggression or public disorder. It would also provide greater opportunities to drink more frequently, and, as mentioned previously, there appears to be a correlation between frequency of intoxication and suffering alcohol-related violence.

Ultimately, patterns of drinking alone are inadequate to explain the alcohol-violence link. The majority of research has shown that other variables are present in this dyad although there is no fixed set of variables on which researchers seem to agree. As Pernanen's (1991) research found:

> Very few of the peak drinking events had led to an angry arousal in a drinker, and hardly any to the use of physical force on the part of the drinker... It is evident that other contingencies must be present for drinking to result in the instigation of open conflict and violence.
>
> (Pernanen 1991: 127/128)

Homel et al. (1992) examined some of these 'contingencies' in their observational research in pubs and clubs in Sydney, Australia. They too concluded that:

> ...much of the violence we observed is not due to anything inherent in public drinking or in the typical patrons of these venues. The key variables...were aspects of the patron type, the social atmosphere, drinking patterns, and the behaviour of doormen.
>
> (Homel et al. 1992: 685)

Homel et al. go on to state that it was the "unreasonable bouncers and floorstaff" that were often involved in the most serious incidents of violence they observed. They summarised that such continuing violence in particular settings or locations was "strongly related to situational variables; which in turn reflect management practices and government legislation and regulation" (692). Section 3.3 will expand on the context and setting of alcohol-related violence.

What appears to be largely accepted, therefore, is that alcohol-related aggression is dependent upon individual as well as alcohol-related and environmental variables. As White and Hansell (1996: 10) concluded from their longitudinal study of 1,270 adolescents, "the relationship between alcohol and aggression varies as a function of the individual". Similarly, Rossow et al. (1999: 1028), in their study of 12,000 Norwegian adolescents, found the co-variation between violence and alcohol could be as a result of "other problem behaviours". Broader socio-cultural factors have been insufficiently considered as the context for which the individual's behaviour, and 'other problem' behaviours, are set.

Whether perpetrator or victim, Room (1997: S11) states that "modern societies" are placing increasing emphasis on the individual to take responsibility for ensuring a "clear-mind and rational behaviour" under the influence of alcohol. He describes a person's choice to drink as carrying with it "externalities", in other words, costs to others which can outweigh the benefits to self and which the drinker may or may not consider before drinking. He concludes that history shows it is often the "strong moral tone" which affects a "substantial downturn of trends in harm" (S11). There is little evidence in the UK of strong public messages or education about individual responsibility for violent behaviour after drinking. Policies have focussed on restricting the substance, for example, through taxation or legislation at particular events, rather than emphasising personal responsibility. Messages about individual responsibility arguably pose a challenge to existing cultural tolerance of alcohol-influenced uncharacteristic behaviour and could prove unpopular if it removed alcohol as an excuse for a wide range of indiscretions or unacceptable behaviour.

The next section will explore how some of these issues are incorporated into theories linking alcohol and crime.

3.3   Alcohol and violence: a theoretical approach

Theories ranging from physiological to psycho-social have been proffered to explain the relationship between alcohol and criminal and violent behaviour. While each has its evidence, such evidence is often limited. This section will outline the main theoretical arguments looking in turn at physiological theories, psychological and psycho-social theories, social learning and socio-cultural theories, and bio-psycho-social theories.

3.3.1 Physiological theories

Physiological theories have traditionally sought to explain the effects of alcohol on crime by demonstrating that the drug, ethanol, affects certain biological functions leading to increased aggression. Section 3.1 above has already presented some evidence in support of physiological theories in its discussion of the direct impact of alcohol on human functioning.

This group of theories, and the evidence that supports them, comes closest to claims of a direct causal link between alcohol and aggression. Bushman and Cooper (1990: 341) reviewed 30 experimental studies designed to determine "if a causal relation exists between alcohol and aggression". From their meta-analysis of the literature, they concluded that the evidence "indicates that alcohol does indeed cause aggressive behavior" (348). However, they also pointed out that "alcohol effects were moderated by certain methodological parameters" [sic] (341), for example, alcohol had a less notable impact on behaviour if the studies were blind studies or if the participants were offered a non-aggressive alternative response. Such methodological parameters cast doubt on the accuracy of their conclusion demonstrating a) the potential role for alcohol expectancies to contribute to aggressive responses and b) the ability for people to choose a non-aggressive response under the influence of alcohol. Marinkovic et al.'s (2000) experimental study with 12 men examined the effects of acute alcohol intoxication on brain activity and how this is related to movement impulses. They found a direct causal link between alcohol intoxication and "increased impulsivity" which, they state, "has been likened to disinhibition" (29). However, the small scale of this research would limit any generalisations that could be drawn from it.

The theory of disinhibition is one of the main theories posited to explain the relationship between alcohol and crime/violence and the biological arguments that underpin it. Disinhibition theory suggests there is a direct link between alcohol and its pharmacological effect on cognition, in particular, the brain centres that control inhibitions (Collins 1982). According to this theory, a person's cognition is disturbed by alcohol's effects on the brain thus creating confused "perception and interpretation of other people's behaviour" (Rossow et al. 1999: 1018). Such confusion and misinterpretation can then lead to conflict which, had the person been sober, would not have occurred.

This is also the theory that comes closest to a common claim that 'he is different when he drinks'. However, it has largely been discredited as the sole theory for explaining and predicting violent behaviour after drinking due to conflicting evidence from laboratory-based research. Such research, geared towards testing the alcohol-aggression paradigm, shows alcohol consumption has no uniform effect on violent behaviour (Giancola et al. 2002, Hoaken et al. 1998).

Graham et al. (1998: 665) state that to understand the relationship between the "pharmacological effects of alcohol and aggressive behaviour involves identifying those systems and individuals in which the drug is particularly operative". Pihl and Hoaken (2001: 38) suggest there are individual biological markers that are predictive of "addictive or aggressive propensity". They suggest that an "individual "wired just right", will manifest the problematic behaviours irrespective of social milieu" (Pihl and Hoaken 2001: 38). Importantly, they stop short of stating it is a matter of biology only, adding that they are not suggesting the "social milieu is unimportant" and that further

research would need to examine the contribution of "biology and social environment" (Pihl and Hoaken 2001: 38).

3.3.2 Psychological and psycho-social theories

Among the psychological theories linking alcohol and aggression are those that suggest the blame lies purely with the individual personality. Sumner and Parker (1995) reviewed the key personality traits thought to contribute to these theories and concluded:

> The evidence...does not, however, suggest that alcohol causes people with a particular trait to commit crime whereas it would not have that effect in others. Rather it seems that particular personality traits may increase the likelihood of both drinking and offending.
>
> (Sumner and Parker 1995: 22)

One of the key psycho-social theories linking alcohol and aggression is referred to by Collins and Messerschmidt (1993) as "alcohol expectancies". They drew on evidence from laboratory experiments and found that where "...people believe that drinking increases the likelihood of violence...people who have consumed alcohol or who think they have consumed alcohol act more aggressively" (98). They state "it appears that some beliefs about alcohol's effects may increase the likelihood of violence after drinking, regardless of the actual pharmacologic effects of alcohol" (98). Brain (1986: 238) states the "expectancy effect" of alcohol consumption extends to "individuals who are merely present in areas where alcohol is consumed (e.g. bars, etc.)", rather than actually having consumed the alcohol themselves. George and Norris (1993: 3) in their review of alcohol, disinhibition and sexual behaviour also concluded that alcohol expectancy "enhanced physical and subjective signs of arousal in men". This was not the case for women in balanced placebo design studies. Rather they expected that drinking with a man was "a possible prelude to undesired sexual advances" (3). It is

clear that questions about gender differences in expectancy theory and research may reveal socio-cultural differences between genders, alcohol and behaviour.

Sumner and Parker (1995) summarise the expectancy debate:

> Although expectancies may play a part in any link between alcohol and crime, it does not seem possible to specify what this might be and it is unlikely that expectancies alone could explain relationships between alcohol and violent or sexual crime.... .
>
> (Sumner and Parker 1995: 25)

Expectancies, however, do play a role in another main theory linking alcohol to crime, 'deviance disavowal'. This theory suggests that alcohol is used as an excuse by the perpetrator to carry out specific 'deviant' acts and then minimise his or her responsibility for the behaviour by blaming the alcohol. Miller et al. (1997) state that this theory links more closely with cultural expectancies around alcohol and violence than pharmacological explanations. They suggest it may explain why "alcohol use might be related to aggression in some settings but not in others and why the cultural expectations about alcohol use may be important to explaining the behaviors exhibited when drinking" (363).

3.3.3   Social learning and socio-cultural theories

A further explanation of alcohol's relationship to crime is explained by theories of social learning. In other words, a person will act in accordance with what they have been taught, be it parental teaching (micro level), or the expectations and norms of the wider culture and environment in which they are raised (macro level). The latter explanation incorporates elements of environmental and cultural theories.

MacAndrew and Edgerton's (1969) cross-cultural study of the link between alcohol and violence is a classic example of social learning and socio-cultural theory. They state:

> ...persons learn about drunkenness what their societies impart to
> them, and comporting themselves in consonance with these
> understandings they become living confirmations of their
> societies' teachings.
>
> (MacAndrew and Edgerton 1969: 172)

The importance of setting and context has expanded the debate about the impact of social learning and socialisation on alcohol-related behaviour. Fagan (1993) suggests that not only do the setting, context, and the composition of the people within that setting make a difference to aggressive behaviour, but the actual context itself requires further analysis. He states it is within this context that we can determine both the social controls on aggression and the "arousal processes that motivate it" (76). As with Homel et al.'s (1992) findings (s.3.2), Fagan suggests it is both formal legal systems as well as the informal rules in a particular setting that combine to control behaviour.

Tomsen (1997) supports this view seeing a link between collective drinking and public violence. He states this link is:

> ...built around cultural understandings of the connections
> between rowdy and violent group drinking, the construction and
> projection of an empowered masculine identity, and the
> symbolic rejection of respectable social values.
>
> (Tomsen 1997: 100)

Coggans and McKellar's (1995) work on alcohol and aggression in adolescence lends support to social learning theory. They state that by the age of 10-14 years most young people have drunk alcohol, often in the home, and suggest that the home is the context for learning the behaviour related to alcohol's effects. This behaviour, in turn, is "broadly in line with that of the parents" (5). Further, in their work on risk taking in youth, Plant and Plant (1992: 143) conclude that, "Very often [young people's] behaviours reflect, even imitate, those of their parents and of others from their social backgrounds". This is particularly important when considering the role of alcohol in

violence to women and how messages about alcohol and violence are passed to children. Wall and McKee (2002) draw on Bandura's (1977) work on social learning theory stating that research has suggested a link between "family of origin variables and offspring modeling behaviors".

The modelling of inappropriate aggressive behaviour among young people is mirrored in explanations for adult aggression after drinking. As MacAndrew and Edgerton state:

> ...if people have been brought up to believe that one is "not really oneself" when drunk, then it becomes possible for them to construe their drunken changes-for-the-worse as purely episodic happenings rather than intended acts issuing from their moral character.
>
> (MacAndrew and Edgerton 1969: 169)

MacAndrew and Edgerton (1969) state society needs to provide reasons for deviation from the 'rules' within it. First, they propose the concept of "ineligibility", for example, someone who was "profoundly mentally retarded" may be cognitively unable to understand 'the rules', and second, they propose the concept of "time out", where "demands for accountability are also set aside" (168). In this case the 'time out' would be the state of alcohol intoxication. This theory also overlaps the theory of 'deviance disavowal' outlined in section 3.3.2.

It is easy to see how a cocktail of individually and collectively learned social behaviour explains much of the alcohol-aggression paradigm but, as the evidence in sections 3.1 and 3.2 suggests, the effects of alcohol's pharmacological properties should not be neglected.

3.3.4   Bio-psycho-social theories

It is the mix of biological, psychological and social factors that has gained greatest credence in the theoretical debate. Debates about alcohol's effects have concluded that they are an interaction of alcohol factors, drinker characteristics and setting (Plant et al. 2002). Similarly, the alcohol-violence link has been theorised as a combination of these factors. Taylor and Chermak (1993: 87) propose that the combination of the substance, personal characteristics and the response from others around them leads people to feeling "invulnerable to harm", thus their behaviour is less inhibited by concerns for personal safety.

Steele and Southwick (1985) refer to the concept of "alcohol myopia" that draws on a combination of physiological and psychological arguments. They state that when a person would normally experience conflict about a particular behaviour, the physiological effect of alcohol on attention and "information processing" eliminates the conflict the person feels, leading to greater disinhibition and an increased chance that the person will act out in an aggressive manner. While this theory supports physiological theories more directly, it requires the presence of pre-existing conflict about a particular behaviour and the internalisation of cultural rules about the appropriateness of this conflict. What it does not demonstrate is why reducing someone's inhibitions would lead the person to choose a negative behaviour over a more positive one.

Similarly, the 'cognitive disorganization hypothesis' suggests that "alcohol use results in the narrowing of attention to some social cues but not others. Intoxication results in a "myopic" view of the world and only the most salient cues are acknowledged" (Miller et al. 1997: 362). How such social cues are selected above other cues is not adequately

explained. It appears to require an element of pre-determined selection of the cues a person will or will not respond to. These will differ depending on the individual and may reflect socially learned behaviour or a clear element of choice when faced with various possible responses.

As discussed in section 3.2, the laboratory work of a number of researchers has also found it is various combinations of personality characteristics, alcohol and external threat or provocation that have combined to produce the aggressive behaviour (Dougherty et al. 1999, Gustafson 1993, Parrott and Zeichner 2002, Zeichner et al. 1994), demonstrating the mix of pharmacological effects, psychological functioning and socially defined behaviour.

Pernanen (1982: 68/9) succinctly summarises the theoretical debate stating, "alcohol use by itself explains nothing, whereas alcohol use in combination with an assortment of other variables...probably explains a not insignificant proportion of crime occurrences". He further states that alcohol-related behaviour is no different from other behaviour people engage in; generally people have reasons for behaving a certain way. However, alcohol may indirectly increase the probability of aggression, he states, because of the reactions of other people to someone who is drunk.

However, there are two issues these theoretical positions fail to consider sufficiently: 1. the cultural position of drinking *and* violence and, 2. the gender differences inherent in these behaviours. A more recent theoretical approach that best incorporates these elements is that posited by Parker and Rebhun (1995). Based on research into alcohol and homicide rates, the theory of 'selective disinhibition' proposes that:

> Alcohol selectively disinhibits violence depending on contextual
> factors specific to the situation, the actors involved and their
> relationships to one another, and the impact of bystanders.
>
> (Parker and Auerhan 1998: 300/301)

Key to this theory is the constraint social norms place on certain behaviours and how people can internalise different, and conflicting, sets of norms depending upon the social situation. Of most relevance to alcohol's role in violence to women is their thesis that:

> ...norms prohibiting violence in resolving interpersonal disputes
> in close or intimate relationships may be weaker than such
> norms prescribed in other interactions; alcohol consumption
> would appear to contribute to the "selective disinhibition" of an
> already weak normative apparatus.
>
> (Parker and Auerhahn 1998: 301)

The theory of 'selective disinhibition' recognises that individual and societal norms vary. It implies that norms prohibiting violence need to be strengthened, particularly in relation to interpersonal relationships.

While MacAndrew and Edgerton (1969) began the debate about socio-cultural influences more than three decades ago, there is little evidence of any focus on changing drinking norms or cultures within the UK. The impending introduction of 24 hour opening for pubs and bars (Home Office 2000a) may have some impact on patterns of drinking but this is unlikely to change cultural messages about alcohol's effects and appropriate behaviour. Secondly, such cultural messages also include rules and roles appropriate to gender. Theoretical explanations need to account for the differences in gender and the fact that it is men who are more violent (Flood-Page and Taylor 2003) and men who are the heavier drinkers (Lader and Meltzer 2002).

Given that 80% of violent offenders are men (Flood-Page and Taylor 2003), it is reasonable to assume that the majority of perpetrators of alcohol-related violence are also men. The following section will consider the gender differences in alcohol consumption and the perpetration and suffering of violence.

3.4 Alcohol, violence and gender differences

Women drink less than men (Lader and Meltzer 2002, Plant 1997, Walker et al. 2002, Waterson 2000). Further, the 2002 Office for National Statistics (ONS) survey on adult drinking behaviour confirmed that "women were much less likely than men to have drunk heavily" (Lader and Meltzer 2002: x).

Women are not as violent as men (Flood-Page and Taylor 2003, Home Office 2001, James 1995, Powis 2002). Statistics for the UK show that only 13 per cent of violent offenders are women (Flood-Page and Taylor 2003). Male offenders also constitute a higher risk than female offenders of inflicting "serious harm" (Powis 2002).

The explanation for these different statistics is steeped in history, traditional gender roles and ascribed norms of 'appropriate' female behaviour. As Hey (1986) points out, "drinking deeply" was part of "[w]orking-class notions of masculinity" whereas there was no such notion for women. Similarly, the moral tone of this historical context defined women as behaving within certain bounds, which did not include being violent and getting drunk. While evidence suggests that women's drinking can be closely associated with that of their husbands' or partners' (Wilsnack and Wilsnack 1997, Demers et al. 1999), their behaviour after drinking is quite clearly expected to differ from his.

Despite a broadening of women's roles in the workplace and at home, and the accompanying social and economic independence these changes provide, women's heavy drinking still carries a level of stigma and condemnation (Allamani et al. 2000, Ettorre 1997, Plant 1997, Waterson 2000). Ettorre (1997: 15) states that women who drink heavily put "their femininity and female roles in society at risk". Furthermore, they are seen to 'fail' as women. Men who drink heavily, she suggests, are seen as "real men" and their masculinity is reinforced. Similarly, Middleton Fillmore et al. (1995) state drunkenness has a "value" among men, adding that "cultural expectations about drinking with respect to gender roles mediate the relationships between consumption and some non-physiological problems". They conclude:

> ... in the context of the family, the school, and the job, and also, with regard to financial matters, ladies, even when drinking, are more likely to continue to act like ladies, whereas gentlemen are less likely to continue to act like gentlemen.
> (Middleton Fillmore et al. 1995: 431)

While there is evidence of a gender divide in relation to alcohol consumption and less tolerance of women who drink heavily, there is also a suggestion that women's violence is less tolerated than men's. Feminist research suggests the criminal justice system is heavy handed in its treatment of women charged with violent offences, particularly those involving 'violent' self-defence against a violent partner. Milner (1996) cites several studies from between 1983 and 1990 that suggest women who are violent are seen as "unconventional" and receive harsher sentences. However, Home Office research into the sentencing of women claim there is no evidence of this, finding women had the same, or lesser sentences, than men committing a violent offence (Hedderman and Gelsthorpe 1997).

So is there a growing convergence of sex roles in relation to alcohol and aggression? It appears not although UK evidence is limited due to the lack of adequate reliable figures,

or research, on alcohol-related offending. Giancola et al. (2002) studied the interaction of provocation and acute alcohol consumption in 56 men and 46 women. They found alcohol did not increase aggression for women as it did for men suggesting, "alcohol may not be powerful enough to lift the social inhibitions against the expression of physical aggression by women" (72). Rossow et al. (1999: 1028) in their study of age and gender specific associations between alcohol use and violence with 12,000 Norwegian adolescents, also found alcohol intoxication had a significantly greater impact on boys' violent behaviour than it did on girls'. However, when they controlled for "problem behaviours" there were few differences between genders that could not be accounted for by girls' "lesser engagement in problem behaviours...and in deviant subcultures". Barnes et al. (1997) concur. They suggest that socialisation differences between boys and girls, such as monitoring and support from the family, may account for differences in girls' lesser involvement in "deviant behavior". Such evidence gives credence to the social learning and socio-cultural theories outlined in s.3.3.3.

Rossow et al. (1999) also found that boys who were violent were often so repeatedly whereas for girls the violence was more likely to be a "single episode" or an "act of self defence". White and Hansell's (1996) longitudinal study of adolescents into young adulthood (n=1,270) examined gender differences in alcohol-related aggression. They found that for young men pre-existing aggression was a more accurate predictor of alcohol-related aggression whereas for the young women alcohol was a better predictor.

White and Huselid (1997: 192), in their review of studies of alcohol and gender differences among adolescents, suggest such differences may be explained by the attitudes held by some young women towards their roles. They suggest that where young women hold "non-traditional or egalitarian attitudes towards women's roles"

there is evidence to suggest they drink more heavily. Similarly, young men with less traditional attitudes towards their male role tend to drink less. Again this ties in with stereotypical notions of masculinity and femininity and their impact on 'appropriate' alcohol use.

Conversely, Dougherty et al.'s (1999: 327) research found that "alcohol increased aggressive responding that was not specific to either gender". Bushman and Cooper's (1990) meta-analysis of "30 experimental studies" found both men and women became more aggressive with alcohol but both sexes targeted women victims more so than men after drinking.

The evidence on gender differences relating to victimisation by someone who is intoxicated also shows a conflicting picture. Pernanen's (1991) research found women and men were at equal risk for actual violence but women were at considerably greater risk for 'threats of violence' than men. Further, he found that men were at greater risk of injury than women when their assailant had been drinking, whereas women were at greater risk from a sober assailant. Rossow (1996), however, found no gender differences in terms of risk of being injured by an intoxicated person.

Lindman and Lang (1994) found that women, more so than men, anticipated alcohol-related aggression. The anticipation of aggression is a common feature among women who are abused by male partners and stems from hypervigilance to his mood and behaviours as a result of previous violence and abuse. This anticipation is likely to be linked to the expectation of aggression as part of men's behaviour and notions of masculinity whether drinking is involved or not.

This section has reviewed some of the gender differences in relation to alcohol-related violence. It has noted that women are less violent and drink less alcohol than men, the roots of which can be found in the socialisation of girls and boys and subsequent norms relating to appropriate female behaviour. It has also briefly examined evidence relating to the impact of gender on the aggression-increasing effects of alcohol finding that women are more likely to be victims but that evidence relating to gender differences in the perpetration of violence is equivocal. One of the difficulties in reaching any firm conclusion is the fact that the methodologies and sample sizes vary widely as do the ages of the research participants. Further, both drinking and violent behaviours fluctuate over the life course thus conclusions from the research carried out with adolescents or newlywed younger adults can not extend to the adult population. Having explored men's violence to women in chapter 2, and alcohol's impact on, and relationship to, violence throughout this chapter, I will now turn to look specifically at what is known about alcohol's role in violence to women in particular.

Chapter 4

Alcohol's role in men's violence to women

The connection between alcohol use and violence to women has triggered passionate debate. There is much greater taboo surrounding men's violence to women, than men's violence to men. This taboo has served to keep such violence 'private', which, in turn, has restricted policy, and practice developments due to the complexity of intervening in a private arena. Historically, the political tolerance of men's violence to women has also added to this tardy policy response (see chapter 2). The resistance of the State to effectively intervene where such violence is evident has meant women campaigning for action have had to stay focussed and resolute in their message, that is, to hold men accountable for their violent behaviour to women. As a result, alcohol's role has been seen as one of many factors that seek to dilute this focus and remove responsibility from the men who perpetrate it. I suggest it is for this reason that feminist researchers and campaigners have dismissed alcohol as a consideration in addressing men's violence to women.

Yet the argument is not that alcohol use by men causes violence to women. The argument is that alcohol is associated with men's perpetration of violence to women and therefore must be considered in attempts to address it. Further, there are other associations to consider, such as the victim's use of alcohol and whether this use contributes to their experiences of violence or is a consequence of it. This chapter will provide an overview of what is known so far about the link between alcohol and violence against women. It will conclude with a summary of the UK policy and practice response and consider how far this response has addressed alcohol-related violence to women.

4.1   **Alcohol and the perpetration of violence to women**

Research exploring the link between alcohol use and violence against women dates back more than 30 years. In spite of this, reliable statistics and prevalence research in the UK are almost non-existent. Most of the evidence is North American and based on samples taken from women's shelters, alcohol or batterers' treatment programmes, or research alongside the police.

While this range of sample populations has revealed much about the nature and extent of alcohol's role in violence to known women, it has not allowed accurate comparison of research findings due to the different methodologies used. A further difficulty in comparing the research is the different definitions used by researchers for key concepts such as 'violence' and 'heavy drinking'. With these considerations, the following prevalence data is taken primarily from US or limited UK data.

Estimates based on victim reports include one early British study carried out by Gayford (1978). He found 44% of the 100 women in his shelter sample reported their partners as being abusive only when the partners had been drinking. More than 20 years later, UK data from Home Office crime surveys found similar results. 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). What the UK does not have is scientific data from domestic violence or alcohol and drug treatment services giving the prevalence rates of alcohol/drug use or domestic violence respectively. However, there is anecdotal evidence that individual agencies in the UK are conducting their own in-house prevalence surveys and attempting to address the

issue at agency level (Hackney Women's Aid, Nottingham Women's Drug Service, personal communication, 2/12/02).

Other studies have focussed on perpetrator drinking at the time of the assault. Brookoff et al. (1997) reported that 86% of the perpetrators they interviewed (n=42) had been drinking the day the domestic assault took place whereas the family and victims reported that 92% had used drugs or alcohol that day. Leonard and Quigley's (1999: 544) study of 366 'newlyweds' found evidence of increased physical aggression towards wives when the husbands had been drinking, and stated the "association cannot be attributed to personality factors or to the measured contextual factors". Scully (1990: 120), in her study of 114 convicted rapists, found "alcohol and drugs appeared in the accounts of 77% of admitters and 84% of deniers". Finally, a number of studies have found that the perpetrators' use of alcohol, particularly heavy drinking, was likely to result in more serious injury to their partners than if they had been sober (Berk et al. 1983, Brecklin 2002, Eberle 1982, Pernanen 1991).

When examining alcohol treatment populations these figures are reinforced further. The American Medical Association (1992) (cited by Irons and Schneider 1997: 340) estimated that "nearly 75% of all wives of alcoholics have been threatened, and 45% have been assaulted by their partners". US studies have also found high rates of domestic violence among men and women in substance use treatment. Brown et al. (1998) found almost 58% (n= 59) of men in alcohol or drug treatment had perpetrated physical violence or abuse towards a partner or child and, with the inclusion of verbal threats, this figure was 100%. Data on women in alcohol or drug services (n=212) showed 60-70% had experienced physical violence or abuse from a partner in the previous 6 months (Downs et al. 1998) and the inclusion of psychological abuse took

this figure to more than 90% of women in treatment (Downs 1999). Further, Downs et al. (1998) also found prevalence of problematic substance use among women (N=135) in a domestic violence shelter to be 30-40%.

As with community prevalence rates, these figures are likely to be underestimates. Again, the majority of the evidence above is based on reports of physical violence only. The figures would be far higher if other forms of violence and abuse were assessed, for example, psychological and emotional abuse, which women often report as having longer-lasting, more damaging effects than physical abuse.

Yet alcohol appears to be only one element in the context of such abuse. Even in the studies mentioned above, while evidence of an association between alcohol and violence exists, there are also other factors present which exclude a direct causal link. Gayford (1978) found that for many of the women the abuse had started before the drinking but continued or escalated when the partner returned home. Berk et al. (1983) found that while men with a history of drinking were more likely to inflict serious injury, alcohol did not seem to play a direct role in particular battering incidents. Myers (1982) found that men were less likely to attribute a causal role to their consumption of alcohol in violence to their partners (12.3%) and more likely to blame the alcohol in "fights" with neighbours/friends (38.8%), strangers (54.5%) and the extended family (57.9%). Corenblum (1983) also found batterers in a survey of a male group (n=61) of recovering alcoholics, as well as among a group of men who did not drink.

Other variables have added to the context of men's violence to women. In particular, low marital satisfaction (Leonard and Blane 1992), marital discord in early stages of marriage (Heyman et al. 1995, Leonard and Quigley 1999), self-reported "emotional

problems" (Scully 1990), pre-existing aggression (Parrott and Zeichner 2002), violent family backgrounds (Gondolf 1995), perceived stress (Fagan et al. 1988, Flanzer 1993, Julian and McKenry 1993), family tolerance of violence (Gelles 1972, Flanzer 1993), and low self-esteem (MacDonald et al. 2000), have all been linked in with men's intoxicated violence to women.

There is also a body of research examining the role of poly-drug use (including alcohol) in the perpetration of violence against women. In a sample of 1,627 inpatients in alcohol and drug treatment, Miller et al. (1990 in Lee and Weinstein 1997: 348/9) found "a combination of drug and alcohol abuse more predictive of domestic violence than alcohol use alone", with the combination of the two increasing the level of violence to the woman. Brookoff et al. (1997) found 67% of the "assailants" in their study (n=42) had used cocaine with alcohol on the day the assault took place. A review of the US National Family Violence Surveys (1985) and the National Alcohol and Family Violence Survey (1992) found poly-substance use by both husband and wife increased the wife's chances of being victimised. It also influenced the severity of the violence (Wekerle and Wall 2002). Similarly, El-Bassel et al. (2000) found that women in methadone maintenance treatment (n=145) who had also used alcohol and crack were five times more likely than women in the methadone only group to report partner violence. However, the sample was not randomly selected potentially skewing the results.

Hutchison (1999b: 8) cautions against "firm conclusions" about the relationship between poly-substance use and domestic violence. His own US study, based on interview data from 419 abused women who called the police, found "little relationship" between the two. As he points out, "the high rates of multi-substance use - alcohol,

cocaine and marijuana - make it more difficult to disentangle the effects of any single substance" (8).

One variable, which has also been linked with violence to women, is the 'victim's' use of alcohol and it is to this I now turn.

4.2   The victim's use of alcohol

The victim's use of alcohol has been linked to three main 'roles' in the alcohol-violence to women paradigm. First, the victim's drinking, or drunkenness, has been seen as the 'reason' for her partner's violence to her; second, alcohol use by the victim is a response to suffering violence and abuse as an adult and/or during childhood; and third, there is evidence to show that some perpetrators will coerce the victim into acceding to his demands by getting her drunk. This section will now look at each of these in turn.

Kantor and Asdigan (1997: 329), in a review of the research on whether women's drinking provokes abuse by men, found that while evidence points to an association between a wife's drinking and abuse from the husband, the evidence "does not clearly indicate the nature or direction of that association". They state there is little to no evidence to support the hypothesis that women's drinking or drug use makes her partner violent, more that the woman's drinking is a way of coping with her abuse. They conclude, "When drinking at the time of the violence has been specifically assessed, intoxication is much more common among husbands than it is among wives" (329). Research by Leonard and Senchak (1996) supports this. In their research on newlywed couples they found the husband's drinking was "uniquely predictive" of his aggression towards his wife. Further, they suggested that the heavy drinkers were more prone to aggression than men who did not drink heavily. Downs et al. (1993), in a comparison

of 'community', 'battered' and 'alcoholic' women (n=123), found that alcoholic women were more severely abused than the community sample although not the battered sample. Downs et al. again question the direction of the alcohol use in relation to the partner abuse, stating "The alcoholic woman may internalize previous negative stigmatization and subsequently use alcohol to cope with negative feelings resulting from that stigma" (131). Corbin et al. (2001), in their study of 238 women undergraduate students, also found evidence that women who had been raped, or suffered attempted rape, drank more in order to reduce the subsequent tension. They point out that their findings were unclear as to whether the woman's alcohol consumption was "a contributing factor for initial victimization" or "as a result of the victimization experience" (308).

There is also increasing evidence that suggests women who have been abused often drink as a response to the abuse from a partner or earlier childhood abuse. Barnett and Fagan (1993), in their study of 181 men and their wives, found that women who suffered violence from partners were twice as likely to drink after the abuse than their violent partner. Similarly, Downs and Miller (1994) found that abusive experiences added to alcohol use among women with "a lifetime diagnosis of alcohol dependence". Cantrell (1986) suggests that some women begin drinking to cope with the emotional and physical pain of being battered, a finding supported by Downs and Miller (1994) in their study of more than 400 women. They reported evidence that women's alcohol problems appeared to be the effect of her abuse, "the most likely premise is that the woman's drinking occurs after the experiences of partner violence" (18). Cantrell (1986) suggests women use alcohol to help them forget the abuse, in a similar way to their blaming their partners' violence on his alcohol use (Gelles 1972, Walker 1979, Flanzer 1993).

But the connection between abuse, violence and women's drinking is even more complex than this evidence suggests. Bear et al. (2000: 1), in their review of research linking childhood sexual abuse (CSA) and adult substance use, found people experiencing CSA were "disproportionately represented among substance users". Kantor and Asdigan (1997) found links between childhood abuse and women's drinking and victimisation as an adult. They state, "women drinking to intoxication are at risk because they are more likely to have a history of victimization in their family of origin" (331). In a study of 105 people entering treatment for substance abuse problems, Easton et al. (2000) found 37% reported either physical abuse as an adult (22%) or physical abuse as a child (14%). Miller et al. (1993: 115) also found a link between "childhood victimization" and the development of severe alcohol problems in later life, in a study of 472 women from substance treatment, domestic violence shelters, mental health clinics and a random community sample. Similarly, Pedersen and Skrondal (1996) found alcohol abuse or dependency was a higher risk for children who had been sexually abused. Kantor and Asdigan (1997) suggest that such abuse can contribute to low self-esteem among women, which is further reinforced by abusive partners adding their own accusations and abusive behaviour. In addition, they point out, "Women growing up in a violent home are also more likely to consider violent modes of conflict resolution as a "normal" part of intimate behavior" (Kantor and Asdigan 1997: 331).

Some research shows that where both partners have been drinking the violence is worse than if the victim was sober and thus able to use her skills in calming, or trying to avoid, a threatening or violent situation (Bergman et al. 1988, Collins and Messerschmidt 1993). Whether the drinking precedes, or follows, a history of violence and abuse is unclear. Such findings do, however, add credibility to Pernanen's (1991) view that

people under the influence of alcohol may not assess risks as well as they might if they were sober, although this is a far cry from suggesting greater culpability for the violence by the drinking victim. However, the research evidence is equivocal as large-scale research (n=5,159) has shown that both partners had been drinking in only a small percentage of cases (8%) (Kantor and Straus 1987).

Finally, there is some evidence that men will try to excuse or minimise their behaviour or responsibility for their actions because of the woman's intoxication. This is particularly the case in sexual abuse or violence and appears to be condoned by both the public and, at times, by the criminal justice system. Hutchison (1999b) cites research by Stewart and Maddren (1997) who found that police often held drunk victims responsible for their abuse assuming they either provoked or failed to avoid the violence. While comparative UK research does not exist, anecdotal evidence certainly supports this finding. As O'Sullivan (1998) states in his comparison of gang rapists and wife batterers:

> The phrase "alcohol was involved" is frequently used but the phrase is not specific as to who was how drunk and what role is being attributed to alcohol; instead the phrase serves as a catch-all for excusing criminal behavior and justifying a failure to analyze the intentions of the perpetrators and the social dynamics of gang rape.
>
> (O'Sullivan 1997: 101/102)

Collins and Messerschmidt (1993) also found research evidence that the victim's drinking resulted in better treatment of the perpetrator. The victim was judged as partially responsible for her own victimisation, "especially if [she] can be shown to have used poor judgement or to have precipitated the violence by being the initial aggressor" (99). Leonard (2001: 240), in his review of studies on alcohol and domestic violence, reports "widespread belief among college students, social workers, and police officers that women's drinking is a cause and that this may mitigate the violent man's

responsibility, at least to a degree". Gorney (1989) points out the double standards in applying MacAndrew and Edgerton's (1969) 'time-out' principle. She states:

> Even though men appear to be held less responsible for their violent behavior while intoxicated, this pattern does not appear to hold true for intoxicated women. Women under the influence tend to be perceived as being more responsible when they are raped and/or assaulted.
>
> (Gorney 1989: 231)

Wild et al. (1998: 685) found that "in the unwanted touching and assault/rape scenarios, blameworthiness of the perpetrator was reduced if the victim was described as "drunk" rather than "feeling the effects". As Wild et al. pointed out, it would be interesting for future research to determine whether people perceive their own behaviour with the "same attributions regarding the role of alcohol, blame and punishment" as they do for others. George and Norris (1993) state the relationship between alcohol and sex is a complex one. They state they are "closely linked in this culture", with alcohol having "powerful aphrodisiac properties that can be used wittingly or unwittingly to encourage the reluctant mate or to unleash deviant sexual desires" (7). The danger inherent in this statement is its collusion with the belief that sexual violence is more about sex than it is about violence, and that "deviant sexual desires" can be unleashed "unwittingly".

Miller et al. (1989) recognise the gender stereotyping of women who are intoxicated as more responsible for their own victimisation. They suggest "violence may be perceived as more socially acceptable when directed at a negatively labeled woman and drinking may reinforce this negative label" (538). This also feeds in to the negative stigma that exists around women's heavy drinking and the inappropriateness for a woman to be drunk.

Research has also highlighted the similarities between characteristics of men who 'abuse', or are dependent upon, alcohol and men who perpetrate violence against women. For example, in a review of research Flanzer (1993: 174) highlights similar "maladaptive behaviours" in both groups and suggests it is the same population that is presenting with both problems. He further suggests that "mutually exclusive occurrence is rare and not the norm" (174). Gorney (1989) found evidence that partners struggling with chemical dependency were also likely to be struggling with violence. She too believes it is the same population that appears to be at risk. Cantrell (1986: 6) identifies "significant similarities in the dynamics of battering and the dynamics of chemical dependency". The main similarity, she states, is a tendency to deny their actions through minimising or rationalising the amount they drink or the harm they inflict. Irons and Schneider (1997: 343) took the similarities further, drawing up a list of shared characteristics between domestic violence and the medical criteria (found in DSM-IV) for a diagnosis of substance dependence. They state that "domestic violence and addictive disorders do not merely coexist - they share many features". Among these features are a "loss of control", "continuation despite adverse consequences", "preoccupation or obsession", and a "development of tolerance" (339).

In sum, this section has explored the specific relationship between alcohol and the perpetration of violence to, and abuse of, women. What is clear is that men's violence to known women is distinct from other targets, and forms, of violence and that the intimate nature of the relationship provides both a hidden forum for the perpetration and suffering of such violence. Such privacy also serves to hide, and add complexity to, the precise role of alcohol in such violence, either as an apparent facilitator of violence or as a coping mechanism. It is therefore a challenge for policy and practice to overcome this privacy, taking stock of what is known, and to take action to address the dual problem

of alcohol-related violence to women while at the same time waiting for better evidence of the scale of the problem.

While the focus of this study is not on evaluating policy or practice it is likely that its outcomes will have implications for both. The next section will therefore briefly review practice and policy and the gaps that exist in addressing alcohol-related violence to women.

4.3 The policy and practice response

In 1934 Winston Churchill pointed out that making people sober will not make people moral (Churchill 1934). Almost 70 years later arguably little has been done to address the 'moral' issues in alcohol-related violence and, specifically, in alcohol-related violence to women. Policies that address alcohol and violent behaviour generally are limited and rarely enforced. Policies that acknowledge and address the role of alcohol in violence to women are non-existent. This section will briefly summarise legislation, non-legislative national policy, and service provision, before concluding by arguing for the need for better policy and integrated, or at least co-ordinated, service provision.

4.3.1 Legislation

The key piece of legislation for addressing 'domestic violence' is the Family Law Act 1996. Under this legislation women can apply for occupation and non-molestation orders to protect themselves, and their children, from violent partners. The former order establishes who can occupy the home and has the power to exclude perpetrators from the geographical vicinity of the home. The latter is intended to order the perpetrator not to abuse the victim or be faced with criminal sanctions. Importantly, the Family Law

Act also amended the Children Act 1989 to include a new power to exclude temporarily the abuser from the home where previously the child at risk may have been removed.

Initial concerns about whether articles 1 and 8 of the Human Rights Act 1998, The Right to Property and The Right to Respect for Private and Family Life, would contradict these orders under the Family Law Act seem to have been premature. Swindells et al. (1999) states there are exceptions within the articles that sufficiently allowed for the existing orders to stand, and therefore not compromise a woman's, or child's, safety.

Other legislation includes the 1997 Protection from Harassment Act, most commonly used in cases of stalking, and some sections of the Criminal Justice Act 1998. At present, the use of criminal law is limited largely to the provisions in the 1997 Protection from Harassment Act and some sections of the Criminal Justice Act 1998 relating to evidence in court (Edwards 2000b). However, there are ten Acts that contain sections relevant to "domestic violence cases" (Lord Chancellor's Department 2003). While the law has developed over the last century in its provision and protection for victims of violence and abuse, the enforcement and practice of such law remains inconstant.

The law relating to violence under the influence of alcohol is minimal and poorly enforced. Much of the past and present legislation relating to alcohol has included clauses about a person's conduct after drinking. The primary piece of UK legislation governing alcohol in general is the Licensing Act 1964. However, in 1980 the Licensed Premises (Exclusion of Certain Persons) Act was introduced. It specifically mentioned the use, or threat, of violence on licensed premises as the reason to 'exclude' certain

people from licensed premises for a period from three months to two years. Little is known about how often this legislation is used and whether its use is effective, despite the issue being raised publicly in the House of Commons' debate (House of Commons Hansard Debates 2001). Liz Blackman, MP, stated that the available figures showed that only 23 exclusion orders were issued in 1996, a steady decrease since 1991 when 70 orders were issued - later figures were not available (House of Commons Hansard Debates 2001).

Other legislation in the 1980s targeted particular settings or behaviours associated with alcohol use, for example, the 1985 Sporting Events (Control of Alcohol) Act and the Road Traffic Act 1988, or gave the police general 'powers of arrest', which could be applied to 'drunkenness', to prevent a person injuring themselves or others (Deehan 1999).

Proposals for modernising the licensing laws, introduced at the start of the new century (Home Office 2000a), fail to address alcohol-related 'private disorder'. This, in spite of The All Party Group on Alcohol Misuse highlighting the lack of attention to alcohol-related violence at home in their report on alcohol and crime five years earlier (The All Party Group on Alcohol Misuse 1995). Drummond (2000: 997), in his commentary on the new legislative proposals, stated that the evidence for the proposals reducing alcohol-related violence was "not robust" and "largely anecdotal and not adequately studied". Further, he pointed out that the implications of relaxed licensing laws on alcohol-related harm to individual health have not been considered.

4.3.2   National policy

Government policy aimed at tackling violence against women had, by its own confession, been non-existent until the 1990s. Voluntary agencies, such as Women's Aid, have taken the lead in both campaigning and service provision. The Government concedes that the work of the voluntary sector over the past "25 years" has made it possible for the Government to be in a position to develop "agendas" for action against the abuse of women (Cabinet Office and Home Office 1999: 9).

Part of this action was the recommendation of setting up inter-professional domestic violence fora throughout the UK, some of which had begun at the instigation of the police but others had started earlier through Women's Aid and other voluntary groups. There are more than 200 fora in the UK although the structure of each forum and the effectiveness of the forum to effect change in practice is variable (James-Hanman 2000, Hague 2000). Importantly, Government support for this came through the Crime and Disorder Act 1998 which "...require[d] local authorities, and the police, to join with other agencies in local crime reduction partnerships. ...the Government expects these partnerships to identify the level of domestic violence in their area and include a strategy to tackle it...." (Home Office 2000b).

Domestic violence units (DVUs) were also set up in most police forces following Home Office circular 60/1990. The circular stressed the need for clear policies and strategies to deal with domestic violence and "an interventionist approach based on the presumption of arrest when an offence has been committed" (Plotnikoff and Woolfson 1998: 1). In addition it called for accurate recording, and setting up of "dedicated units" to deal with domestic violence (Plotnikoff and Woolfson 1998: 1).

In a review of the Government's progress since the publication of *Living without Fear* in 1999, Harwin (2001) highlights the Government's public awareness leaflet campaign, *Break the Chain*, the publication of a resource manual on health and domestic violence and increased funding to Victim Support to establish a 24hr helpline. Other proposals and work in progress include an integrated policy and funding framework for statutory and voluntary sector services to support 'survivors' of domestic violence and measures to improve the treatment of witnesses by the criminal justice system. There are also working groups examining possible improvements to the Family Law Act 1996 and probation programmes. However, Harwin also lists the five key targets for future work, many of which reflect decades of campaigning on these issues. These include funding for the "specialist independent services" for victims of violence and abuse, "greater investment in public education and prevention" and better coordination of legal protection, as well as a national level group to ensure a coordinated and concerted effort by all agencies at a national level (Harwin 2001: 14/15).

Initiatives from the voluntary sector have included public awareness campaigns, including the Zero Tolerance Campaigns, a range of support and education services including helplines, safe houses, rape crisis centres, survivor groups, directories of local and national services, victim support witness programmes, re-education programmes for perpetrators, resource packs for schools, safety training for women and programmes specifically for women from minority ethnic groups (Cabinet Office and DETR 1998).

In terms of relevant alcohol policy there is much less action evident. There is no national strategy on alcohol in the UK although a review and consultation to inform a forthcoming strategy was conducted at the end of 2002. The Strategy Unit and Department of Health state it will be implemented "by 2004" (Strategy Unit and

Department of Health 2002). In the light of the difficulties of achieving an alcohol strategy alone, it is perhaps obvious that no strategy exists to tackle alcohol's role in violence, outside the policing and licensing proposals contained in the White Paper on modernising the licensing laws (Home Office 2000a).

The difficulties of balancing the costs and benefits of a change in alcohol policy, and the potential loss of industry backing as well as public votes, are among the reasons the Government is suspected of its strategy apathy. Policy has been piecemeal, and as Raistrick et al. (1999: 3) point out, "If there is no coherent alcohol policy there will undoubtedly be sectional policies in abundance, often competing and costly in their consequences". Taxation, price controls, licensing regulations and limited use of advertising campaigns have underpinned 20th century alcohol policy (Raistrick et al. 1999). Service provision, or specialist treatment, for people suffering from their own misuse of alcohol, has been centred within the medical profession, be it hospital or community based. However, in the last 20 years there has been a move away from the dominant medical philosophies to a more psychosocial approach "with an emphasis on the reduction of risk and harm" (Thom 1999: 218). The cost of such treatment is believed to offset future, possibly heavier, costs to the health service of alcohol-related physical and psychological problems (Raistrick et al. 1999).

So what of alcohol-related violence? The mid-1990s saw the publication of an enquiry into alcohol and crime that reported a strong link between alcohol and violent crime in particular. It recommended, yet again, co-ordinated national and local action in terms of education, treatment and the routine collection of statistics, as well as specialist alcohol projects within the criminal justice system (The All Party Group on Alcohol Misuse 1995). The group reported that "[t]he single biggest barrier" to addressing alcohol-

related violence...is the absence of detailed statistical evidence" (8). It also recommended greater use of exclusion orders and the removal of "drunkenness" as a defence in court proceedings (The All Party Group on Alcohol Misuse 1995).

A review of local crime audits found that 70% of them included references to alcohol in terms of drunkenness alone, its relationship with public disorder, and as a link with domestic violence and vandalism (Deehan and Saville 2000). However, the strategic priorities, which were supposed to be based on these audits, did not include alcohol "as an issue in its own right" (2). It was subsumed under a broader substance misuse category with drugs given the greater priority (Deehan and Saville 2000). It is perhaps as a result of these findings that further guidance has been issued to Crime and Disorder Reduction Partnerships on how to collect and use data on alcohol-related crime (Finney and Simmonds 2003).

While policy initiatives have arguably failed to give alcohol-related violence adequate attention, there is some indication of a growing awareness that alcohol is being overlooked due to the focus on illicit drugs. Only time will tell what change may come and what impact any policy change will have on service provision.

4.3.3   Service provision

Service provision for women who are suffering, or have suffered, violence from men has primarily been refuge provision and support services provided by the Women's Aid Federation of England (WAFE) or other women's groups. WAFE provides more than 250 refuges as well as helplines, advice centres and outreach services (Women's Aid 2001a). The organisation's philosophy is a feminist one and it maintains an ongoing campaigning and educating role which sticks closely to its central tenet that men's

violence to, and abuse of, women is about dominance, control and misuse of male power. Because of this there is little role for discussion of alcohol in men's violence to women and, further, many of their refuges maintain a policy of not allowing access to women with alcohol problems (Greenwich Council 2000; Women's Refuge Movement 1999). Alternative provision remains limited with some outreach and community advocacy services (Kelly and Humphreys 2000, Sullivan and Bybee 1999).

Statutory provision has been patchy and limited. There are some exceptions, for example, the London Boroughs of Greenwich (Bowstead 1999) and Hammersmith and Fulham, (Home Office 2000b) and, generally, statutory provision is improving. Social services, in the form of family and child care services, have long been at loggerheads with feminist views due to social services' "tendency to blame women experiencing domestic violence for failing to protect their children", rather than addressing the source of the violence and taking steps to remove the perpetrator (Mullender and Hague 2000: 2). Yet in a service that is so poorly resourced, and without any concrete legislation against which social services can hold the perpetrator to account for his actions, the chances of staff being able to respond to anything other than the most life threatening situations is unrealistic and naive.

Housing provision in the statutory sector has shown some improvement with housing legislation (Housing Act 1996) acknowledging that people fleeing domestic violence can receive preferential treatment. However, as Levison and Harwin (2000) point out, there "are currently large information gaps in the area of domestic violence and housing". Health services provide a potential, universal route, into specialist services, as all women will have contact with health care services at some point. Calls for routine questioning of women who present to medical services follow successful medical

screening programmes in the US (Downs 1999) and there is evidence in the UK that the Heath Service is starting to address the problem (Mezey 2000). Barrier (1998) suggests health care staff often do not ask about violence or abuse due to ignorance, limited time or because it would make them feel uncomfortable. However, a review of issues for the health services in the UK identified more gaps, barriers and recommendations for further work than evidence of good practice (Davidson et al. 2000).

Some joint initiatives between the statutory and voluntary sector, for example, the Domestic Violence Intervention Project, in Hammersmith and Fulham, London, have offered both support for the woman and work with the abusive partner and are seen as models of good practice (Home Office 2000b).

There is a sense that services for women suffering violence from men are starting to improve. Perhaps as the statutory sector is finally recognising, and hopefully addressing, its role to support women living with violence, adding alcohol to the mix may only serve to 'muddy the water'. As previously argued, this is quite possibly the reason why many feminist campaigns and campaigners dismiss the alcohol link fearing it will dilute the long overdue attention needed on violence to women.

Support services and 'treatment' for people with problematic alcohol or drug use is provided by both statutory and voluntary sectors in residential and community settings. However, in its ten-year drugs strategy, *Tackling Drugs to Build a Better Britain*, the Government made no mention of alcohol at all (Home Office 1998). Only the statement by Keith Hellawell, the UK anti-drugs coordinator at the time, mentioned alcohol's 'association' with drug use and the need for alcohol to be addressed within the drugs strategy.

While philosophical and policy changes have shifted the focus of service provision away from an exclusively medical environment, some forms of intervention, for example, detoxification, necessarily remain within the remit of nursing and medical care. Research has shown that no particular type of alcohol 'treatment' is necessarily more effective than any other in terms of outcomes of treatment (Project Match Research Group 1997) but the type of treatment would need to be considered where there was evidence of issues such as violence to women. For example, pharmacological models would be unlikely to challenge such violent behaviour in the same way a cognitive-behavioural approach would be able to, where the focus is on examining beliefs and behaviour.

The majority of support services and counselling programmes for people experiencing alcohol problems is now provided by the voluntary sector with emphasis squarely on harm minimisation and risk reduction (Thom 1999) as opposed to medical models of abstinence. Professionals from nursing, counselling, social work and social care backgrounds staff the majority of service provision, in the form of residential care, alcohol advisory projects, or community alcohol teams (Collins and Keene 2000). However, their training in responding to people with alcohol and drug problems is varied and often dependent on post-qualifying training and the philosophy of their employing agency.

Social workers, for example, receive very little training in working with people with substance use problems (Alaszewski and Harrison 1992, Harrison 1992). Nurses have a greater number of specialist training modules available to them, post registration, via the English Nursing Board (ENB) (Raistrick et al. 1999).

As with the history of violence to women, the history of women and their alcohol use, misuse and treatment, reveals a picture of gender discrimination and oppression (Ettorre 1997, Plant 1997, Waterson 2000). There are considerably more barriers to treatment for women. So much so, that in 1995 Alcohol Concern published a guide to help improve women's access to treatment (Plant 1997). These barriers, summarised by Thom and Green (1996: 204), include the "failure to recognise the alcohol problem; the perceived costs of taking action; the perceived acceptability of available services". Undoubtedly one of the key 'costs' to women is their fear of having children taken into care if they publicly acknowledge, and take steps to address, problematic alcohol use. This fear will be compounded if the woman is living with a violent partner, as not only will her self-esteem already be low, but there may already be pressure on her from social services to protect her child from her abusive partner or face the child being removed.

To summarise, service provision for women who experience alcohol-related violence is largely split into its separate parts. There is growing service provision for women and their children escaping violence and there are services for women whose alcohol use is problematic. However, there is little evidence of service provision that addresses a combination of the two. Until policy makers and service providers in these areas start addressing the dual problems of alcohol-related violence to women, policy and provision will fail a significant proportion of the people it is meant to serve.

4.3.4 A united path?

It is apparent that a vacuum exists in terms of policy and service provision for women suffering alcohol-related violence and abuse. The feminist philosophy behind much

service provision to abused women is not generally sympathetic to discussions about alcohol's role in such abuse and the danger is that women's voices on this issue are not being heard.

Similarly, the alcohol agencies are not, in practice, identifying and addressing the link between alcohol and violence to women. While some agencies are reportedly including questions on domestic violence in their assessment or screening processes, it appears that little is done with this information, either in terms of data collection and monitoring, or reflection in care or service plans (Galvani 2001). There is a clear need to evaluate if and how agencies are screening for such violence in their assessment procedures, and what is then done with the information in terms of treatment considerations or statistical analysis.

Understandably staff may feel ignorant of the issues and not know how to respond to a woman disclosing violence from a partner or, indeed, a man disclosing his own violence. But this calls for training not avoidance. As Stith et al. (1991: 17) found in their comparison of men in a batterers' programme and alcohol treatment, the two treatment programmes "serve very similar clientele". They also work in similar ways even though their philosophies may differ (Galvani 2003). Stith et al. (1991: 18) recommend that "screening for both problems be included in each treatment program" and that staff are trained to address both issues.

Krug et al. (2002: 112) in their world health report also found "little coordination between programmes or research agendas on youth violence, child abuse, substance abuse and partner violence, despite the fact that all these problems regularly coexist in families".

Research demonstrates that alcohol treatment for men who are problem drinkers, and are violent and abusive to their women partners, can decrease the severity and frequency of the violence (O'Farrell and Murphy 1995, Maiden 1997, O'Farrell et al. 1999). However, this is not to claim a causal association as both studies above report continuing abuse albeit at a reduced level.

Working with women on reducing problem drinking, but not linking it to the violence she is suffering, is risking any long term 'success', particularly if the drinking is a coping mechanism for the violence she is suffering (Barnett and Fagan 1993, Downs and Miller 1994, Kantor and Asdigan 1997). As Margolin et al. (1998) state:

> Whether the presenting problem is marital discord, alcohol abuse, or general life stress, there is reason to assess the interrelationships among these problems and how they relate singly and in combination to abuse in intimate relationships. Moreover, since there is no evidence that treating the risk factors will eliminate husband to wife abuse, the discovery of abuse has a direct bearing on treatment plans. Even if the abuse is viewed as related to or as secondary to the focal point of referral, interventions that directly address the problem of abusiveness should be pursued.
>
> (Margolin et al. 1998: 338)

As Stark and Flitcraft (1996) suggest, 'professional intervention', or lack of it, can contribute to women remaining trapped in violent relationships. While changing professional practice may not put an end to such violence, it can help empower the woman and give her support, and even choices, she may not otherwise have had.

In sum, policy and service provision is split into two specific remits: 1) alcohol policy and service provision, and 2) policy and provision for women who suffer violence from men partners. Despite the strong association between alcohol and violence to women,

neither one has been willing to 'grasp the nettle' and take steps to embrace the difficult relationship between the two.

4.4   Summary: part I

The first part of this thesis has reviewed the literature in relation to men's violence to women and alcohol's role in violence, and violence to women in particular. Chapter 2 discussed the nature, historical context and extent of men's violence to women, and reviewed some of the theoretical positions posited for it. The historical condonation of men's violence to women, the limited State attention designed to stop it, and the obvious gender differences demonstrated by the statistics on domestic violence, rape and domestic homicide, highlight a clear power imbalance between men and women. Further, it highlights the need to view such abuse of power as more than feminist rhetoric. While no one theory provides an adequate explanation of why men are violent to women, theory needs to consider the broader social and cultural influences on such violence as the context for the individual's choice to be violent and abusive.

Chapter 3 summarised the literature in relation to alcohol and violence, examining the impact of alcohol on the body and its role in violence in particular. It presented a range of theories seeking to explain the alcohol-violence link and concluded with an exploration of gender differences in relation to alcohol and violence. The literature showed that while alcohol has an impact on both mind and body, and strong evidence of a link between alcohol and violence, its causal role in violence has not been proved. What has been overlooked in theorising the alcohol-violence link is that men are consistently more violent and drink more than women. The theoretical blindness to such gendered behaviours again highlights the need for a broader theoretical view that encompasses the gendered nature of alcohol-related violence as an individual choice set

within broader community, cultural and structural contexts. In much of the debate, men's choice to aggress seems to come second to alcohol's effects on them. The danger in this focus is that it continues to support concepts of the 'demon drink' and removes the focus from individual responsibility and the responsibility of our cultural and social structures for condoning or ignoring such behaviour.

There was a dual focus to chapter 4. First, it reviewed the literature on alcohol's role in men's violence to women; second, it summarised existing policy and practice in relation to alcohol and domestic violence. It highlighted how there is undoubtedly an increase in men's violence to, and abuse of, women in many contexts where alcohol has been consumed, despite a dearth of UK evidence. Of particular note is the US research that shows high rates of received violence among women in substance use treatment as well as problematic substance use among women in domestic violence shelter samples. There is also evidence that women's alcohol use, whether it precedes or follows the violence and abuse, has moved responsibility for the aggression away from the perpetrator and on to the woman. The chapter concluded with a brief summary of policy and service provision that demonstrated how responses to alcohol-related violence to women remain split between the two separate fields of alcohol and domestic violence. If policy and service provision are to meet the needs of a significant number of women, and men, whose lives are affected by both, there have to be moves towards effective policies and joint working or integrated care.

In sum, a consistent message from the literature is that: a) alcohol does have an effect on mind and body, b) it plays a significant role in violence generally, and violence to women in particular, c) that drinking by one partner, or both, can increase, if not

reliably predict, the risk of abuse or violence, and d) that policy and service provision are failing to address this dual issue adequately, if at all.

It is because of these consistencies that the role of alcohol in violence against women should not be ignored in terms of intervention and treatment both for perpetrators and victims. Yet what is clearly missing from the research on this subject is evidence of the victim's view of alcohol's role in violence to women. This, in turn, should help inform such service provision. There is a dearth of qualitative data asking women, who suffer violence and abuse from a male partner, about the role they think alcohol plays in their partners' violence to them. Research has focussed on the nature and extent of the link between alcohol and violence, the theoretical relationship or whether alcohol or other substance use was present at the time of the violence. In relation to violence to women, again the focus has been on the use of alcohol or drugs at the time of the violence, who was drinking, and the conclusions that can be drawn from this. What is missing is research that explores the views held by the women who suffer such intimate violence and abuse.

To support the women properly, services need to be informed by their experiences and beliefs. Services should be tailored according to the women's needs and understanding, even when they differ from agency philosophy. Rigid adherence to a particular philosophy cannot support women whose needs must be at the centre of our services and whose beliefs will necessarily be the starting point in our relationship with them.

I will now turn to part II of this thesis and present the methodology and methods of this study that seeks to clarify women's perspectives on the role of alcohol in men's violence to women.

Part II

Methodology
and
Methods

Chapter 5

Methodology

This chapter will discuss the aims, objectives and methodology of this research before discussing the methods and analytic process in chapter 6.

5.1   Aims and objectives

The objective of this study was to examine women's beliefs about the role of alcohol in violence against women, from the perspective of women who have been, or are still being, abused by their partners or ex-partners. It is the women's perspective that is missing from the research and it is the intention of this thesis to begin to fill that gap.

Anecdotal evidence suggests women blame alcohol for their partners' violence. But, despite an extensive review of the literature, there was no research that asked women about alcohol's role in such violence. I felt strongly that this gap in knowledge needed filling and that to do so involved asking women what they believed, what their experiences were and how they made sense of the alcohol-related violence they suffered.

As evidenced in chapter 3, the links between alcohol and violence have long been established although arguments for alcohol's causal role in such violence are hard to prove. It is therefore unsurprising that feminist researchers, who arguably lead UK research on men's violence to women, dismiss alcohol as one of the many myths about 'causes' of men's violence, in favour of an emphasis on men's abuse of power and control over women. While the latter view is now widely accepted among agencies working with men who are violent to women, the dismissal of alcohol's role in such

violence is often not sensitive to, nor reflective of, the experiences and beliefs of the women who suffer it. In addition, such an instant dismissal is not only inaccurate but also patronising. Women's views on alcohol's role are likely to be far more complex and developed than they are generally portrayed.

Thus, a further aim of the research was to determine the extent to which women believed alcohol played a key role in their partners' violence and abuse. If they viewed alcohol as a key factor, one of the aims was to explore their explanations for this.

The study also aimed to explore to what extent the women believed alcohol played a role in violent or abusive behaviour outside the home. It questioned whether there were differences between the women's beliefs about alcohol's role in their partners' violence to them and alcohol's role in violence to others outside the home. If these beliefs differed, the implications for research and practice would need to be considered. Such belief systems are important for determining practice and policy issues for working with women with violent or abusive partners, and for alcohol practitioners working with abusive or violent men, or women who suffer such abuse. Providing effective intervention and support systems for women experiencing violence and abuse means starting with the needs identified by the women. Developing services, or policy, based solely on a particular ideology or theoretical framework runs the risk of alienating people who do not share such beliefs. As Stanley and Wise (1993) state:

> We feel that much feminist theory and research tends to...treat
> women whose experiences don't correspond with theory as
> falsely conscious or otherwise inadequate. When looked at
> from the viewpoint of these women this is offensive and
> patronizing...
>
> (Stanley and Wise 1993: 90)[1]

It was my intention to avoid this type of feminist research and to employ a research

practice that respects and represents the women's views. It is with this in mind that I

now turn to the methodology that guided my research.

5.2   Methodology

Methodology encompasses a theory of how research should be conducted and this, in

turn, informs both the processes of data collection and of analysis. The methodology

chosen would therefore inform which methods were used and how. These methods, in

turn, would generate data from which conclusions could be drawn. Renzetti and Lee

(1993) support the need to clarify research methodology, particularly with "sensitive

topics" of this kind. They state:

> ...we argue that ignoring the methodological difficulties
> inherent in researching sensitive topics is also socially and
> scientifically irresponsible because this ignorance may
> potentially generate flawed conclusions on which both theory
> and public policy subsequently may be built.
>
> (Renzetti and Lee 1993: 11)

There were five key features that were important in determining how to research this

subject. First, the research had to be woman-centred as historical and current evidence

shows the primary victims of violence between partners are women. Second, it required

a research method appropriate to determining the in-depth, subjective views of each

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[1] To clarify, 'false consciousness' here refers to a concept originated by the 19th Century political theorist Engels, who stated it was a powerful structural force which led people to believe false motives behind the causes of their difficulties (Morrison 1995). The problem with this argument is that it implies that what is being believed or said by these women has no intrinsic value or truth and, in turn, is both disempowering and disrespectful to the individual. Good feminist research practice rejects this concept and moves back to a position of giving value to women and women's voices.

woman. Third, the research had to be sensitive to the extent that the safety of the woman came first, both physically and emotionally, and that my research was, at all times, secondary to this. Fourth, it needed to ensure that the process 'gave something back' to the women who would be revealing personal and often painful experiences as well as their views on the more general issues. Fifth, the research methodology had to allow for the women's voices to be the focus and for theory to emerge from their words and explanations.

Finally, I hoped my results and outcomes would have some positive impact, however small, on service provision for these women and, possibly, for the men who abuse them. At the very least, if this ideal was not met, my experience learning from these women could be reflected in the dissemination of the research findings by, for instance, publications and conference presentations.

As my methodology developed it became apparent that my five key priorities listed above fitted well with feminist research principles. In addition, the principles of grounded theory would also ensure that explanations and theory emerged from the data. I will therefore expand further on how both approaches were combined to form my research methodology.

5.2.1   Feminist research practice

My wish for women-centred research echoed many of the fundamental principles of feminist research which has historically taken the position of research "on with and for women" (Kelly et al. 1994). Stanley and Wise (1993) highlight three key themes of feminist theories that inform feminist research. First, the belief that women are oppressed; second, that the "personal is the political", that is "[t]he personal and the

everyday are both important and interesting and ought to be the subject of inquiry"(118); and third, that there is a developing feminist consciousness from such inquiry. Stanley and Wise describe this feminist consciousness as a "double reality" which helps women to see their lives from a new perspective while still being able to see it in the "old way".

My research incorporates all three features: violence from a male partner as a form of women's oppression; research on women's personal lives, centred on their views and experiences; and lastly, a quest to listen to women at the same time as raising their consciousness, my consciousness as researcher and, through dissemination, ultimately the consciousness of others.

Initially, I resisted this identification with such a feminist position because of what I felt was an all-encompassing approach that did not allow for differences of experience between women. However, my perception of feminist research as being all-encompassing was dated. Feminist research accepts this criticism of lack of individualism in its early research approach. Kelly et al. (1994) point out that the 1980s saw the beginning of people questioning this 'broad brush' approach and called for an acknowledgement of women's differences.

One of the strengths of this study's methodological approach lies in its acceptance and incorporation of subjectivity in the research process. It views subjectivity – that is, individuals' feelings and experience and how they make sense of them – to be central to the research process (O'Connell Davidson and Layder 1994). It is this inclusion of subjectivity that attempts to redress what feminist research perceives to be a male dominance in research to date (Harding 1987, Ribbens and Edwards 1998). By

acknowledging that the researcher, as well as the research participants, will influence the research process, it allows for a discussion of the influence of gender and power relations on the research process and outcomes.

The debate about subjectivity vs. objectivity and what constitutes knowledge in research is a lengthy and on-going one (Hammersley 1995, Williams and May 1996). It has often been constructed as a debate between qualitative vs. quantitative research methodologies respectively, with little room for a middle ground. Traditional notions of objectivity represent a search for knowledge that is value free and based on multiple, observable phenomena that lead to some ultimate 'truth' or 'reality', independent of emotion or personal prejudice (Robson 1993, Williams and May 1996). As with other qualitative research methodologies, feminist research is criticised for its rejection of this formulation of objectivity (Williams and May 1996), and for its embrace of the values of both the researcher and researched. As O'Connell Davidson and Layder (1994) state:

> For the orthodox social scientist, then, subjectivity is bias and
> ideally, the researcher should eliminate all traces of it in order to
> lay bare the objective truths behind it.
> (O'Connell Davidson and Layder 1994: 121)

Feminist research rejects the idea that subjectivity and objectivity can be divorced from each other and sees the way to attain maximum objectivity as incorporating, not dismissing, subjectivity. Maynard (1994: 19) states that not acknowledging the subjective involvement of the researcher in research has led to 'weak' notions of objectivity "because they include the researchers' hidden and unexplicated cultural agendas and assumptions". In addition, Harding (1987:9) argues that introducing "this subjective element into the analysis in fact increases the objectivity of the research and decreases the "objectivism" which hides this kind of evidence from the public". The

transparent discussion of subjectivities as part of the research process validates the data collection process and the analysis of such data.

Stanley and Wise (1993) also criticise the objective positioning of "traditional" research. They state it "uses" people, and positions itself so the researcher is apparently more able to understand the lives of the people being 'researched' than the people being researched themselves - this, despite having spent only a "fleeting and partial acquaintance" with the subjects in their studies. The detached researcher-researched relationship needed to achieve this view of objectivity (Robson 1993) was neither appropriate nor justifiable for this research. There was no moral or ethical way I could justify interviewing women in depth about their experiences of violence and abuse and stay detached from them. Some researchers suggest that the concept of objectivity among quantitative research is changing. Williams and May (1996) suggest it is moving away from representing notions of universal truths and value-freedom to a more Weberian view, that is, the recognition of values, how they impact our research and a desire to minimise their interference in the research process.

The importance of subjectivity for this study does not mean abandoning ideas of objectivity, merely adopting a different view of it. Robson (1993) recommends Eichler's (1988) approach to objectivity. He suggests maximum objectivity is achieved through:

> 1) a commitment to look at contrary evidence
> 2) a determination to aim at maximum replicability of any study...
> 3) a commitment to 'truth-finding'...and
> 4) a clarification and classification of values underlying the research.
>
> (Eichler 1988: 13/14 in Robson 1993: 65/66)

Robson (1993: 407) suggests that "confirmability" is "the corresponding concept" to objectivity moving the focus away from the researcher to the "case study" itself. He suggests that providing the researcher can provide a clear audit trail of evidence about how the research has been carried out, which an "outsider" could follow if required, this provides evidence for confirmability.

Further, the importance of subjectivity in feminist research does not mean abandoning quantitative research techniques either. What some feminist researchers see as essentially 'male' research techniques, such as surveys, can be used to support the rich quality of material from interviews. As Maynard (1994) states:

> ...in rejecting quantification, feminists have overlooked the contribution that research involving enumeration has made to our knowledge and understanding of women's experiences.... The significance of violence in women's lives, for example, is underlined by studies showing the extent and severity of its incidence.
>
> (Maynard 1994: 13)

The rejection of quantitative research methods in feminist research is now dated, with feminist research adopting, and adapting, such methods to meet the needs of the research topic and size of the project (Kelly et al. 1994). My own research methods went some way to encompassing the use of quantification, supporting its usefulness but also highlighting the difficulties of using such techniques in researching sensitive subject areas. This is detailed further in section 6.2 below.

Feminist research practice also requires the researcher to be sensitive to the impact of the research process on the woman, as well as on herself as interviewer. This sensitivity to the research participant is not simply the domain of feminist research practice but is an essential aspect of any good research practice. However, it is a key consideration given the woman-centred and political focus to feminist research practice. As Kelly et

al. (1994: 35) point out: "We need to take much more seriously the potential for harm, that participation may be more of an intrusion/imposition/ irritation/responsibility than a benefit."

Holland and Ramazonaglu (1994: 137) speak of the impact of sensitive research on interviewers too and how this "should not be underestimated". I felt quite certain that my sensitivity to the issues involved in research on the subject of violence to women was fairly high. My previous work experience included working in a refuge and working with homeless women, some of whom had been made homeless through fleeing violence from male partners. Academically, I had carried out secondary analysis of research on the subject for my Master's degree dissertation, and I am a member of networks researching men's violence to women both nationally and internationally. However, while the choice of my research methods ensured practical and emotional support for the women I spoke to, it became apparent that I failed to seek sufficient support for myself. This will be discussed further in chapter 7.

The idea of reciprocity is also key to the practice of feminist research, although not restricted to feminist research alone. Skeggs (1994) cites work by Golde who "argues that all fieldwork should encompass some form of reciprocity; that researchers should offer services or materials in exchange for the privilege of studying or disrupting other people's lives" (Golde 1970/1986 [sic] cited by Skeggs 1994: 81). It was important to acknowledge the practical and emotional time and energy the women I was interviewing were giving me, not to mention the considerable risk that many of them took in speaking to me in the first place. Although small compensation, I offered the women a report on my findings once my research was complete.

I will now turn to the principles of grounded theory which, combined with the principles of feminist research practice, defined my methodological position and the subsequent research methods.

5.2.2 Principles of grounded theory

There are three key principles from grounded theory that I drew on for this research. First, grounded theory is predicated on the emergence of theory from the data (Glaser 1992, Strauss and Corbin 1998). It is inductive in its approach, not deductive or hypothesis testing. This fits comfortably with the requirement of feminist research practice to ensure that women's voices remain central to the research process and analysis. It is important in both grounded theory and feminist research that the data are "allowed to speak" for themselves (Strauss and Corbin 1998: 65) rather than be misrepresented by the researcher speaking on their behalf. It is this spirit of representing the 'researched' in as true a manner as possible that is key to the meeting of these two research approaches.

Second, some of the analytic techniques proffered by grounded theorists, for example, the processes of categorising, classifying and relating key concepts, yet sticking closely to the concepts emerging from the original data, again upheld principles of feminist research allowing women's voices to be heard through the research. (See section 6.4 for details of the analytic process.)

Third, grounded theory is concerned with validating emergent theory by comparison with the original data (Glaser 1992, Strauss and Corbin). Again this technique builds in an internal validity which is not only good research practice but also seeks to ensure that

the data – the women's views in this case - are clearly heard in the theory rather than secondary to it.

However, I was unable, and unwilling, to follow a 'pure' grounded theory approach due to some components of its sampling and analytic processes. Aspects of these processes were not appropriate for this research given the nature of the sample, access limitations to it and, most importantly, the aims of this research, which prioritise the women's voices over the researcher's theoretical interpretation of them. For example, Strauss and Corbin (1998: 35) define objectivity as

> The ability to achieve a certain degree of distance from the research materials and to represent them fairly; the ability to listen to the words of respondents and to give them a voice independent of that of the researcher.
>
> (Strauss and Corbin 1998: 35)

While this definition fits well with my perspective on objectivity, they advise the researcher achieve this distance by "maintaining an attitude of skepticism" [*sic*] and "obtain[ing] multiple views of an event" (Strauss and Corbin 1998: 43/45). This would be neither appropriate nor ethical for feminist research on men's violence to women. Being sceptical about a woman's story of violence and abuse suggests a lack of awareness of the subject. Neither is it appropriate to seek other people's views on the violence or abuse given the issues of safety and stigma for the woman concerned.

I will elaborate further on grounded theory in s.6.3 and s.6.4, which focus on my sampling and analytic processes respectively. I will now detail the methods of data collection used in this study.

Chapter 6

Methods

This chapter will begin by reviewing my pilot study, which defined my research methods. It will also report on the sampling and interview process before concluding with a review of my analytic process.

6.1   The pilot study

This research sought the views of women who suffered violence from men partners on alcohol's role in their partners' violence to them and its relationship to violence generally. However, I began this research with the intention of also interviewing men who had perpetrated violence to women, as well as the women who suffered it. The pilot study and analysis was completed over a five-month period and involved interviews with both sexes, but not partners for reasons of the woman's safety (see appendix 2 for details of the pilot sampling process). The primary aim of the pilot study was to test the use of my research instrument, which was a complex interview tool combining quantitative and qualitative research methods (appendix 3).

The pilot interview schedule was highly structured consisting of open and closed questions including prompt cards, Likert scales and excerpts taken from the Conflict Tactics Scale 2 (CTS2) (Straus et al. 1996). It also included the AUDIT alcohol survey, designed to identify harmful and hazardous levels of drinking by the interviewee (Babor et al. 1992).

The interview questions were split into four separate subject areas; alcohol, violence/ abuse, alcohol-related violence, and alcohol-related partner violence. However, it

became apparent that some interviewees had difficulty in giving general views about these issues, often answering questions in a personal way or struggling to answer at all. This suggested the question was unclear, too difficult for the educational background of the majority of the interviewees, or simply that their personal experiences of alcohol and/or violence were so overwhelming that they were unable to think beyond it. Some similar questions created confusion for some people as they felt they had already answered the question.

The pilot study included the Conflict Tactics Scale 2 (CTS2) (Straus et al. 1996) as a self-completion assessment tool. The criticisms of the tool made me cautious about its use, particularly its tendency to equate women's violence to men with men's violence to women and its inability to contextualise the abusive behaviours (Dobash and Dobash 1992, Mullender 1996, DeKeseredy and Schwartz 1998). I considered the Abusive Behavior Inventory (ABI) (Shepard and Campbell 1992) as an alternative. It is considered a pro-feminist tool, concentrating on men's violence only and psychological abuse. On a practical level it is shorter in length and takes less time to administer. However, as the pilot study involved interviewing both men and women, the CTS2 presented no obvious bias towards women and this, in turn, would lessen defensiveness from the men. Thus, the CTS2 was chosen for the pilot study.

At the end of the pilot study it was apparent that the CTS2 was not progressing the research aims and objectives. It was distracting the main focus of the research by focussing on the number of behaviours rather than the meanings and experiences of the women who suffered them. Further, I remained concerned about the criticisms of the CTS2 and decided to drop it for the main study. Instead I designed a new tool, combining elements of the ABI and CTS2 to form the Violence and Abusive Behaviour

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Inventory (VABI). This, in turn, formed part of the checklist I left with the women I interviewed (see s.6.2.2 and appendix 4).

The completion of the pilot study showed that my research instrument was too complex and not accessing the in-depth data required. The interview schedule was cumbersome and, on a practical level, took too long to administer. Depending on the individual respondent it took between 90 minutes and three hours. It was also too restrictive and directive to access fully the data being sought. The combination of open and closed questions did not always work well. The interview tool needed to be more flexible and one that would fit within a one-hour time limit. Thus, I redesigned the interview as a semi-structured interview schedule that allowed greater flexibility in how it was administered and allowed for a woman-centred, and woman-directed, interview.

The pilot study also showed that interviewing both men and women was too ambitious given my preferred sampling procedure and redesigned interview tool. There would be too much data generated given the time restrictions of this research. Further, on a practical level, the pilot study highlighted how access to men was going to be particularly difficult. Thus, as a result of these practical concerns, and by reference to my primary research aims, I chose to drop men from the research and focus on women. My primary research interest was in women-centred research and women's views on alcohol and violence, and this was the major gap in the research.

Thus the pilot study clarified the need to redesign my research tool, the practical difficulties in accessing the perpetrator sample, and the overly ambitious scope of my research. It is with this in mind that I now turn to the methods and process of the main study.

6.2   Methods

The methods had to be sensitive to the nature of the research topic and to minimise any

harm to the women interviewed. They also had to access, in-depth, the women's

experiences, beliefs and opinions about the relationship between abuse, violence and

alcohol. These requirements suggested that my primary research tool needed to be a

qualitative one.

However, the study also incorporated quantitative methods to support this primary tool.

Thus, there were two strands to the data collection. First, in-depth interviews were

conducted with women who had been, or were still suffering, abuse or violence from

men partners. These were tape-recorded with the women's permission. Second, a

checklist and stamped addressed envelope was left with the women interviewed to fill in

and return to me. This quantitative tool was used for the purposes of triangulation but

was a supplementary part of the research only.

6.2.1   In-depth interviews

In order to meet my research aims and objectives, I was seeking data that were not only

personal but also potentially painful to the women involved in the research. The

research method had to allow me to support the women at the same time as collecting

in-depth data on their beliefs about alcohol-related violence to themselves and others.

Interviews would allow in-depth discussion and, as this method usually requires face-to-

face meetings, this, in turn, would enable me to offer emotional support to the women if

needed.

Semi-structured interviews were chosen to ensure the research questions were covered during the interview while at the same time allowing the women to speak freely without being constrained by a particular question order. Interviews also allowed me to explore spontaneously people's responses relevant to the research question in a way that is not possible with most quantitative research methods. Further, quantitative research methods do not adequately allow for subjectivity, context and individual meanings to be part of the research process. These were all central features of my methodological position.

It was important for the study's feminist methodological framework that the researcher's presence was an acknowledged part of the research process. This means recognising, and allowing for, the costs and benefits the researcher's involvement has on the research process. This view conflicts with research methods that strive for a more distant and detached relationship from the research subjects. The closer relationship that subsequently develops with the interviewee is designed to break down the hierarchical relationships constructed in the dichotomy of scientist and subject (Stanley and Wise 1993, Maynard 1994, Glucksmann 1994), thus providing a research context that is more equitable for the people taking part. This would only be possible, with this research topic, using less structured interview techniques. As Maynard (1994) states of approaches to feminist research:

> Research becomes a means of sharing information, and, rather than being seen as a source of bias, the personal involvement of the interviewer is an important element in establishing trust and thus obtaining good quality information.
>
> (Maynard 1994: 16)

The study also required a method that would allow for the poor literacy and educational standards in the City (Office of Her Majesty's Chief Inspector of Schools and Audit

Commission 1999, Kingston-upon-Hull City Council 2000). The use of semi-structured interviews overcame any potential difficulties the interviewees may have had in terms of reading and writing in a way that survey research, for example, would not. This concern was validated in the pilot study when what I thought were 'simply worded' questions proved difficult for some research subjects to understand (see appendix 2). Semi-structured interviews would allow me to explain or rephrase any questions in case of difficulties. It was important that a lack of education or literacy skills did not exclude people from taking part in the research or expressing their views.

However, interviews or transcription-based research are criticised for their selectiveness. Miles and Huberman (1994: 56) point out that informants can be "deliberately" or "unwittingly" selective in what they say. This is an issue also raised by attribution theorists who point out that people will explain their own actions, or the actions of other people, depending on the particular context in which they find themselves (Booth Davies 1997). If the context changes, the responses or explanations change with it, thus producing unreliable data.

There is no doubt that the research participants could have selected information they told me, particularly as I had made clear at the start of the interview the conditions under which I would break confidentiality. However, this raises several points. First, it does not invalidate what they have actually disclosed, second, the same could be said of any research method asking open questions. Similarly, closed questions force research subjects to choose between two, often polar, extremes or from pre-selected categories, when there are usually many other 'shades' of answers in between. Third, it is only human nature to select actions, behaviours, discourse, depending on the context. To attempt to remove such 'human-ness' from the process of researching humans would

surely be to defeat the very purpose we set out to achieve. Further, the criticism only holds if a person believes there is a particular 'truth' for which 'we' must search and against which all other responses can be judged.

To counter this criticism, Hollway and Jefferson (2000) suggest that the researcher must reflect the individual's "meaning frame" by using their words and phrases as well as asking follow up questions which can gain further information and thus maximise reliability. Similarly, Matza (1969) states "we are saying that we recognise the human element in analysis and the potential for possible distortion of meaning". He suggests making constant comparisons of the data to validate our interpretations. Finally, Holstein and Gubrium (1997: 126) suggest that, "[a]ny interview situation - no matter how formalized, restricted or standardized - relies upon the interaction between participants". They cite earlier authors who say that meaning is "unavoidably collaborative" and thus "it is virtually impossible to free any interaction from those factors that could be construed as contaminants" (126).

My communication skills and language were key to effective interviews and quality data collection. Holland and Ramazanoglu (1994) suggest adopting the use of the research subjects' language, especially in terms of sensitive research topics:

> In so far as there is a possible way of talking about the sensitive topics involved, the researcher needs to be able to pick up and use the language of the respondents as it is offered... .
> (Holland and Ramazanoglu 1994: 138)

In principle, this is sound advice. In practice it would be undesirable if the respondent's language gave offense, for example, if it was sexist or racist. Using such language would be collusion and work against the feminist research principle of consciousness raising.

I considered using focus groups for the early part of my research in order to provide a supportive environment for the women to talk about their experiences as well as providing a forum for raising issues that could be addressed further through individual interviews. However, for the subject of violence to women, the facilitation of such groups is a problem. Most women want the issue to remain private due to the attached feelings of shame, stigma or a sense of disloyalty to their partners. There was only one support group in the geographical area of my research, which had the potential to be a 'ready made' focus group. However, I was not allowed to contact the group directly and, although a woman's centre worker made contact with this group on my behalf, I never heard from them.

Other qualitative techniques were equally unsuitable to access the data. Observation studies, for example, would not be possible or practical for researching women's views of alcohol's role in men's violence to known women as it would observe behaviour rather than access meanings of, and beliefs about, experiences (Flick 1998, Robson 1993). For obvious reasons, such research would also raise serious ethical considerations. Discourse or conversation analysis would focus more on the construction, or deconstruction, of what was being said (Flick 1998), rather than on its meanings and the implications of the women's experiences as realities (Alldred 1998).

The flexibility inherent in administering semi-structured interviews provides a more relaxed research interview that, in turn, maximises the chances of getting good quality responses. Similarly, the flexibility this method allows in relation to how the interview begins, and who begins it, goes some way towards maximising principles of reducing power relationships between the researcher and the woman being interviewed.

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However, Glucksman (1994: 156) acknowledges that reducing the power differential is not an easy task, suggesting that ideas of minimising power between the two roles "exists, more likely than not, only in the researcher's head".

Although semi-structured interviews became my primary research method, as Kelly et al. (1994) point out, there are some advantages to more distant, survey or checklist-based research methods, even in sensitive research subjects:

> Whatever our topic of investigation individuals will be at different stages in their willingness and ability to discuss it. It means something different to disclose information anonymously on paper or computer than to speak/communicate it interactively with another person.
>
> (Kelly et al. 1994: 35)

It is with this in mind that I will now turn to the second strand of my research methods.

6.2.2   Checklist

The second strand of the study was an attempt to support and clarify the interview data by using a checklist to assess a) the subject's own drinking ('Alcohol Survey'), and b) the types of violent and abusive behaviours from each partner to the other when they were 'sober' or 'after drinking' (Violent and Abusive Behaviours Inventory or VABI) (see appendix 4). While the validity of this research, and its contribution to knowledge, did not rely on this second method of data collection, nevertheless it was designed to clarify, and verify, some aspects of the women's experiences. Further, given that there were potential literacy problems among the people taking part in the research, relying heavily on the self-completion questionnaires would not have been advisable in a small -scale study.

The Alcohol Survey was based on the AUDIT questionnaire on alcohol use that is designed to identify harmful and hazardous levels of drinking (Babor et al. 1992). The advantages of the AUDIT for this study were that it focussed on the individual's alcohol use and was quickly and easily self-administered. It has been found to be accurate when used with people from a range of cultural backgrounds and different ages or gender (Babor et al.1992). It has also been validated internationally. The disadvantage is that it is usually used as a clinical screening tool for health settings with a follow-up clinical assessment although the authors stress it is not intended to be a diagnostic test.

The primary reason for the inclusion of the Alcohol Survey was to provide a broad view, albeit limited, of the level of the men's drinking during the pilot study and to observe any apparent correlation between their level of drinking and their views of their alcohol-related violence and abuse. However, given the research suggesting women may often drink as a result of violence and abuse from a partner (Cantrell 1986, Downs et al. 1998, Corbin et al. 2001), I decided to leave it in when men were dropped from the research. The results would supplement the women's verbal reports of their own drinking. However, there were some difficulties using the AUDIT and these are discussed in section 7.3.

The VABI was constructed from elements of two similar questionnaires including the Conflict Tactics Scale II (Straus et al. 1996) and the Abusive Behaviour Inventory (Shepard and Campbell 1992). The checklist consisted of a series of 'tick box' items that would take approximately ten minutes to complete. Each woman was asked to fill it in and return it in the stamped addressed envelope supplied. It was designed to achieve several goals: first, it would evidence some of the types of violent and abusive behaviour the woman's partner perpetrated without having to ask her to list details

during interview. Second, it would assess if there were differences in the man's behaviour towards the woman 'sober' and 'under the influence', and whether these corresponded with the interview discussion. Third, it provided a way of 'double checking' the women's verbal reports of their partners' abusive and violent behaviour. I suspected there may be some behaviours the women did not view as violent or abusive due to increasing tolerance levels in relation to violence and abuse, or behaviours they may have been too embarrassed to mention during the interview. By listing certain abusive or violent behaviours - physical, sexual, verbal, psychological – it would be possible to demonstrate, for example, how a woman might talk about her partner as "not really violent" but then tick boxes showing his behaviour to her as including serious forms of violence. This conflict would be important for the analysis of the verbal reports.

In the VABI survey, the inclusion of questions about her violence to him, in exactly the same format as the questions about his violence to her, was originally designed to minimise the men's defensiveness during the interview. If the study asked only about his violence to her it was possible that this bias would risk alienating the man and close down his willingness to respond openly. The more honest the information from the perpetrator, the more insight could be gained into his behaviour, to the greater benefit, ultimately, for the women suffering violence and abuse. The disadvantage of including these questions was the risk of implying that I equated her violence to him with his violence to her. Alternatively, it may have provided visible evidence of how much more violent he was in comparison to his partner.

When men were excluded from the research I decided to retain these questions, primarily to identify the level of violence and abuse women reported perpetrating

against their partners, particularly as some women felt they had provoked or triggered his abuse in some way. This remained an uncomfortable decision however and, in hindsight, I would not use this part of the checklist with women in future. Its inclusion quite possibly diluted the focus on men's violence and abuse. It may also have potentially reinforced some women's perceptions that they 'provoked' the violence or abuse they received. This is not a message I would wish to convey.

One of my ethical concerns about leaving the checklist with the women echoed my criticism of survey research in this area; it meant I was not able to offer support if the checklists proved upsetting to the women. The decision to leave them was based on the hope that I would have established a supportive relationship with the women through the interview process and they would contact me, or one of the support agencies on the list I gave them, if they needed further support (see appendix 5).

The checklist also contained a large space on the back of the form in which the research subjects were invited to add any extra information they wished, or to state what it was like to take part in the research. Several women chose to use this space to thank me for meeting them, thus providing support for my chosen methodology and research methods. Details of these comments can be found in section 7.5.

The lack of empirical generalisations from qualitative research outcomes is a regular criticism of qualitative research. However, the theoretical concepts that emerge from my research are generalisable. As Silverman (2000: 84) points out, it is possible to move from the specific circumstances to a general theory in terms of locating "how individual elements are embedded in forms of social organization". This research provides the base for future research that could investigate how representative these

concepts and views are within the community and specific treatment populations. Further, by using multiple case studies and narratives, this research provides evidence that the "events and processes ... are not wholly idiosyncratic" (Miles and Huberman 1994: 172).

A final criticism of qualitative research is its perceived lack of reliability. In quantitative research reliability is proved when a study is replicable and produces the same results. Robson (1993: 73) states:

> While in practice no replication is ever exact, an attempt to repeat the study as closely as possible which reproduces the main findings of the first study is the practical test of the reliability of your findings.
>
> (Robson 1993: 73)

Reliability in qualitative research is assessed differently. Flick (1998) presents an alternative approach to reliability and says that the replicability 'test' attached to meanings of reliability should be rejected. He suggests reliability in qualitative research can be proved by clarity over whether the data is the subject's statement or the researcher's interpretation, and by ensuring thorough training of interviewers and observers in the procedures and conduct of the interviews. This, in turn, will "improve the comparability" of different researchers' interviews and results. Finally, he states the whole process should be clearly documented. While only one researcher conducted this study, there is clarity over the origins of the data and interpretation as well as clear documentation of the research process.

The main strength of my methodology and methods is that they have allowed the women who took part in this research to remain at the centre of the research and analytic process. The interviews have focussed, in-depth, on how the women interpret and understand their experiences, and made accessible their views on alcohol's role in

their experiences of violence and abuse. The methods have enabled me to address a gap in the research on this subject that has meant our understanding of the topic has been incomplete.

I will now explore the research process and outline how these methods were put into practice.

6.3 Selecting the sample

The following section will detail how the sample for this study was selected and outline the process of the research interviews.

6.3.1 Accessing the sample

The women for this research sample were accessed via the City's police Domestic Violence Unit (DVU). This decision followed discussions with, and consideration of, other organisations including Women's Aid, the Probation Service and a local alcohol agency as possible routes of access. However, accessing women through the latter organisations meant my sample would be 'handpicked' by my contact at the organisation. Further, the views of the women (and initially men) may have been coloured by their contact with the organisation and its philosophy. For example, the local Women's Aid refuge has a policy of not allowing researchers access to women within the refuge but instead offered to make contact with women who had previously been resident. My concern was that instead of getting a 'raw' view from such women, I would hear the Women's Aid philosophy on men's violence to women.

I wanted to maximise my chances of accessing women whose views on men's violence to them, and the role of alcohol in that violence, were their own and not that of an

agency or programme of which they had been part. I therefore approached the police as the most likely route to contacting people with little or no previous contact with other agencies. This belief was eventually borne out by the fact that none of the women I interviewed had contact with agencies apart from the police. The disadvantage of this access route was that my sample would already be limited and biased by the fact that so few women suffering violence and abuse contact the police for help (see chapter 2).

Initial contact with the women was made by Domestic Violence Liaison Officers (DVLOs) based in the City's DVU. Among its duties, the DVU provides police support to women in the community and to police officers who require the domestic violence history of victims or perpetrators. The DVLOs maintain the computer-based 'domestic violence register' logging new, and on-going, cases on a database. The information for the register is taken from domestic violence incident forms that should be filled in by every officer attending a 'domestic'. In turn, the attending officers send the forms to the DVU for entry onto the register. The police agreed that I could view these incident forms in order to access my sample of women.

The main data collection took place over a period of 13 months between November 1999 and December 2000. The process of gaining permission from the police delayed the start of the project due to police administration procedures and the holidays of key staff. There were also delays during the main data collection due to police difficulties in accessing research subjects and the lack of resources available to them. During this period, and in my earlier negotiations with the police, the DVU 'restructured' and moved to temporary premises. It was physically moved twice more during my data collection period causing delays of up to three weeks on each occasion. Early in the data collection process, there were also several murders in the City in a short space of time.

As a result my main DVU contact was moved to the murder investigations to act as the 'family liaison officer'. In addition, of the five officers working in the DVU at first contact, the restructuring had forced changes and job moves, leaving 1.5 officers in the DVU with the unit's administrator in a different station in the City. This had a negative impact on my research in terms of my access to the DVLOs and the time they could spend with me. Further, the original system we had set up, in terms of accessing the domestic incident forms, changed. It became slower as the forms were passed first to the administrator and then sent to the DVU at a different station.

Despite these difficulties, and with the support of one committed police officer, access to the women remained via the DVU. I will now explain the selection process.

6.3.2   The selection process

In terms of the sampling process, grounded theory requires "theoretical sampling" which is:

> ...the process of data collection for generating theory whereby the analyst jointly collects, codes and analyzes his data and decides what data to collect next and where to find them, in order to develop his theory at it emerges.
>
> (Glaser 1992: 101)

Due to the subject of my research and limited access to the women (s.6.3.1) theoretical sampling on this basis was not strictly possible. Coding and analysing the data as it was collected was possible but this could not determine a different source or sample for the subsequent data collection. My sample was a purposive sample (Robson 1993) with the women selected on the basis of their relevance to the key concepts of the research. They also needed to be physically and emotionally available, that is, having a telephone number as well as feeling emotionally able to participate in such sensitive research.

The Data Protection Act 1998 placed legal restrictions on my contacting women directly without the police first seeking verbal consent. As the initial contact had to be made by the few police officers available, only women with telephone contact details could be selected for interview as the police did not have the time to make home visits on my behalf. The first part of the selection process was therefore to exclude the domestic incident forms with no telephone number, or where the telephone number given was that of a neighbour who had reported an incident, or the number of a public telephone box. Also screened out at this stage were the few incident forms that gave a man as the victim or where the incident was between siblings or parents and children for example. The Home Office changed its definition of domestic violence in April 1999 to focus on violence between intimate partners or ex-partners but occasionally police officers sent forms to the DVU that did not accord with the new definition.

From the remaining domestic incident forms, where the victims were female, the perpetrators were male and there was a telephone contact, I then selected the first form in every three. This selection process was needed because there were many forms and, therefore, too many calls for the DVLOs to make within the time available to them. The forms were left with the DVLOs who called me when a woman gave her verbal agreement for me to contact her. Once verbal consent had been given, the DVLO also gave me brief details of the incident leading to the police contact and information as to whether the victim and the perpetrator were still living together. The latter detail was important for me to know prior to my telephoning the woman directly. I needed to ensure that my conversation with the woman did not put her at risk and that I had prepared an alias if the perpetrator answered the telephone. In addition, it made me

aware that the research interview would need to be arranged while the perpetrator was not present for the safety of us both.

On average I attended the DVU every two to three weeks to make a selection from the domestic incident forms. Initially I attended each week but the officers did not have enough time between visits to make the telephone calls, particularly when the staffing levels dropped soon after the start of my research. Any new forms that arrived since my previous visit were put to one side for my next visit and the process of selection and telephone calls began again.

The selection process continued until I had reached a point of thematic saturation in terms of my data collection and analysis, that is, when no more themes were emerging from my analysis of the data. Principles of grounded theory guided this process with the data collection stopping when "no new or significant data emerge, and categories are well developed in terms of properties and dimensions" (Strauss and Corbin 1998: 214). My approach focussed on thematic saturation rather than the grounded approach that focusses immediately on theory development and saturation. Some researchers have interpreted theoretical saturation more broadly than Strauss and Corbin (1998) as the point when the data stops producing anything new about the subject of study (Bertaux and Bertaux-Wiame 1981 cited in Mason 1996).

Before moving on to the analytic process I will first describe the interview process.

6.3.3   The interview process

My first contact with the women was by telephone and this contact was key to establishing some degree of trust and a non-threatening relationship. It was also key to

conveying that the research was not a 'test', ("there's no right or wrong answers"), and that I wanted to hear the woman's experiences and opinions. If she agreed to see me we arranged an interview. I decided not to follow up phone calls with a letter confirming our appointment in case the perpetrator saw it and used it as a reason for further questioning and abuse. However, I offered my work and research mobile telephone numbers and asked whether she wanted me to call 'before I set out' to check if it was still convenient. Few women wanted either.

All the interviews took place at the home of the woman although alternative venues were offered. This appeared to be the most convenient arrangement as all the women had children and thus meeting elsewhere would have required a considerable amount of upheaval. I also thought the woman would feel more comfortable and safe within her own environment, although ironically this was the place where she had been at most risk from her partner's violence and abuse.

I decided not to leave letters for women who arranged to see me but were not in when I arrived. I did not want the women to feel pressured by my contact with them, as well as not wanting to put them at risk if the letter fell into the hands of the perpetrator. My policy, therefore, was to make only two telephone appointments to interview a woman, and then to count the interview as lost. On making the second telephone contact I asked the woman if she was still able to meet with me or whether she would "rather leave it for now" giving her a way out if she had changed her mind or if the perpetrator was present.

The interview was designed to take no more than one hour. This varied considerably depending on how much the interviewee talked and other interruptions such as

telephone calls, child care needs, visitors and so on. The briefest interview lasted 40 minutes but on average the interviews lasted approximately 75 minutes.

In some cases my arrival immediately triggered an outpouring of tales of abuse from the woman, even before I had the opportunity to discuss issues such as consent. The vulnerability of the woman in such circumstances was highly apparent. As noted by Finch (1984: 81), "There is...a real exploitative potential in the easily established trust between women, which makes women especially vulnerable as subjects of research".

Despite such immediate outpourings, I had to stop the woman's story in order to get the paperwork done. Taking control of the interview so soon did not feel comfortable but it was important (to me at least) that she understood early in the discussion what my research entailed and the conditions for her consent. What information was lost interrupting her at an early stage had to be set against the ethical need for the woman to make informed decisions about the information she gave me. I wanted to protect her from me and to enable her to make choices over what she could tell me and in what circumstances I would break confidentiality.

In other cases, women were guarded and said little until they had heard more about the research, what would and would not be done with it, and who I was. The University letterhead on my paperwork may have contributed to some suspicion detailing, as it did and should, that I was based in the Department of Social Work. Social work means social services, social services means taking your kids away. I am not sure that my assurances of a past life as a social worker with mentally ill homeless adults was much consolation at the times I was asked about my social work background. Of greater interest perhaps is the speed and readiness with which I tried to divorce myself from any

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alliance with 'children and families' social work (see s.7.6 for further debate on ethical issues).

The interviews were preceded by what seemed an invasive amount of paperwork: the research summary (see appendix 6), reading and signing two informed consent forms (see appendix 7), and reading the ethical code (see appendix 8). All of these, plus my business card, were left with the woman. On several occasions the women put these papers immediately into a handbag or drawer leading me to check whether she would "be in trouble" if her partner found them.

On completion of the interview the women were given further opportunity to ask me questions, add anything they wished to add or felt I may have missed out that was important. Some women took the opportunity to defend a partner, "he's alright really", some told of further horrific abusive experiences and others disclosed, off tape, past thoughts of suicide. The majority of the time, however, the discussion centred around me, my research, my personal and professional experiences, and the support available locally to the woman I had interviewed. This time varied from a few minutes to nearly an hour. In addition, I left the women the VABI checklist to be returned to me in the stamped addressed envelope. I asked the women if they would like to be sent a report from my research, gave them a list of support agencies available to help women experiencing violence and abuse, and contacts for alcohol agencies and support for children (see appendix 5).

The following section concludes this chapter with details of the analytic process.

6.4   The research analysis

Just as there is no one feminist method for data collection, there is equally no one

feminist analytic process. As Maynard and Purvis (1994a) state:

> ...feminist researchers can only try to explain the grounds on
> which selective interpretations have been made by making
> explicit the process of decision-making which produces the
> interpretation, and the logic of the method on which these
> decisions are based. This entails acknowledging complexity and
> contradiction which may be beyond the interpreter's experience
> and recognizing the possibility of silences and absences in their
> data.
>
> (Maynard and Purvis 1994a: 7)

To this end my process of analysis took an inductive approach to the data. As with a

grounded approach to data collection and analysis, I had no pre-set hypothesis to test.

What was important in my analysis was to let the subjects speak for themselves and

minimise the extent to which my data reduction 'violated' the stories, and views, of the

women I spoke to.

Matza (1969: 27/28), in his discussion of the ethnographic perspective of naturalism,

concurs. He criticises naturalism's tendency simply to describe phenomena and states

"...analytic summary is tantamount to *reduction*, the high sin to naturalism. But for the

analytic naturalist, *summary* is just a simplified rendition of a phenomenon in which its

integrity *is not violated*" (emphasis in original). As Matza points out, descriptions of

people's behaviour "ceases to be useful" if there is no attempt to suggest what it means

or what is relevant about it.

6.4.1   The analytic process

At what stage of the research process the analysis begins is a debatable issue and will be

influenced by the methodology and data collection methods used. For this research the

analysis began from the start of the research process through the use of research log

books. They contained thoughts, memos, questions, concerns about different aspects of my research, as well as a log of the visits to the DVU, the selection process on each visit, the calls received from the police, and the calls I made to the women. During the formal analysis stage I continued to use it for memos or aide memoires or to highlight passages in a particular transcription to which I wanted to return.

Following my interviews I made notes in my research log on the process of the interview as well as subjective interpretations of the context of the interview. For example, after one interview I noted my concerns that the woman's abusive partner was possibly going to arrive home early from work and thus we, and the interview, were not as 'relaxed' as we could have been. Silverman (2000) suggests that part of data analysis is using "eyes and ears". For me this was also relevant as the homes I was visiting often had signs of damage and breakages that may have resulted from the partner's violence in the home.

The 'formal' models of analysis that informed my analysis were those of Strauss and Corbin (1998), who adopt a grounded approach to analysis and theory building, and Chesler's (1987) seven-step method of data analysis. The relevance of both these models to my data was their concern with sticking closely to the text and allowing the text to illustrate the research claims.

While grounded theory begins building theory from the start of the data collection, my intention was to develop theory at a later stage when more data had been collected and themes and patterns had begun to emerge from the women's responses. Chesler's seven-step model allowed for the patterns and themes to emerge fully and for theory to develop from them. While potential theoretical statements emerged from the start of the

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data collection and were noted in my research log, I chose not to make theoretical comparisons from an early stage, changing the questions or sample according to "evolving theoretical analysis" (Strauss and Corbin 1998: 85). It was important that my research questions remained the same for each woman in order to allow the themes to develop and, ultimately, for theory to emerge. I wanted to hear what the women had to say and explore their beliefs and opinions.

However, I used some of Strauss and Corbin's analytic techniques to guide me during the data reduction process; for example, they recommend line-by-line coding of data, or 'microanalysis', and 'open coding', a method for drawing up codes and categories for qualitative data.

Primarily, I broadly followed Chesler's (1987) seven-stage process of data reduction and analysis:

> Step 1: Underline the key terms in the text.
> Step 2: Restate key phrases. .....
> Step 3: Reduce the phrases and create clusters. ...
> Step 4: Reduction of clusters...and attaching labels. ...
> Step 5: Generalizations about the phrases in each cluster
> Step 6: Generating theory: memo writing that poses explanations
> Step 7: Integrating mini-theories in an explanatory framework.
> (Chesler 1987: 9-12)

At the same time as 'underlining the key terms' I began by carrying out a process of line –by-line data reduction or summary. Due to the mass of data that emerged, this quickly developed into a summary of several lines together, rather than individual lines, or a summary of the response to a particular question, depending on the length and substance of the reply. The aim of this was twofold, first, to highlight the "key phrases" (step 2) from what I considered to be natural 'padding' in any conversation, for

example, removing the "you know what I mean". While sometimes this 'padding' was important in terms of providing the context of a conversation, often it was not.

Second, and simultaneously, by going through the transcriptions so closely it allowed me to become very familiar with the text. I felt this thoroughness was important in order for me to be able to step back from the detailed analysis and obtain a broader view of the data that was as accurate as possible, without losing the richness of the detail. I was also able to identify at an early stage what appeared to be key quotations to help illustrate results.

In line with Chesler's third and fourth stages, I began to see categories, or themes, emerging from the data and key phrases to which I could attach what Chesler calls 'labels'. Unlike Chesler I chose not to "reduce the key phrases" at this stage. I was concerned not to over summarise the data and lose its originality. For each category or theme that emerged I returned to the original data and checked each interview completed at that time, to see what the woman had said relating to that particular theme. For example, one theme that emerged was 'alcohol's impact on her partner' and clearly developed as a direct response to one of my questions. Other themes, for example, 'Jekyll and Hyde', emerged from the data as a result of clusters of answers offered by the women. Simultaneously, what also began to emerge were broader themes into which the clusters could fit. It is these four broader themes under which I report my results in chapters 8 and 9.

It was important for my methodology that I stuck as closely as possible to the text, to the women's responses. This early detailed analysis helped me to begin to interpret what was being said in the context of the whole interview without the risk of making

broad statements that did not accurately reflect the content of the interview. I also wrote memos alongside the data highlighting, for example, where a particular comment linked to another made elsewhere. These memos varied from note form to more detailed statements or summaries that contained questions, hypotheses and mini-theories. While the memo writing became an ongoing process, when I had been through all the interview transcripts once I wrote up the memos by interview too. This meant I had a clear 'listing' of memos, thoughts, and questions for each interview and gave me another way of cross-checking one interview with another to see if the same issues were raised elsewhere. This process was in line with Chesler's 'Step 5' when the researcher begins to develop generalisations about each cluster of phrases. Chesler (1987: 13) states: "By identifying and illustrating specific comments we can establish a basis for generalizing about the meaning of each cluster, and then for generalizing across clusters - if possible."

As Chesler points out, several of the steps are carried out several times to ensure "different clustering patterns are tried". In my research I recognised that some women gave responses that might fit into a possible theme about 'alcohol rules', either their own rules about alcohol as adults, or their family's rules when they were younger. On re-examining the data this was not the case, only a few women had mentioned the concept of 'rules' relating to alcohol. Thus the data were clearly not supporting a cluster of their own.

Miles and Huberman (1994: 69) refer to the 'reduction of clusters' as "pattern coding" which is the "grouping [of] summaries into a small number of sets, themes or constructs". One of the difficulties I faced was deciding which clusters to omit from this reduction process. To use all my data would generate too many results and too

much discussion for one thesis. I therefore created a "single sheet analysis", as recommended by Miles and Huberman, on which I listed all the cluster themes that emerged from the data. It was here that I clarified the four broad themes into which the majority of clusters fitted. This helped me to see that I needed to drop certain clusters that had been generated from the interviews, for example, 'the impact on children', and to focus primarily on the clusters relating specifically to alcohol and violence.

While my analysis of this data did not include statistical significance, the regular repetition of certain phrases underlined the data I was collecting in a noticeable way. Silverman (2000: 185) acknowledges this seeming paradox of 'counting' within qualitative research and reasons, "Counting based on members' own categories in the context of comprehensive data treatment is possible because, in principle, the quality of data should be high in qualitative research". Miles and Huberman (1994: 253) also add that counting can help "verify a hunch or hypothesis". In my data, some women referred to their partners as a "Jekyll and Hyde" character under the influence of alcohol. By counting I was able to analyse how often this occurred and whether it was a theme in its own right.

From this counting and cluster reduction I was able to make broad statements about each cluster. For example, the cluster labelled 'alcohol's impact on the woman' showed how the women who drank alcohol reported more positive effects on themselves in comparison to the impact alcohol had on their partners (see 9.1). This echoes Chesler's (1987) 'Step 6', where explanations or theories begin to form and ultimately an "explanatory framework" could emerge.

As this research intended to hear and reflect what the women had to say about alcohol's role in their partners' abusive behaviour, my goal was not to provide an explanatory framework consisting of some complex theoretical construct which would reflect little of what the women had to say. As with grounded theory, the theory was to emerge from the research data. The 'explanatory framework' would be formed primarily from the data – the women's views. I was keen to limit my own theorising until I had developed the theory generated from the women's responses, although it would be impossible to remove myself from the process of theorising completely. As Maynard (1994) points out:

> To repeat and describe what women might have to say, while
> important, can lead to individuation and fragmentation, instead
> of analysis. Feminism has an obligation to go beyond citing
> experience in order to make connections which may not be
> visible from the purely experiential level alone.
>
> (Maynard 1994: 23/24)

There is a fine line between interpretation and analysis that represents people's views and analysis that presents such views as secondary to the interpretation. My analysis intends to make the "connections" without losing the women's views within them.

Before turning to the results of the research, chapter 7 will offer some reflections on the research process, together with the key limitations and strengths of this study, and the ethical considerations inherent within it.

Chapter 7

Reflections on the research process

In this chapter I will reflect on the some of the key issues raised by the research process. These include the potential impact of myself as a woman, social worker, and researcher, on the interview process, as well as the impact of this research on me. It will include a discussion on the limitations and strengths of the research methodology including feedback from some of the women I interviewed. I will complete the chapter with a discussion of ethical considerations present throughout the research process.

7.1   Interviewer effects

It became apparent early in the pilot study that the depth and length of an interview was not only affected by personal factors relating to the interviewee, but also factors relating to me as the interviewer. Within feminist research practice the effects of the interviewer on the interview process and the interviewee are accepted and accounted for in both method and analysis:

> ...we insist that the choice is of either including the researcher's self as the centre of research or of simply not talking or writing about it. It is impossible to 'do' research and at the same time 'not do it'; and 'not doing it' is the only way that the researcher's self can be excluded from the centre of the research process.
>
> (Stanley and Wise 1993: 59)

As stated in s.5.2.1, positioning the self at the 'centre of the research' in this way allows transparency about the researchers role in the research process, and is arguably a more honest reflection of the researcher's position as the person who conceived, designed, conducted, analysed and disseminated the research.

One of the key principles of feminist research practice is the breaking down of hierarchical relationships between 'the researched' and the researcher. Maximising the woman's sense of power in the interview is a goal of feminist research. I began to doubt the reality of this goal as it became apparent that my position in life was fundamentally different to the majority of the women I spoke to, for example, in terms of my education or class. Glucksmann (1994) recognises the conflict of ideal and 'reality' and pointing out "structured inequalities" in the research relationship:

> To put it bluntly the feminist researcher is usually a highly formally educated intellectual whose work is to read, think, write and ultimately produce knowledge. But the same is not usually the case for the many working-class people who are studied by academic oral historians.
>
> (Glucksmann 1994: 156/7)

There were undoubtedly times during my research when this became obvious. I sensed, for example, that some women were choosing words carefully, apologising for swearing, using more complicated words and sometimes getting them wrong. One woman apologised for the aluminium foil pie case she used as an ashtray, and there were other such examples that demonstrated an awareness of our differences. During a telephone call to a colleague, his daughter answered the telephone and I asked to speak to her dad. He must have asked her who it was as she shouted back "I don't know but I think it's somebody important". Amusing as this was at the time, it hit home how my accent, for some people, is 'posh'. With that label come many assumptions of how to behave towards me. In the research context this must also affect how, if not what, information is shared with me. Stanley and Wise (1993: 160) recognise this: "'The researched' will have feelings about us as much as we will about them, and also feelings (and theories) about the research itself."

My second point concerns the potential exploitation of the research subject and the ethical issues this raises. With hindsight my ability to verbalise quickly and carefully the point of my research probably persuaded many of the women to take part. The ease of this access to women concerned me at times. Finch's (1984) experience reflects this:

> ...it was principally my status and demeanour as a woman, rather than anything to do with the research process, upon which they based their trust in me. I feel certain that any friendly woman could offer these assurances and readily be believed.
>
> (Finch 1984: 80)

The potential for abusing this trust was immense. Finch goes on to state: "I have also emerged from interviews with the feeling that my interviewees need to know how to protect themselves from people like me" (80).

I was also conscious that how I was feeling could greatly affect the quality of the information received. If I was fresh, alert, and looking forward to the interview, it appeared to go well. My tone was appropriate, our relationship was better and I left feeling I had done my best as a researcher, woman and caring person. The potential disruption and harm had been effectively minimised and maybe the woman had gained something from the interview process. On a day when I was feeling tired, lacking in energy, and finding the research emotionally stressful, I would occasionally stumble over questions, or my clarifications would be more complicated than the original question itself. For these interviews I wondered about the quality of experience for the woman concerned and on a personal level had gained little myself.

It is the impact of the interviews on me as the researcher to which I now turn.

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7.2   The effects on the interviewer

There were two key areas relating to the impact of the research on me. One related to the content of the interviews and process of the research, the other to the context within which I came to be researching. I will take the latter first.

In order to complete this research I had returned to academia from social work practice. I was working and researching within a social work department of the City's university. During the 12 months prior to the start of my fieldwork I had grown accustomed to the academic environment, and my own identity had changed from social worker to academic. I was not part of a research team but I hoped that working with a team of ex-social workers would offer some conviviality and a supportive atmosphere. With the exception of two people, this was not my reality. I felt I was no longer working in a caring environment but one that was competitive and research-focussed and where social work values were something people taught, but many did not practice. Wise (1997: 122) describes a similar experience of culture shock moving from social work to academia: "I came from a profession which is (numerically) female dominated and necessarily involves co-operative working, to a higher education sector which is male dominated and intensely competitive." Mine was not an environment that reflected my personal and research values nor understood how my research may impact on me. Instead of getting the support I had hoped for I had to accept that for many it was every man and woman for themselves. I reluctantly learnt to say no to my colleagues in order to protect my research time. Ironically, the cost of this was being seen as 'not a team player'. It is with this background that I began my fieldwork. This brings me to my second key point, the effect of the content of the research on me, as a woman, and researcher.

On personal and professional levels, the 'stories' of abuse I heard had a tremendous impact on me. While I was aware these would be upsetting, shocking, even incomprehensible, I thought I had prepared well for my own emotional needs. I was not new to the subject, or the practice, having worked previously in a refuge and with vulnerable and abused women in other settings. I knew I could rely on my supervisor for emotional support. In addition, a 'retired' academic and worker with Women's Aid offered me support despite not knowing me well. She obviously knew what difficulties I would face in a way that I did not. What became apparent, only with hindsight, was that I did not know how and when to use these supports.

One of the unexpected benefits of piloting the study was what it revealed about the impact of the research on me. I was expecting an obvious feeling of repulsion about which I would rail vociferously when I returned to the office or to my home. Alternatively, I expected to feel instantly drained and tearful. I had expected to recognise what I was feeling and where it came from and for it all to happen fairly immediately. The reality was nothing like that. I began to learn that 'delayed impact' may be the norm, and that somehow I needed to find a way to identify the feelings more immediately and find a way to 'deal' with them as soon as I was able.

I came away from all the interviews feeling great admiration for the women who had survived such levels of violence and abuse. I also felt saddened by the fact that so many women felt they 'hadn't coped well' because of feeling suicidal or taking anti-depressant drugs or simply sobbing uncontrollably in front of the children. I felt frustrated at my own inadequacy to reflect their strength and bravery back to them in a way that they could see and accept. I also felt frustrated at my own inability to have any

significant impact on improving their sense of self worth and self esteem. And finally I felt fearful for the women who remained in abusive and violent relationships.

I began to see I was emotionally overloaded when I went to an interview and felt a great sense of relief when the woman was not in. I had not realised that, while I enjoyed speaking to the women, I could, at the same time, not look forward to it. I noticed too that, in transcribing some of the tapes, I was unable to sit more than 30 minutes without needing to get up and do something in the way of light relief. Some transcriptions took me two days, others were done in a few hours.

On a personal level I noticed a change from being a 'social animal' to enjoying my own company. I developed a love of hill walking prompted by a need to 'escape' to beauty and find the antidote to the grim reality I was researching. I developed an increased sensitivity to interactions between people and elements of abuse within them. The mountain views became the counterweight to the heaviness of the controlling, violent and trapped relationships I was hearing about, reading about and writing about. I also noticed my mood changes, intolerance and emotional exhaustion. I realised, with mixed feelings, this may not just be a temporary change to my behaviour and began to see the impact it could have on my life and relationships.

The effect of this on my research was the need to be even more conscious of how I communicated, both verbally and non-verbally, in the interviews. My feminist approach to the research had already determined that acknowledging subjectivities in the research process is key to good research practice. However, my concern was crossing the line between sympathetic, reflective listening and communicating a personal position that could prompt different responses from those they would

otherwise express. I felt a key point in determining this outcome was our pre-interview 'small talk' and my initial responses to questions relating to the abusive or violent behaviour of her partner. Further, I had to remain highly cognisant, during analysis, that I stayed closely to the text and that I checked and double-checked my results and interpretations. While this is, of course, good practice, my awareness of the changes within me, and my own increased sensitivity, made me feel even more vulnerable to criticisms of my analytic process. The process of 'consciousness raising' through research and the importance of reflective practice had certainly become a reality for me.

On two occasions I was faced with the possibility of a partner returning to the house while I was interviewing the woman. On one other occasion the partner was upstairs in bed and the woman did not feel it was a problem. While my own safety was an issue on these occasions, I was more concerned for the woman's safety after I had left. Kennedy Bergen (1993) had a similar experience:

> While the threats to the women themselves were much greater, this study also posed a potential threat to me as a researcher. The threat existed primarily because the interviews most frequently took place in the homes of the participants, which could have been visited by the (ex-) husbands themselves. For the most part, I felt safe conducting the interviews; however, the possible threat of angry men finding me interviewing their (ex-) wives about their experiences was sometimes daunting.
>
> (Kennedy Bergen 1993: 199)

With the benefit of hindsight I have learned that future research of this kind will require greater support for the researchers involved. Similarly, my experience has implications for the training and support of practitioners working in this field or intending to incorporate these issues into their existing practice. This will be discussed further in chapter 11. In future I would arrange a regular 'debriefing' session solely to discuss the interviews and their impact, regardless of whether I felt I needed them or not. I would

also take up the offer of support from the practitioner working at Women's Aid. I am certainly now more able to understand the anger and the passion - which ironically can border on aggression - of some of the radical feminist researchers with whom I had difficulties in the early days of the research.

I will now turn to the limitations and strengths of the research methodology before moving on to address ethical considerations raised by the research.

7.3   Limitations

The key limitations and strengths relating to qualitative methodologies have been addressed in chapter 5. I will therefore briefly outline some potential limitations and strengths based on my use of the methods and my analysis of the research.

A possible limitation relates to the access route to the women who took part in the study. While I had fully briefed the police contacts on the nature of my research and the types of questions I would be asking, they were not able to make the calls in my presence. I therefore was unable to assess precisely what information they gave to the women during their telephone contact and whether this was an adequate representation of the purpose of my study.

In addition, one of the limitations faced early in the study related to the research subjects being able to identify with the concepts of the research. If the women did not identify that she was, to some degree, a victim of 'violence' from her partner, this may have influenced her willingness to take part. As there was no way of my assessing the reasons why some women did not agree to be interviewed when contacted by the police,

it is possible that some women were lost to the research as a result of not identifying as suffering domestic violence.

Other research reports similar concerns. Tolman (1999: 34) states "some women who report frequent and pervasive acts of maltreatment do not necessarily label themselves as psychologically maltreated". Mihalic and Elliot's (1997) research found respondents did not generally view "acts of marital violence" as 'crimes' unless they were "serious", and thus lesser acts of violence were not reported.

Thus, the results presented in this study may be limited to a group of women who had been suffering partner violence for some time and recognised that the violence had become serious. As a result, they may have developed a particularly clear view of their experiences and alcohol's role in them.

The majority of the women in this study were separated from their violent partners and therefore at the 'end' of relationships. Thus, they may be more likely than women earlier in the abuse, and leaving, process to know that the men's behaviour would not change despite their best efforts. If this was the case, the longevity of their experience, rather than being a limitation of the data, in fact argues for the robustness of the results and analysis presented in this study.

A potential limitation of the analytic approach relates to the coding scheme used in this study. Silverman (2000) suggests that coding schemes based on categories can be restrictive. He states that at times it can be "difficult to escape" the power of such coding or categories. This was a potential difficulty for my own research particularly in terms of theory building. Early in the formal analysis stage I became entrenched in

analytic methods, displays and linear analytic processes adapted from quantitative research methods for application to qualitative research. This soon became overwhelming and inappropriate given the aims of the research. It was necessary to pull back from the range of detailed processes to see the key findings and messages in my research. As Chesler (1987) found in his own work on the "'dangers of self-help groups", there was a need to step back and look at the overall picture:

> A critical phase of theory building rises above the internal analysis of each cluster of dangers, looks back over all the individual statements and all 10 clusters and tries to understand what common themes underly the entire data set.
>
> (Chesler 1987: 18)

In doing so the theoretical framework discussed in chapter 10 became apparent. The danger in not doing so was to remain entrenched in the thematic categories that had emerged from the data thus stunting the developing theory grounded in the women's responses.

There were some limitations in relation to the checklists I left with the women. To recap, the checklist consisted of an alcohol survey based on the AUDIT and the VABI checklist that recorded violent and abusive behaviours before and after drinking (s.6.2). The key problem with the checklist was that eight women did not return forms. Postal surveys frequently suffer from poor rates of return and, while the return rate for this study was good (60%), some women had not fully completed the alcohol survey. Therefore, I have not been able to draw any reliable conclusions from the alcohol survey data and the results have been discarded. In future it would be necessary to consider administering the survey in person, or as supervised self-completion questionnaire, as a way of combating non-completion or return. The problem with this

is that it removes the anonymity that may have produced more open responses than a questionnaire administered face-to-face.

Further, as the alcohol survey was self-administered by women only during the main data collection, as opposed to the pilot study when men were included, a brief instrument geared specifically to women's drinking could have been considered. The TWEAK for example, was "developed and validated among women" and was originally designed to screen for risky drinking behaviour among pregnant women (Russell et al. 1991 cited by NIAAA 2003). Further, the Mm-MAST has also been found to be more sensitive to women drinkers than screening tools such as the CAGE (Osterling et al. 1993).

Screening instruments including the AUDIT have been criticised for being developed from, and focussing on, men's drinking and subsequent behaviours (Ames et al. 1996, Russell et al. 1997). However, some researchers have suggested the AUDIT does not exhibit a gender bias (Conigrave et al. 1995, Volk et al. 1997) and others have used it as the primary instrument in research on women's drinking (Fleming 1996, Holmila 1993).

As only 12 of the 20 VABI checklists were returned, the validity of the VABI needs further testing. Initially, however, it seems to have measured the concepts it set out to measure. The results are reported in chapter 8. Further testing might include comparative tests with other established tools, for example, those on which it is based - the ABI (Shepard and Campbell 1992) and CTS2 (Straus et al. 1996) - although these instruments also have their limitations for this type of research as discussed above (s.6.1). There are also ethical considerations in asking women to complete repeated questionnaires that draw on such personal and potentially painful information. The

reliability of any such instrument is hard to judge conclusively as a woman may, within a short period of time, experience forms of violence that she had not experienced when she previously completed a checklist or screening tool.

I will now turn to the strengths of this research and demonstrate how feedback from some of the women interviewed pays testimony to the methodology and methods employed.

7.4   Strengths

Feminist principles of research practice have informed my data collection and analysis but there is no one particular feminist method or methodology that has placed boundaries on my research. The ongoing reflection in feminist research practice has allowed me the flexibility to explore my research subject while maintaining fundamental principles of ethical feminist research practice. Further, it has allowed me to reflect on my own involvement in the research process and to be explicit in terms of how I may have influenced the research outcomes, without having to deny my involvement to defend quantitative notions of 'objectivity'.

The methods of research and analysis used in this study have led to a greater depth of analysis, and richness of data, than traditional quantitative methods would normally allow. Holstein and Gubrium (1997: 126) highlight this strength of what they term 'active interviews' suggesting they can "be used to gain purchase on interpretive practice relating to matters that may not be causally topical, yet which are socially relevant".

The brief, but often intense, relationship I developed with the women remained present during the analytic process and helped me to remain focussed on what they had to say.

Holstein and Gubrium (1997) suggest that analysis for 'active interviewing' demands attention to the process as well as the substance of the interviews and therefore demands even greater rigour and attention than other forms of qualitative analysis.

A further strength was that the analytic process allowed me to focus on the minute detail as well as step back to develop any underpinning messages and themes. It gave me the freedom to be creative with the data, trying out new themes or clusters, and cross-checking the individual cases with each other. One strength of this approach to analysis is that it avoids what Miles and Huberman (1994: 58) refer to as "generic code for many". By this they are referring to the process of pre-coding data as opposed to taking a more grounded approach to data collection and seeing how many variations there are within it.

A further strength of my analytic approach was that it maximised the validity of the research. Flick (1998: 225) interprets validity as "the question of how far the researcher's constructions are grounded in the constructions of those whom he or she studied...and how far this grounding is transparent for others". My close adherence to the women's transcripts throughout the analysis and discussion presents, as closely as possible, an authentic representation of what was said. By basing my discussion on the women's words I have minimised the distance between my interpretations and the women's voices.

Criticisms that the social construction of the interview influences the robustness of subsequent interpretation can never be ruled out. However, my construction of the interview context, in terms of how I introduced my research subject and requested the woman's help with the research, minimised my own views. For example, my research

summary (see appendix 6) stated that there were "no right or wrong answers" and that

they would help me most by giving me their "honest opinion". There is a significant

difference between acknowledging and reflecting my position in the research through

my methodological approach and transmitting an obviously biased view to the women

before hearing or asking about their views. The focus of the interview was to hear what

they had to say, not for the women to hear what I had to say. Further, as Glucksmann

(1994) states:

> The feminist injunction is the principled response to the belief
> that researchers, together with their research subjects construct a
> negotiated reality, on the premise that there is no one reality, that
> it is always mediated by the meaning it holds for the actor, that it
> is always constructed, that there are multiple constructions and
> all may be equally valid.
>
> (Glucksmann 1994: 159)

Holland and Ramazanoglu (1994) question whether data collected in research represents

some "unproblematic reality" and point out there is "no way of knowing the relationship

between truth and the interview text" (143). To maximise validity, they suggest, is to

accept and reflect "a level of reality" from what interviewees say while accepting there

is "no precise solution" as to how 'we' can ensure we have reflected their

understanding. However, to present the interviews as descriptions alone, without any

further interpretation or conclusions drawn from them, demonstrates little understanding

and uses the data to little personal or political effect.

Hammersley (1992: 193), however, cautions against assuming that "one group or

category of people necessarily has more valid insights than another". Yet, it is difficult

to see who may have greater insight into men's violence to women, than the women

who experience it. This position does not deny that men may have a different view - in

fact it expects it. As Holland and Ramazanoglu (1994) state:

> [The] process of interpretation...is both positive and creative, but
> also flawed in the sense that we can never be sure that we have
> got it right. There are no general rules of validation that can
> impose an abstract order on the confusion and complexity of
> daily life. This flaw does not lie specifically in feminism, but in
> the tension between the vulnerability and the power of any social
> researcher who tries to read through their data to some version
> of social reality behind it.
>
> (Holland and Ramazanoglu 1994: 145)

Perhaps the strongest validation for my methodology and research methods came from the women themselves. While not all the checklists were returned to me, many women had obviously given thought to filling in the checklists and using the blank space provided. Filling them in at interview time would not have given them this opportunity to process the issues raised by our discussion and their experience of it. Their comments demonstrated one goal of feminist research practice, 'consciousness raising', and it is to these I now turn.

7.5   Feedback from the women

Feminist research practice requires reciprocity, an intention to accept that the 'personal is political', and a focus on women's voices and women's oppression. Further, it should contribute towards developing feminist consciousness. This section summarises the feedback I received from the women who took part in this study.

Throughout the research interviews there were times when the women were in tears as they recalled hurt, pain and loss. Each time I offered to stop the interview but each time they told me to continue. Conversely, some women appeared very 'upbeat' throughout the interview as if they had 'dealt with' the violence and abuse and had moved on with their lives. For others it was apparent that, while they undoubtedly had sought explanations and reasons for their partners' abuse, this was the first time they had

discussed their views and been asked about them. I therefore did not know what to expect in terms of feedback at the end of the interviews.

When I received back my first anonymous checklist I was moved by the comment, and signature, on the back. It reflected, as did other comments, the hope that the woman's involvement in the research would eventually help others:

> I also feel if this research does go well, men and women and children <u>will</u> benefit from it in our future to come. I wish you well with you're studies and you're understanding. Keep up the good work, Sarah. I feel you'll do us all proude. (Ann) (emphasis in original)

This was my first indication that some women would genuinely perceive me as fighting for them and this sense of responsibility was not lost on me. The personal comments gave me confidence in my approach to this research. The way I had located myself within the research appeared, to some extent, to be working. In addition she thanked me for my "help and understanding" and offered to help further if she could. Other women responded in similar fashion, wishing me luck with my research and stating how the research had helped them process their experiences. Some examples of this, however, also reflected further the difficulties they face(d):

> To answer questions is easy, but to say how you really feel when alone in four walls and feeling frightened and hurt is hard to explain, to take part in the research made it easier to try to explain. (Kris)

> Verry helpful. Also help you deal more with the situation. <u>Thank you verry much</u> Sara for giving your time to come and interview me. Thanks. (Sally) (emphasis in original)

> Doing this research has given me the confidence I needed to seek help and know that they will listen to me and believe me. Thanks Sarah. (Linda)

These, and other examples, demonstrate a clear process of consciousness raising for these women. At very least they realised they were not alone and that their experiences

were shared by many women, some of whom where trained to provide support and guidance for them. On a personal level my 'interview questions' and my ability to listen to their experiences and beliefs had given some of them the confidence they needed to seek help, or at least feel less isolated. This reciprocity through the research process is a key feature of feminist methodology.

Some feedback was slightly defensive in tone. One woman finished her feedback with "most of the time we live quiet happyly" stating she was going to get help for her medical problem which she felt was at the core of their difficulties. Another woman used the space to explain her own behaviours that she had ticked on the checklist. She was keen to point out they were not her "usual behaviours" and resulted from his affairs and physically defending herself "when quizzing him" prompted his violence or abuse. As discussed earlier (s.6.2), this reflected my primary concern about leaving the section on the women's perpetration of violence or abuse in the checklist. I did not want to give the impression that the women needed to defend their actions to me, as many of them already felt they were responsible for some of their partners' abuse and violence. This particular checklist was accompanied by a six-page letter, written when she could not sleep, explaining her feelings of loneliness, anger, fear, her attempts at making her marriage work and her hopes for the future. She offered for me to call her if I needed any more information. I wrote back giving as much support and encouragement as possible, enclosing more information on support networks in the area.

It is this reciprocity that is fundamental to feminist research, and particularly to such sensitive subjects. It is also why the feminist view argues against removing ourselves, as researchers, from the research process:

> The kind of person that we are, and how we experience the
> research, all have a crucial impact on what we see, what we do,
> and how we interpret and construct what is going on. For
> feminists, these experiences must not be separated off from our
> discussions of research outcomes.
>
> (Stanley and Wise 1993: 60)

The response from one woman neatly summarises one of the ideal goals of this

research:

> I was very happy to help in your research and what I have said I
> hope it helps other women who have to go through what I have
> being through. (Rebecca)

This wanting to help other women who may be experiencing violence and abuse is at

the core of feminist research into this subject. It is also reflects the principle of

partnership between the researcher and the research subjects which feminist research

practice aims for – the women provide the experiences or data, and the researcher works

towards making the personal political.

I will complete this chapter with a discussion of some of the ethical considerations

raised before, during and after this research.

7.6   Ethical considerations

I have already made reference to some of the ethical issues involved in researching

violence against women earlier in the chapter. Some relate to research methods in terms

of the questions asked and the research process, others to how the researcher relates to

the women she interviews and the dilemmas this can cause. Additionally, ethical

considerations can relate to a woman taking part in this research and the potential risk to

her safety from both the abusive partner/ex-partner, as well as potential exploitation by

even informed and sympathetic researchers in the interview process.

During my pilot interviews two of the women had contact with the abusive partner while I was interviewing them. The first, contacted by telephone, became a heated discussion when she informed him she 'couldn't talk at the moment' and that it was 'not a good time' to visit. This raised his suspicions and it became evident that he was accusing her of being with another man. I volunteered to terminate the interview but she wanted to continue. I therefore pointed out that the papers I was leaving her (informed consent form, ethical code, research summary, agency information and business card) should be adequate to prove my presence if that was required for her own protection. However, these items could also create conflict and I realised my immediate protection of her was 'unmanageable' for me if she was faced with a partner, or ex-partner, who was intent on violence and abuse.

In the second case the interview lasted 3.5 hours and the partner/ex-partner was in his workshop in the back yard of the house throughout the time of the interview. On two occasions he came into the kitchen, which was connected to the lounge where we were talking. Despite having an injunction against him, the courts ruled he could use his workshop as this was tied to his business as a self-employed joiner. I was conscious of the questions she would get when I left, particularly after hearing the horrors of his violence towards her over a period of many years. She asked if she could contact me again and I made it clear that while she could certainly do so, there were others who she should turn to first to maximise her safety, for example, her established police contact or Women's Aid. This woman, as I left, said how much she had enjoyed speaking to me and that "we had a good laugh didn't we?". I arrived home, drained, manic and angry, and completely saddened by what, for her, was an experience she defined as a 'good laugh'.

It appears that while some ethics will be shared across research approaches, for example, responsibility towards research participants, the way these shared ethics are interpreted will vary broadly depending on the researcher's theoretical and methodological view. The British Sociological Association publishes a *Statement of Ethical Practice* that provides guidance to researchers in three broad areas; professional integrity, relations with and responsibilities towards research participants, and relations with and responsibilities towards sponsors or funders. Within this statement, however, it clarifies that there are no imposed external standards, rather guidance to help people make good ethical choices (British Sociological Association, undated). In other words, it remains a matter of choice and conscience for the individual researcher(s) and their moral framework. The feminist approach tends to be far more inclusive in its research practice and describes such ethical statements as a "deductivist approach" (Stanley and Wise 1993). Further they state:

> We do not find such an approach helpful, for it separates off a particular and distinct kind of behaviour - 'research' - and specifies a set of ethical principles which should govern it and which are different from those that govern other kinds of social relationships.
>
> (Stanley and Wise 1993: 203)

In feminist research the ethic is "an inclusive ethic which ties together the nature of feminism, the practical conduct of human social relationships, and the relationship between humankind and the animal and 'natural' world" (Stanley and Wise 1993: 203). The focus is on levelling the power hierarchy between the researcher and researched and acknowledging subjectivities as central to good research. It is an holistic standpoint that encompasses ontological considerations not just a particular research context. As mentioned in section 5.2, I felt it was not ethical to remain distant in my research and, if I did, this would not only be exploitative of the women I interviewed but would produce poor data and research results.

In spite of the view that research ethics should not be separated from life ethics, I felt it was important to develop an ethical code for my research practice. While I am allied with the feminist thinking on this issue, I think it is an ideal and does not allow for naivety or bad practice on behalf of the researcher. An ethical code specific to the research project can be sensitive and demonstrate that the researcher has thought about the issues it may raise and provide evidence that they will not be taken lightly. I developed a code that combined some of the values I held, with various models of ethical codes (see appendix 8). I felt having the ethical code to leave with the woman gave authority to the points contained within it, for example, the woman being able to withdraw from, or stop, the interview at any time. It also gave details of my role and my supervisor's contact number. Thus, there was an element of allowing the woman to see 'up front', and formally, the safety measures in place for her, as well as what I would and would not do in terms of confidentiality and anonymity.

Perhaps one of the most difficult issues for feminist researchers to accept is that principles of consciousness-raising may make matters worse. In this study it was possible that my question about whether her partner was 'violent or abusive without alcohol' may have prompted a realisation of violence and abuse which the woman had not previously recognised. This happened, noticeably at least, during an interview with one woman. While this could be seen as consciousness-raising it may also lead to further emotional and psychological distress. Further, such realisation could lead to the woman confronting the man with potentially violent and abusive outcomes. As Fonow and Cook (1991) state:

> Because much of feminist research involves the personal and
> intimate lives of women and men, any intervention risks the
> possibility of disrupting relationships that are personally
> satisfying to the participants and perhaps materially necessary
> for survival.
>
> (Fonow and Cook 1991: 8)

This has been recognised by other researchers who caution that consciousness-raising can also have negative outcomes. As Maynard (1994: 17) states, feminist research "[generates] all sorts of issues in respondents' minds, then abandons them to come to terms with these on their own". This was a dilemma I faced in deciding to leave the checklists with the women. As previously stated, I hoped to have guarded against this by providing a list of agencies for the women to contact at the end of each interview as well as encouraging them to call me if they wanted some help.

One of my key concerns in carrying out ethical research was that I did not just 'take' from the women but also found a way, however small, to give something back.

7.6.1   Giving something back

For many social researchers, as with the body of feminist researchers, the politics and ethics of social research are tightly linked. For my research, like other feminist research, the importance of its execution will be judged in terms of those who might gain from it. As Maynard (1994) states:

> A final way in which feminist research practice might be said to
> be distinctive has been in its insistence on its political nature and
> potential to bring about change in women's lives.
>
> (Maynard 1994: 16)

In the longer term this is a worthy aim. In the shorter term it possibly provides the women with a 'raised consciousness' that is not always immediately beneficial to them. I decided as a matter of principle that I needed to 'give something back' to the people who allowed me to ask them such personal questions. This is not specific to feminist

research practice, more to good research practice that seeks to include and acknowledge the people involved in the research process. However, I wanted to give more than a listening ear and empathetic support in the interview context. I felt it was important for people to see the end product if they wished. On completion of this thesis, my task will be to produce a report for the women (and few men) that took part in the pilot study or main data collection. The majority of people who took part in this research requested a copy of this report.

One of the most difficult ethical dilemmas I faced was being a social worker turned researcher as I will now explain.

7.6.2   Social worker versus academic

Without doubt, the hardest ethical dilemmas stemmed from my professional training as a social worker. Much of this was due to a mixed sense of identity on my part. Social work values do not sit well with those of an academic. Social work priorities do not sit well with those of feminist research practice.

Every woman I visited had children. In almost every case, at some point in the interview, the woman mentioned the presence of children during the violence and abuse, or the effect on the children of her partner's violence or abuse. As a social worker I could have referred almost every case to social services if 'witnessing parental violence' is accepted as a form of abuse. But what was I? Was I a researcher or was I a social worker? Could I be both and continue researching the topic in hand?

By the end of the research I had referred only one family to the local children and family social services team after some delay. In this instance the perpetrator still lived

with the woman and her children and was among the most indiscriminately violent men

I heard about during the research. I only fully recognised the risk when I came to

transcribe the tape recording. I also hesitated, thinking the police would have already

informed social services as it was the twelve-year old daughter who had called the

police during her step-father's violence to her mother. I felt ashamed I had not

recognised the need at the time of the interview and stopped the interview to discuss it.

I felt mistrusting of how it would be dealt with by social services and I felt angry that, if

it was acted upon, it would be the woman who received the pressure to make changes

and not the man. I had to remind myself that the child immediately at risk was only a

baby and the woman was an adult. Whether the referral was acted upon I do not know.

Staff from social services telephoned me at home several times and stated they could do

nothing if I was not prepared to give the family concerned my name or allow them

identify me as the person who made the referral. They said it was law under the Human

Rights Act 1998, although I believe this to be a misinterpretation of the legislation.

Knowing the extent of the woman's partner's violence I did not agree to this disclosure.

I feared for her safety. If he was contacted and given my name I had no doubt she

would be abused because of it. At the end of my original interview with her I had found

out she had been abused simply because she had agreed to my interview. This

disclosure would once again place the children at further emotional and physical harm.

Like every other interviewee my contact details had been left with her. As a woman

living alone I also would have feared for my own safety. According to my friends

working in children and family social service teams, my safety was not important.

Perhaps they have a point, but a system that essentially states 'unless we, or you, tell

them your name we will not respond to a child at potential risk' is certainly not a system

I want to be part of. They faced harm if I agreed, they faced harm if I did not. It is an

anathema to me that the system will allow that child, and the other children, to be at risk

because I did not agree to have my name passed to them. How does this attitude protect

children? How will disclosing my name help the children or the woman? I did feel I

had somehow let her down by making the referral. I felt disturbed by the interview

myself and did not want to be 'responsible' for triggering further abuse. I wished I

knew more about the systems within child care teams. But most of all she, and the

children, remained at risk. I felt angry at social services for their dismissal of my

concerns and their attitude towards me. I began to see why the public hesitate to get

involved in such incidents and why feminist researchers and practitioners attack the

profession I had vociferously defended some years earlier. This scenario was the worst

ethical dilemma I faced and it remains with me.

However, according to Wise (1997) there is still hope for the strange bedfellows of

social work and feminist research:

> As feminists we have made much of the relationship between
> the personal and the political and between theory and practice.
> In academic social work, those connections are absolutely
> central, which leads both to exciting possibilities and enormous
> dilemmas.
>
> (Wise 1997: 124)

Other dilemmas were not as intense and usually involved wanting to switch into 'social

work mode' at some point in the interview. I was often tempted to offer advice or make

suggestions in the course of the interview that may 'help' sort out various social,

financial or emotional problems. I resolved this by waiting until the interview had

'officially' ended and using the off tape time to gently suggest who to contact or where

to go for certain resources.

I will now summarise part II of this thesis before presenting the results of the data collection in chapters 8 and 9.

7.7   Summary: part II

Part II of this thesis has detailed the aims and objectives of this research, the methodology and methods chosen to conduct it, and some of the challenges this presented. In addition, it has reflected on the research process and aspects of my personal and professional growth during the study.

I have detailed how my methodology combined principles of feminist research practice and grounded theory and discussed how this approach met my requirements for conducting women-centred research. Further, I have discussed how it allowed for the data to generate the themes and the theory without over interpretation by the researcher.

In addition, I have discussed the key concepts of objectivity vs. subjectivity, reliability and validity as it relates to qualitative research methodology and this study in particular. The methodology chosen reflects my key concerns about conducting this research, which, in turn, led to adopting a qualitative research method - semi-structured interviews – as the primary research tool. Supplementary support for these data came from the VABI checklist and the Alcohol Survey. I have reported on how both the methodology and methods were applied to the selection of, and interviews with, a sample of women accessed through the police DVU and how this selection process ended with the thematic saturation of my data.

Chapter 6 began with a review of the pilot study and its impact on my research tool. The changes I made as a result of the pilot study were considerable and have led to the

depth and quality of the data I obtained. I have detailed how the pilot study served to crystalise not only my research instrument, but also the aims, objectives and priorities of this research. Chapter 6 also detailed my analytic approach to the data that combined Chesler's (1987) 7-step analytic approach and principles of grounded theory analysis.

The final chapter in part II of this thesis has acknowledged the possible impact of myself on the interview process and the impact of the interviews on me. I have identified some of the limitations and strengths of this research and detailed how the women's feedback contributed to validating my approach to this study. I completed chapter 7 by outlining some of the ethical considerations in research of this kind and the ethical considerations specific to my position as a social work academic.

I will now turn to part III of this thesis. It includes the results of the research with 20 women who suffered violence and abusive behaviour from their partners and a discussion of these findings.

Part III

Results
and
Discussion

Chapter 8

Results: Profile and Context

The results will be presented in two chapters – chapters 8 and 9. This chapter will address three key areas: first, it will report the demographic profile of the women who took part in the study and the socio-economic profile of the city in which it took place; second, it will present the results of the analytic process, detailed in chapter 6, by providing a description of the themes and categories that emerged from the data; third, it will report on four key themes relating to the subject of violence and abusive behaviour to the women. The latter includes details of the types and frequency of the violent and abusive behaviours experienced by the women derived from the VABI checklist. It also includes the nonparametric statistical analysis of these quantitative results.

Chapter 9 will focus on key findings from the in-depth interviews with the women, specifically those relating to alcohol's role in the violence and abuse the women experienced.

There is no in-depth work exploring women's views on alcohol's role in their partners' violence to them and whether or not their partners' use of alcohol affected their own experiences of, and views about, his violence and abuse. Previous research has viewed alcohol and drug use as women 'minimising their partners' violence' (Dobash et al. 2000b, Hearn 1998, Mullender 1996), or it has examined alcohol's role in the prevalence and incidence of men's violence and abuse to women (see chapter 4). In this chapter, and the next, I will present data that contributes to this gap in knowledge by drawing on my analysis of interviews with the women.

8.1 The research sample

This section will focus on the socio-economic profile of the city in which the study took place and the demographic profile of the women who took part. It will briefly highlight the impact of these profiles on the research process and serve to provide background information for the results that follow.

8.1.1 The socio-economic profile

The sample of women and men in the research were drawn from the city of Kingston-upon-Hull (Hull) in the north east of England with a population totalling 243,589 (Office of National Statistics 2003a). It is a port city, originally founded by Edward 1 in 1293 and made a city in 1897 due to its development of industry and trade and the subsequent attraction of people to the City (Wilberforce College 2002). With the onset of the world wars, existing housing and environmental problems became worse. In spite of regeneration efforts at the end of the 20th century, the City still has considerable social problems in terms of low educational achievement (Office of Her Majesty's Chief Inspector of Schools and Audit Commission 1999) and high unemployment (Nathan 2002). Further, it rates among the UK's most economically deprived local authorities (Department for Transport, Local Government and the Regions and Social Exclusion Unit 2001). According to the 2001 national census, only 53.2% of "economically active" residents aged more than 16 years are employed (Office of National Statistics 2003a). Statistics on socio-economic classification show that the majority of men (17.9%) fall into the "routine occupations" category with the "lower supervisor and technical occupations" accounting for 13.4% of men in the City. The majority of women (19%) fall into the "semi-routine occupations" with 12% falling into the "routine occupations" category (Office of National Statistics 2003a). Further, the 2001 census shows that the City is not an ethnically cosmopolitan city. Only 2.3% of its

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population is non-white (Office of National Statistics 2003b). The largest age category of residents in the City fall into the 25-44 age group (27.5%), with the 45-64 age group the second largest (21.5%) and the 5-14 (14%), and 15-24 (14%) age groups tying as the third largest (Office of National Statistics 2003c).

Also of relevance to this study are the data on alcohol consumption in the region where the City is based – Yorkshire and Humberside. There are no known figures on alcohol consumption by residents within the City. However, the 2001 General Household Survey (GHS) found that an average of 26% of men in the Yorkshire and Humberside region exceeded eight units in one day during the week before the survey while only 12% of women exceeded six units per day (Walker et al. 2002). On average the Yorkshire and Humberside region was the second highest region in England for exceeding recommended daily alcohol limits. Average weekly consumption by men in the region again came out as second highest with an average of 19 units consumed weekly. Women's drinking, at 8.9 units weekly, was the highest weekly average among all the regions (Walker et al. 2002). Thus the picture of drinking in the region is one of higher than average levels of drinking compared with average consumption in both England and, more broadly, Great Britain.

8.1.2 The sample profile

I completed interviews with 20 women during the main data collection process. As stated in section 4.3, the police made initial contact with the women in my absence, thus it was difficult for me to keep an accurate record of how many women refused to be interviewed or were not in at the time they were telephoned. Verbal reports from the police officers involved in making the calls said that few women said 'no' to my contacting them. It was more likely that they were unable to make initial contact with

the women. The police officers who made the calls worked day shifts for the majority of my data collection period and stated that they felt telephone calls in the evening or at weekends may have produced a quicker response rate and greater numbers of women.

The average time between the women reporting their partners' violence to the police and my telephoning the women was 20 days. This time delay resulted from the required police administrative systems and the limited availability of police officers to make telephone calls on my behalf. In the 13 months of the main data collection period, 31 women gave the police their permission for me to contact them. From this number I completed the 20 interviews. The remaining 11 women were unwilling or unable to take part for the following reasons:

- For two women the abusive partner was present at the time of the call thus they were not in a position to talk about the research. I asked brief closed questions when I sensed a partner was present in order not to put the woman at any further risk, for example, "Is your partner there at the moment?". With hindsight I would add an extra question, "Are you afraid and do you want any help at the moment?".

- One woman wanted to take part but asked that I call ahead of our appointment. When I did so her partner was there and she had no idea what time he would be leaving. We agreed that I would call her later but he was still there. I left it for the day and called again the next day - there was no reply and I decided to let the interview go.

- One woman was extremely upset when I called as her husband had "gone out to post a letter" the evening before and not returned. She presumed he had left her. We talked for some time, my role being to offer what support I could. She still

wanted to take part in the research despite my suggestion of 'leaving it' and stated she would call me when the situation improved. I did not hear from her.

- One woman said she had not understood what the police officer had been saying about my research and felt that she 'didn't want to answer a lot of questions'.

- Three women agreed to see me and appointments were made. On my arrival they were not in or there was no reply. On phoning again, one woman said she would rather leave it. I stopped telephoning the two remaining women after several attempts. I felt that they were either out or too busy, or they did not want to take part and were avoiding answering the phone and having to tell me so.

- Two women "didn't want to talk about it now".

- One woman agreed to take part but we were unable to fix a mutually convenient time before we were cut off and on subsequent calls her message service answered. I left a message asking her to get back to me if she wished to take part. I did not hear from her.

It was understandable that the women had more important things to do than take part in the research. As Pheonix (1994: 52) points out, "...it was obvious that the circumstances in which the women lived and the ways in which they were positioned meant that we were simply not as important in their lives as they were in ours".

The 20 women I interviewed came from 13 of 20 wards within the City at the time of the research. With one exception (ranked 2,377), these 13 wards were among the City's

most deprived wards, ranking from 50 to 1,701 on the Indices of Deprivation 2000[2]

(Office for National Statistics 2003a). The remaining seven wards, again with one

exception (ranked 472), were ranked 1,879 and above. Table 8.0 below illustrates the

ward ranking and the number of women from each ward.

Table 8.0   No. of women in each ward, ranked according to the Indices of Deprivation

Ward ranking (of 8,414)	50	68	106	146	368	530	714	726	789	910	1396	1701	2377
No. of women in each ward	1	1	3	2	1	1	1	1	2	1	2	3	1

While these results suggest a link between deprivation and men's violence to women,

the limited size of this sample and the methodological difficulties inherent in accessing

a representative sample of women suffering violence from partners do not allow for any

conclusions to be drawn. Further quantitative research would be needed to establish

any link.

Nineteen women were of white European ethnicity and one woman was Bangladeshi,

reflecting the low percentage of minority ethnic people within the City (see 8.1.1

above). It may also reflect the difficulties in accessing minority women for this kind of

research (see s.2.1.1) and that minority women are less likely than white women to

report any violence or abuse to the police because of the reputed institutional racism

within the police force (MacPherson 1999).

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[2] The Indices of Deprivation 2000 rank all the wards in England according to levels of deprivation. It combines a number of indicators including Income, Employment, Health Deprivation and Disability, Education, Skills and Training, Housing and Geographical Access to Services into one deprivation score for each area (Office of the Deputy Prime Minister 2003). In the 2000 Indices, there were 8,414 wards in total, with '1', the lowest rank, thus highest in terms of deprivation, and '8,414' the highest rank, thus lowest in terms of deprivation.

The women who took part in the study were aged between 18 and 44 years with an average age of 30 years old (figure 8.1). They all had children. Half of the women (n=10) had two children, four had one child and four had four children (figure 8.2). Of the two remaining women, one had three and one had five children. The total number of children was 48 and the age of the children ranged from under one to 16 years old.

Figure 8.1   Age of women in sample
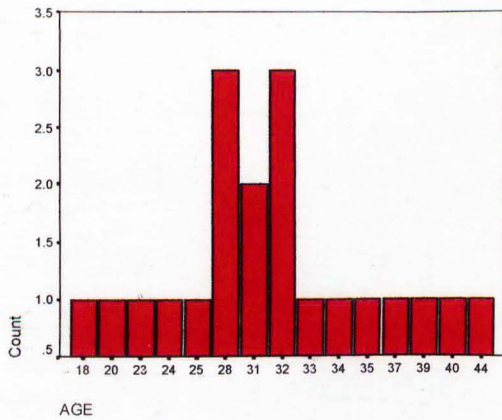
Figure 8.2   Number of women x number of children
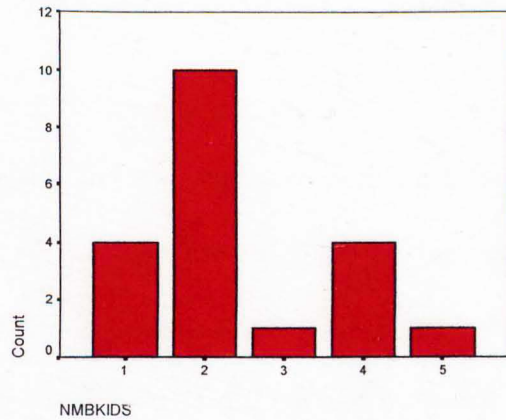
There is a noticeable absence of older women in this study. This is likely due to two factors. First, the police were contacting women primarily during the day when women with young children are more likely to be at home with them. Older women are less likely to have childcare responsibilities and may be at work or will have more 'freedom' to move away from the home during the day. Second, older women may be less willing to acknowledge or discuss their experiences of violence and abuse as they grew up in an era when suffering in silence was common (see s.2.2).

The majority of women described themselves as single (n=7) or separated (n=7), three were 'cohabiting', one was married and two divorced (figure 8.3). The majority of women rented their homes either from the council (n=10), a housing association (n=3), or privately (n=3), while the four remaining women lived in owner occupied homes (figure 8.4).

Figure 8.3   Marital Status

Marital Status

Figure 8.4   Tenure

Home ownership
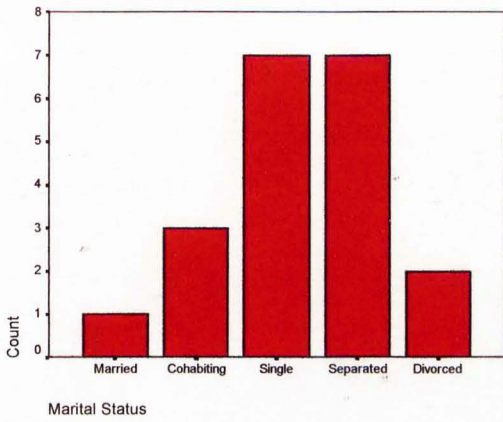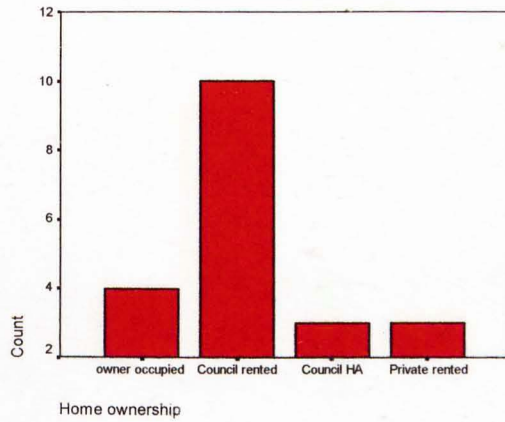
At the time of the interview the majority of women were full time parents (n=14), four

worked part time, one was a full-time student and one was unemployed (figure 8.5).

Half the women (n=10) had a weekly income of between £100 and £200 and for eight

women their weekly income was less than £100. One woman did not know her weekly

income and one had a weekly income of more than £300 (figure 8.6). While the low

level of income reflects the national data on economic deprivation in the City (see

s.8.1.1), it is also likely related to the fact that many of the women had children to care

for and only benefits for income.

Figure 8.5   Employment status

Employment status
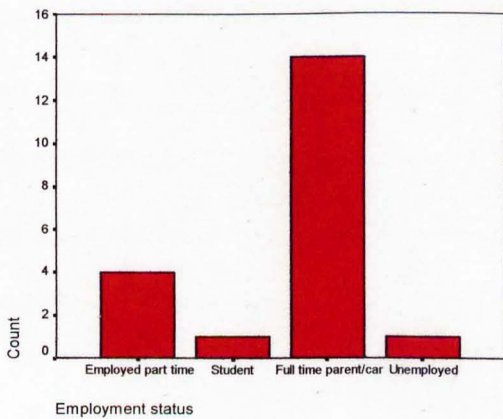
Figure 8.6   Weekly income

Weekly income
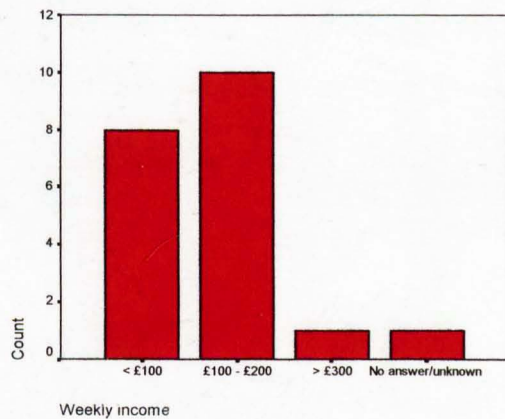
Their present or previous occupations are shown below, together with the number of women in each category (figure 8.7):

Figure 8.7   Trade/profession – now or in the past
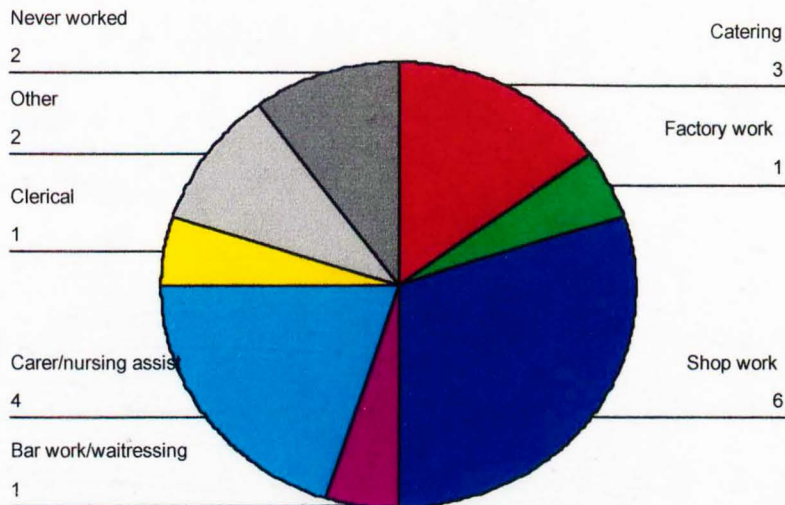
Of the two women in the 'other' category, one was a qualified nurse and one worked for a postal service[3]. Most of the women finished school aged 16 (n=13), with two finishing aged 15, two at 17, and one each aged 14, 18 and 19.

It is apparent from this demographic profile that the results will not offer any insight into minority ethnic women's experiences of alcohol and violence nor will they provide any insight into older women's experience of alcohol-related violence and abuse. Further research is required with these two particular groups of women to explore their experiences and beliefs.

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[3] Job title excluded to protect anonymity.

In addition, the geographical and socio-economic position of the City also suggests that cultural factors may have influenced the results. As Hull is an economically deprived City, built around a port and characterised by low educational achievement and poor housing, this could suggest that research within a rural, more affluent setting, for example, may potentially yield different results. However, there is a need for extreme caution in such speculation as research into domestic violence and problematic alcohol consumption shows evidence of both across all socio-economic groups and in rural and urban settings.

This section has outlined the geographical profile and the demographic details of the research sample. These data have provided some indication of the broad and immediate environment in which the women lived at the time of this study and a background for the results that follow in this chapter and the next.

8.2 Cluster results

As a result of the analytic processes described in chapter 6, 38 themes emerged from the data. Figure 8.8 provides a flow chart of how these themes were allocated into four thematic clusters, which, in turn, were reduced to the final three categories relating to alcohol and its impact on violence and abuse.

The four clusters containing the themes were 'Alcohol-general', 'Alcohol-related violence', 'Violence/abuse' and 'Miscellaneous' (see figure 8.8). The 'Alcohol-general' group included themes not specific to violence and abuse, such as 'women's use of alcohol', 'people's ability to drink' and 'gender differences in alcohol's effects'.

The 'Alcohol-related violence' cluster contained themes relating to alcohol and

violence, for example, 'alcohol's impact on aggression', as well as those more specifically focussed on the women's experiences, for example, 'his violence to her under the influence of alcohol'.

The 'Violence/Abuse' cluster included themes specifically relating to the women's experiences of their partners' violence to them at home and to others outside the home. However, alcohol was not a factor among these themes, for example, 'the impact of children on the violence/abuse' or 'stopping the violence'.

Finally, the 'Miscellaneous' cluster included themes that emerged from the interviews but were outwith the original aims of the research, for example, the 'strength of women' and 'description of partner'. On re-examining the themes in this cluster, the majority fitted into one of the other three clusters with the exception of two themes relating to descriptive data around the partner and his background.

In order to respond most directly to the aims and objectives of the study, I combined the 'Alcohol - general' and 'Alcohol-related violence' clusters. This resulted in 21 themes relating to women's beliefs around alcohol's effects and its role in their partners' violence to them, and in violence generally. A further 16 themes fell into the general 'Violence/Abuse' cluster and related specifically to the violence and abuse they suffered from their partners.

As stated in chapter 6, I took the decision to focus the analysis on the themes most directly relevant to the research questions. I selected some themes from the 'Violence/Abuse' cluster to contextualise my analysis. For example, a theme entitled 'key circumstances' provides data on the contexts in which the violence and abuse

occurred, similarly a theme entitled 'types of violence' draws on the study's quantitative data about the types and frequency of the violence and abuse the women suffered.

The themes of 'acceptable levels of violence or abusive behaviour' and the women's definitions of the terms 'violence' and 'abusive behaviour' provided insight into the experiences of the women who took part in the research and further clarified the basis on which I was interviewing them. They also provided the foundation on which the more complex themes around alcohol-related violence could be based.

I reorganised the 21 themes within the two remaining clusters, 'Alcohol - general' and 'Alcohol-related violence', into three final categories, 'Alcohol: beliefs and effects', 'Alcohol's impact on aggressive behaviour', and 'The role of alcohol in moderating violent behaviour'. At this point only the most relevant themes were retained, that is, those most pertinent to the research question. Thus, the final three categories contained 12 key themes and provide the basis for the results that follow in chapter 9 (see figure 8.8 below).

Figure 8.8   The process of reducing the 38 original themes to the final three categories.
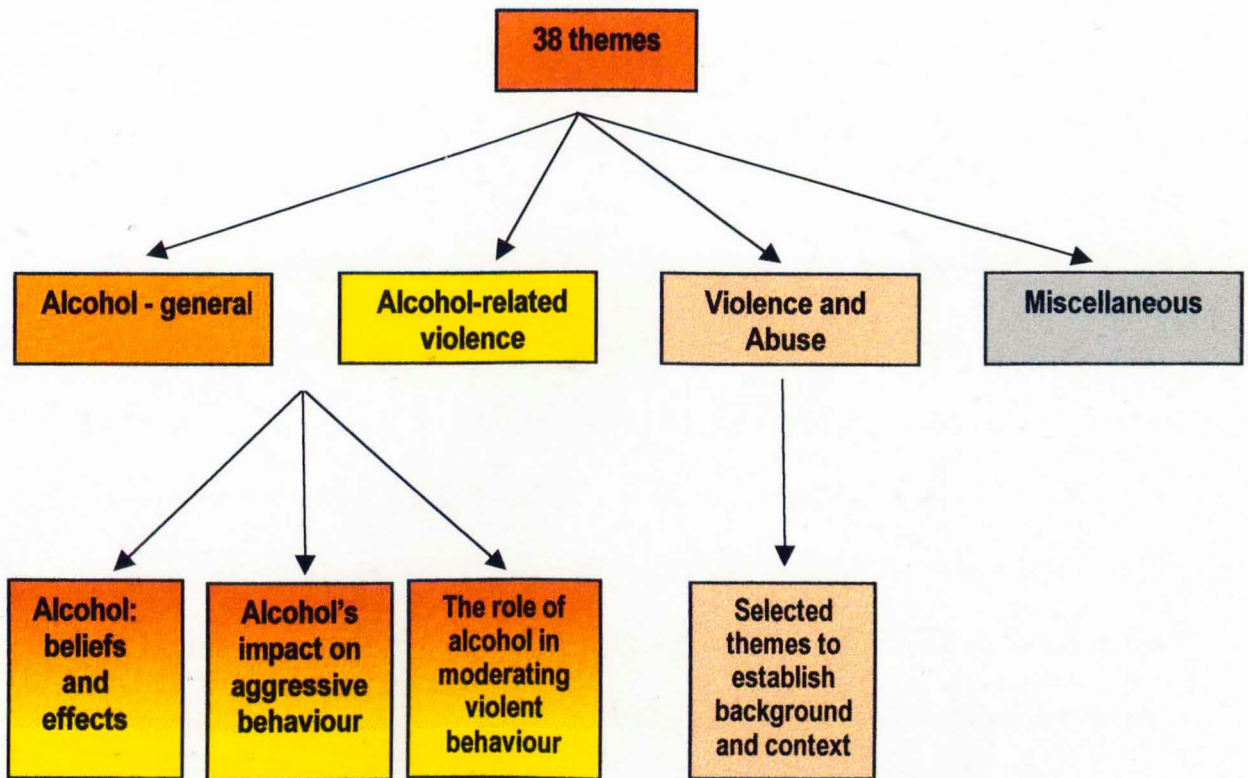
I will complete this chapter by providing a contextual analysis of the types and frequency of violence and abuse the women reported suffering from their partners. These data have been drawn from the 'Violence and Abuse' cluster derived from interview analysis and the questionnaires completed by the women following interviews.

8.3   Establishing the context

In order to provide a context for the results that follow in this chapter, data has been drawn from four themes in the 'Violence/Abuse' cluster. First, this section will examine how the women in this study defined violence and abuse, and how this was incorporated into the conduct of the interviews and the written results. Second, it will provide a brief review of the types, and range, of violence and abuse reported by these women. Third,

it will outline the key circumstances identified by the women as the start, or worsening, of the violence and abuse they suffered. Finally, this section will look at the levels of violence or abusive behaviour that the women felt they would 'accept' in their relationships and how this, at times, contrasted with their lived experiences.

8.3.1   Women's definitions of 'violence' and 'abusive behaviour'

In chapter 1, I clarified how I would approach the use of the terms 'violence' and 'abuse' in this study given the range of terminology and interpretations used by researchers on this subject. It was important to ask the women how *they* interpreted the terms and to ensure my subsequent use of them during the interviews was sensitive to this. Not to do so would be to risk talking at cross-purposes and potentially weaken any conclusions I may draw from the interview data. While the pilot study raised questions about the interpretation of the word 'abuse', and this was subsequently changed to 'abusive behaviour', the first two interviews of the main data collection raised further questions about both terms. Tape recording difficulties during the third interview meant I collected data on definitions from 17 women only.

The majority (n = 15) of women mentioned physical violence in their understanding of the term 'violence'. Four of these women also mentioned "mental" violence or, as one woman called it, "mind violence", and six included "verbal" violence in their definitions. Of the two women who did not define violence as 'physical', one described it as an attitude or mood, "nasty, malicious, spiteful", rather than a behaviour; the other described it as "angry" and "abusive". Some women also mentioned terms such as "bad tempered" and "losing it".

In terms of 'abusive behaviour', six of 16 women who responded said they felt abusive

was the same thing as violent, seven said it was verbal, and one said mental. Of the two remaining women one described abusive behaviour as "controlling" and "dictating" while the other felt that the "repetitive use" of all types of violence constituted abuse.

Evidently the lack of one definition for each term confirmed the need to seek clarity with the women as well as the need to ensure my further questioning, and analysis, included both terms in order to reflect this. For this reason my presentation of the results will refer to both terms throughout although for reasons of brevity I will revert to the umbrella term of 'abuse' rather than "behaving abusively" or "abusive behaviour" as used in the interviews.

I will now review the range of violent and abusive behaviours perpetrated by their partners against the women in this study.

8.3.2   Types of violence and abuse

These data have been drawn from two sources: first, the interview data; second, the data from the VABI checklists (see appendix 4), which I left with each woman after each interview. Twelve of the 20 women returned their checklists.

From an analysis of the 20 interviews only one woman denied any physical violence or abuse but even her partner "came close" (Mandy). She described her partner as "abusive" but not violent. The remaining 19 women suffered a gamut of abusive and violent behaviours which were often continued, or exacerbated, by friends or family members of the perpetrator, and previous partners with whom they still had contact. In addition to the physical violence or abuse already mentioned, the women suffered various combinations of verbal, psychological, emotional, financial, and sexual abuse.

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There was frequent destruction of property, which some women appeared to class as violence, others did not. Further, some men threatened to self-harm in order to make the women acquiesce to their demands.

The checklist also provided evidence of these violent and abusive behaviours. As described in chapter 6, the checklist distinguished between behaviours when 'sober' and behaviours 'after drinking' with a 'tick' column for each of the two categories alongside a list of behaviours (appendix 4). Each woman was asked to tick for 'yes' if her partner had ever behaved in the way stated, and leave blank for 'no'. For each behaviour listed, she could state whether that behaviour happened when he was a) sober or b) after drinking. I have placed these results in tables 8.1 and 8.2 below. Table 8.1 shows abusive and violent behaviours involving physical contact or aggression; table 8.2 shows items measuring verbal/emotional/psychological abuse or violence. (The final column indicates the results of nonparametric statistical testing and will be explained later in this section – s.8.3.2i.)

Table 8.1 The number of women reporting each item of physically abusive or violent behaviour from their partners when their partners were sober and after drinking

Behaviour	Sober (N=12)	After Drinking (N=12)	Sign
Pushed/shoved/grabbed you	7	10	+
Kicked or slapped you	5	8	+
Hit you with a fist	3	5	+
Touched or fondled you (without your permission)	4	5	+
Forced you to have sex/sexual contact	2	3	+
Broken one of your bones	0	2	+
Caused you to have cuts/bruises/swelling on your face/body	4	7	+
Caused you physical pain which still hurt the next day	3	5	+
Twisted your arm or pulled your hair	4	5	+
Ripped your clothes in temper	2	3	+
Locked you in a room	1	1	0
Thrown something at you which could hurt	5	5	0
Destroyed your belongings without your permission	4	4	0
Used or threatened to use a weapon on you, eg. knife	1	1	0
Burned or scalded you on purpose	2	1	-

$\alpha = .05;$ p (one-tailed test) $= .006$

Table 8.2 The no. of women reporting each item of verbal/emotional/psychological abuse or violence from their partners when their partners were sober and after drinking

Behaviour	Sober (N=12)	After Drinking (N=12)	Sign
Lied to you	11	9	-
Sworn at you	11	10	-
Not allowed you to look after your money/joint money	4	2	-
Refused to hear your side of the argument	7	7	0
Asked for sex after an argument or fight	5	5	0
Shouted or yelled at you	11	11	0
Insisted you stop seeing a particular friend/family member	7	7	0
Threatened you with violence	6	8	+
Frightened you by their angry mood	5	8	+
Accused you of having an affair	8	10	+
Stormed out of the room during a disagreement	9	10	+
Accused you of being no good in bed	2	4	+
Threatened you with not seeing the children again	2	3	+
Made hurtful comments about your weight/appearance	6	7	+
Called you names of a sexual nature	7	8	+

$\alpha = .05;$ p (one-tailed test) $= .113$

The results shown in the tables prompt several observations. First, when the women

were presented with a range of verbal, sexual, physical, emotional and psychological acts of abuse and violence, they reported experiencing many of them, and these were not always accessed through interviewing alone. It is arguably intrusive and unethical in a research interview to ask the women to explain in detail the types of violence and abuse they suffered. The anonymity of the checklist enabled them to report behaviours not discussed during the interview and possibly found embarrassing to talk about face to face. For example, forced sex/sexual contact was mentioned by only one woman directly during interview. Table 8.1 shows three women reported forced sexual contact after their partners had been drinking.

The checklist responses often added finer detail to an interview or highlighted apparent contradiction - "he's not a violent man really". For four women such statements were set against a list of violent and abusive behaviours when they returned the checklists to me. These four women reported between 8 and 22 items of violent and abusive behaviour after their partners had been drinking and between 3 and 6 items when they were sober.

Data from the checklists further highlighted such differences in pre-and post-drinking violence and abuse. There were clear differences between the number of women who experienced the behaviours when their partners were sober compared to when they had been drinking. Out of 30 violent and abusive behaviours on the list only four behaviours were reported less after the partner had been drinking. Fewer women reported being lied to, sworn at, being burned/scalded on purpose and experiencing financial restrictions, when their partners were drinking.

For eight behaviours on the list there were no reported differences. Many of these

involved very controlling behaviours, for example, 'refusing to hear your side of the argument', 'shouting and yelling', 'locking you in a room', 'insisting you stop seeing a particular friend or family member'. While some of these behaviours involved threats of violence towards the woman, most did not involve direct physical contact, with the probable exception of 'locking her in a room'. However, in contrast, more women reported behaviours involving direct physical violence and abuse after the men had been drinking.

8.3.2i   Sign test – men's violence to women

In order to analyse the data further I conducted a 'Sign Test' for each table (see tables 8.1 and 8.2). The sign test is recommended for research in which "quantitative measurement is impossible or infeasible" (Siegal and Castellan 1988: 80). For these data, the number of respondents is too small for standard parametric tests. However, the sign test allows for analysis of the "direction of differences" in correlated data in which the variable has two values (Siegal and Castellan 1988). Details of the process of the sign test are in appendix 9, together with the null and alternative hypotheses.

The sign test for the data presented in table 8.1 yields a one-tailed probability of .006 that is highly significant. This suggests there are significantly more items in which more women report physical violence or abuse from their partners after they have been drinking.

In contrast the results from the sign test presented in table 8.2 yield a one-tailed probability of .113. This suggests there are not significantly more items in which more women reported verbal/emotional/psychological violence and abuse from their partners after they had been drinking.

Thus, across a range of violent and abusive behaviours, the women reported significantly more items of physical violence or abuse but not significantly more items of verbal/emotional/psychological violence or abuse after their partners had been drinking.

One potential weakness of these findings is that a few women reporting many acts of physical violence or abuse could skew the data. In order to counter this criticism I conducted the sign test by *individual*, examining the numbers of items of behaviour each woman reported before and after her partner had been drinking (see tables 8.3 and 8.4 below).

Table 8.3 Total no. of items of <u>physically</u> violent or abusive behaviour reported by each woman before and after her partner had been drinking

Women	Sober	After drinking	Sign
Ann	1	10	+
Mandy	0	1	+
Isobel	2	7	+
Linda	9	0	-
Kris	1	6	+
Elly	0	6	+
Sally	12	2	-
Pat	2	7	+
Erica	1	4	+
Rebecca	12	13	+
Kim	8	5	-
Louise	0	2	+

$\alpha = .05;\ p\ (one\text{-}tailed\ test) = .073$

Table 8.4 Total no. of items of <u>verbal, emotional, psychological</u> abuse or violence reported by each woman before and after her partner had been drinking

Women	Sober	After drinking	Sign
Ann	3	12	+
Mandy	6	9	+
Isobel	12	13	+
Linda	14	0	-
Kris	9	12	+
Elly	3	8	+
Sally	14	6	-
Pat	5	9	+
Erica	3	4	+
Rebecca	12	13	+
Kim	12	12	0
Louise	8	11	+

$\alpha = .05;\ p\ (one\text{-}tailed\ test) = .033$

The results of the sign tests carried out on the individual woman's reports show that the number of women reporting an increase in physically violent and abusive behaviours before and after drinking is not significant at a significance level of .05. This is in contrast to the highly significant result when examining the increase by specific individual behaviours before and after drinking. The results in table 8.4 show a significant increase in the overall number of verbal, emotional and psychological violence and abuse after the women's partners have been drinking.

The result of the sign test applied to individual women's reports needs to be interpreted with some caution. The data in table 8.3 clearly show increases in physically violent and abusive behaviour for most women in this study after their partners had been drinking even if this increase is not significant. Importantly, it also shows that it is not just one or two women who are reporting increases in physically violent or abusive behaviours. The data may have been skewed by the fact that three women reported less physical violence after their partners had been drinking. However, the sign test

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conducted this way does not give any clarity about which behaviours are reported before and after drinking, just how many.

Examining the data by the number of behaviours each woman reported, rather than by the types of behaviours, does not acknowledge the fact that different behaviours may be perpetrated before and after drinking, or the different impact particular types of behaviours can have on the woman. For example, the number of items of verbal/emotional/psychological violence and abuse perpetrated by Kim's partner were the same before and after drinking. Further, his physical violence and abuse appears to decrease after drinking, but he had only ever forced her to have sex after he had been drinking and he had only ever twisted her arm or pulled her hair when sober. This raises two points. First, this would not register as an increase in behaviours on table 8.3 above because the two behaviours would balance each other out in terms of a number count. Second, it is probable that the emotional, psychological and physical impact of forced sex is far greater than the impact of arm-twisting or pulled hair.

Conducting the sign test this way highlighted the women who reported more violence and abuse when their partners were sober. Linda's experience was that her ex-partner was only ever violent and abusive to her when he was sober and that after drinking he was "much nicer". Sally stated that her ex-partner's behaviour was no different after he had been drinking. Generally he was "really quite happy" after drinking, despite her reporting both verbal and physical abuse towards her after he had been drinking. Finally, Kim felt alcohol had little to do with her partner's violence to her, however she was more careful what she said to him when he had been drinking, suggesting a degree of hypervigilance to his potential violence after he had been drinking. Further, while Kim and Sally reported fewer items of violence and abuse when their partners had been

drinking, the numbers alone do not give any indication of what type of violent or abusive behaviour was perpetrated against them or the impact the particular behaviours had on them.

Thus, across a range of violent and abusive behaviours, the majority of the women who returned the checklist (12/20) reported more items of physical, verbal, emotional, and psychological violence or abuse after their partners had been drinking. However, while analysis of the data by types of behaviour show a significant increase in physically abusive or violent behaviour after drinking, it does not show a significant increase in the verbal, emotional or psychological abuse or violence. In contrast, the analysis of the overall number of physically violent or abusive behaviours, reported by each individual woman, does not show a significant increase in the overall number of physically violent and abusive behaviours after drinking, but does show a significant increase in the verbal, emotional and psychological abuse or violence.

The latter results need to be treated with some caution. They demonstrate the need to not just 'count' the behaviours but to understand what those behaviours are and the impact of alcohol on the occurrence of each of them. This is an important finding that requires further research with larger samples. Analysing data by 'numbers' alone, that is overall count, tells us nothing about particular types of violence and abusive behaviour or the patterns of these behaviours before and after drinking. Further, whichever way the quantitative data are presented or analysed, it does not tell us about the impact of such behaviours on the women and whether their experience of them differs subject to alcohol's perceived role in the violence and abuse.

8.3.2ii   Women's violence to men

I have also included the women's reports of their own violent and abusive behaviours towards their partners (see tables 8.5 and 8.6 below). As stated in chapter 6, this part of the checklist was originally designed when I was interviewing men in order to minimise the men's defensiveness about reporting their own behaviours. Its inclusion here is to demonstrate the difference between the men and women's behaviours, albeit based on the women's reports only. Women's violent or abusive behaviours to men partners does not equate with men's behaviours to women partners. This is not a level playing field, as demonstrated by a review of the literature in chapter 2. Further, during the interviews many of the women informed me that their violence or abusive behaviour was defensive:

> I still used to get it but I wasn't bothered cos I thought I'd rather get it and not just sit there like a pathetic little thing and take it, I'd rather have a go back and, you know what I mean, and still get it because at least it's making me feel I'm sticking up for myself. (Lisa)

> [My mum's] always said to me if any man ever hits you make sure you get at least one good punch in and it always stuck in me head that for some reason. So I just think well he's not thinking of me being a coward just sitting there and letting him do it as he'll do it all the more won't they. So if you hit back maybe they won't do it again... (Elly)

For some women this attempt at fighting back appeared to leave them with some sense of strength in spite of its negligible impact. For others the presence of the children often stopped them from fighting back, or, conversely, gave them the strength to fight back rather than be beaten or killed in front of their children:

> I mean like in my circumstance I think if it wasn't for the kids I would have reacted back but when you've got a crying child hanging to your legs you can't hit somebody back can you. You know when it's happening in front of the children you try and calm the situation down rather than reacting and making it worse. (Kim)

He's never ever done it when I haven't had the kids there. Cos
he knows that I would not fight back in front of the kids. So I
would rather stand there and take the punch and walk off rather
than cause a bigger scene in front of them and risk upsetting
them. (Linda)

...he was strangling me...I've still got a few marks [shows me
bruises on her neck], he was like strangling me up at the door
and I just saw the bairn's face and he just, I thought god, and I
thought I was going to collapse and me friend come in to pull
him off me and I punched... (Elly)

There was one woman who stated that most of the violence or abusive behaviour

between them was her abusing him. In the course of the interview it was evident she

had experienced a lifetime of physical and emotional abuse from her parents, ex-

husbands and partners. Her explanations for her violence and abusive behaviours

ranged from her hormone levels to a form of self-defence and fear about potential

violence from her partner:

I spoke to lots of people that do it, I don't know, I do think it's
just that I think you fear, you fear so much, and you don't know
what the next person's going to be like, and they could be the
most kind person but if it's that time when you're having a row,
and the aggression, it's like an adrenalin, it's running and
running and running ain't it and you can't, and sometimes I just
can't control, I'd start throwing things because of the fear that he
might...so it'd keep him a distance so he couldn't touch me.
(Erica)

The checklist results on the women's perpetration of violence and abuse are presented

in tables 8.5 and 8.6 below. Table 8.5 shows the women's reports of their own

physically violent and abusive behaviours towards their partners when they were sober

and after their own drinking. Table 8.6 shows the verbal/emotional/psychological abuse

or violence perpetrated by the women against their partners. Again the 'Sign Test' was

used for both sets of data (see appendix 9):

Table 8.5 The number of women who report *perpetrating* each item of physically abusive or violent behaviour towards their partners

Behaviour	Sober (N=12)	After own Drinking (N=12)	Sign
Kicked or slapped him	2	3	+
Touched or fondled him (without his permission)	0	0	0
Forced him to have sex/sexual contact	0	0	0
Broken one of his bones	0	0	0
Caused him to have cuts/bruises/swelling on his face/body	1	1	0
Caused him physical pain which still hurt the next day	0	0	0
Twisted his arm or pulled his hair	0	0	0
Ripped his clothes in temper	1	1	0
Locked him in a room	0	0	0
Destroyed his belongings without his permission	1	1	0
Used or threatened to use a weapon on him, eg. knife	1	1	0
Pushed/shoved/grabbed him	5	3	-
Hit him with a fist	3	2	-
Thrown something at him which could hurt	4	2	-
Burned or scalded him on purpose	1	0	-

$\alpha = .05; \ p = .188$

It is notable, in table 8.5, that most of the behaviours stay the same when the women report their behaviours after drinking. Four behaviours decrease after the women have been drinking and only one behaviour, 'kicked or slapped him', shows an increase of one after drinking. While the number of women who reported perpetrating physically violent or abusive behaviours is comparatively low, the complete absence of some of the behaviours compared to those they reported for the men, suggests significant gender differences. For example, no women reported perpetrating abusive behaviours involving forced sex/sexual contact, and fewer women reported perpetrating behaviours requiring a degree of physical intimidation/strength in comparison to their reports of the men's behaviours.

Table 8.6   The number of women who report *perpetrating* each item of verbal, emotional, psychological abuse or violence towards their partners

Behaviour	Sober (N=12)	After own Drinking (N=12)	Sign
Sworn at him	10	7	-
Not allowed him to look after his money/joint money	2	1	-
Refused to hear his side of the argument	4	0	-
Shouted or yelled at him	11	4	-
Insisted he stop seeing a particular friend/family member	1	0	-
Accused him of having an affair	3	2	-
Stormed out of the room during a disagreement	11	5	-
Accused him of being no good in bed	1	0	-
Threatened him with not seeing the children again	5	2	-
Made hurtful comments about his weight/appearance	2	1	-
Called him names of a sexual nature	2	0	-
Lied to him	3	3	0
Asked for sex after an argument or fight	0	0	0
Threatened him with violence	1	1	0
Frightened him by your angry mood	0	0	0

$\alpha = .05; p = < .001$

In table 8.6, the three most common behaviours when sober are swearing, storming out of the room, and shouting and yelling. Fewer women report these three behaviours after drinking, with shouting and yelling and storming out of the room decreasing considerably.

There is also a notable difference between the number of physically abusive and violent behaviours the women perpetrated when sober and the amount of verbal, emotional, and psychologically violent and abusive behaviours they perpetrated when sober. Far more women report the latter behaviours than the physically violent or abusive behaviours. While data collection methods that rely on self-reported violence and abuse will probably show an undercount, this result also reflects the need for women to rely on

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non-physical measures to defend themselves, or to aggress, because of their comparatively lesser physical strength and power than men.

8.3.2iii   Sign test – women's violence to men

The results of conducting the sign test on the data in table 8.5 yields a one-tailed probability of .188 that is not significant. This suggests there are not significantly more items in which more women report perpetrating physical violence and abusive behaviour when they were sober compared with after they had been drinking.

Table 8.6, however, yields a one-tailed probability of less than .001, which is highly significant and results in the decision to reject the null hypothesis. Thus, the alternative hypothesis is accepted; that is, more women report perpetrating more items of verbal/emotional/psychological violence and abuse when they are sober compared with after they have been drinking.

As with tables 8.3 and 8.4, I conducted a sign test for each woman to explore whether only a few women were responsible for the fall in the number of items of behaviour reported after the women had been drinking. The results follow in tables 8.7 and 8.8:

Table 8.7 Total no. of items of physically violent or abusive behaviour the women report *perpetrating* before and after they had been drinking

Women	Sober	After own drinking	Sign
Ann	1	0	-
Mandy	0	0	0
Isobel	1	1	0
Linda	1	0	-
Kris	1	0	-
Elly	0	2	+
Sally	0	0	0
Pat	0	0	0
Erica	2	4	+
Rebecca	8	4	-
Kim	3	2	-
Louise	2	2	0

$\alpha = .05; \quad p = .227$

Table 8.8 Total no. of items of emotional, verbal, psychological abuse or violence the women report *perpetrating* before and after they have been drinking

Women	Sober	After own drinking	Sign
Ann	5	0	-
Mandy	5	0	-
Isobel	7	3	-
Linda	4	0	-
Kris	3	1	-
Elly	4	3	-
Sally	3	0	-
Pat	2	4	+
Erica	4	2	-
Rebecca	6	5	-
Kim	8	1	-
Louise	5	5	0

$\alpha = .05; \quad p = .006$

The results of the above analysis, examining the number of behaviours reported by each woman, show no significant increase in their own physically violent and abusive behaviours after drinking. The results support the first sign test results (table 8.6) that

the overall number of verbal, emotional and psychological violent and abusive behaviours decrease significantly after the women have been drinking. However, the problems with this approach to the analysis remain suggesting the validity of this application of the sign test is questionable.

To summarise, what is clear from the analysis of the quantitative data is that more women report significantly more physically violent or abusive behaviours from their partners after their partners have been drinking but not significantly more verbal, emotional, psychological violence or abusive behaviours. However, the data show that some women do report more of the latter behaviours after their partners have been drinking although more research would be needed to explore this further. This data also suggests that there are different groups forming, both in terms of the perpetrators and the women. For example, some men may be perpetrating certain types of behaviours after drinking, or women's reports may vary due to increased 'tolerance', that is, the normalisation of certain types of abusive behaviour due to its repeated use by their partners. However, these are speculative suggestions and further research would be required in order to test such hypotheses.

In contrast, after women have been drinking the quantitative results show that women report perpetrating significantly fewer items of verbal, emotional, psychological violence or abusive behaviours. However, their physically violent or abusive behaviours are not significantly more or less after they have been drinking. The sample on which the quantitative results are based is a small one but the results suggest some important avenues for research with a larger, more diverse sample.

Having summarised the main findings of the VABI checklists, I will now return to

another theme that highlights the key circumstances of much of the violence and abuse the women experienced from their partners.

8.3.3   Key circumstances

One theme that fell into the 'Violence/Abuse' cluster related to when the violence and abuse began. This provides an important context for the behaviours described above.

Ten women said pregnancy had been the start, or substantial worsening, of violence and abuse from their partners. Fourteen said the violence and abuse began, or worsened, at the time of separation or immediately after separation. Evidently these figures show that, for some women, both pregnancy and separation had been key circumstances in the violence and abuse they suffered. For example, one woman cited pregnancy as the start of the abuse and violence from her partner but stated that their separation had made it worse:

> The smacks have mainly been when we've been splitting up. ...
> when he knows he's losing and I'm going to leave him... (Kim)

Several other women had similar experiences, with the start of the violence and abuse in pregnancy, but at the time of separation they thought their partners believed they had "nothing left to lose", having potentially lost their home, partner, and custody of their children, and effectively had *carte blanche* in terms of their abusive and violent behaviour towards the women.

Four women did not fit either 'key circumstance', that is pregnancy or separation. One could not identify a particular time or incident relating to the start, or worsening, of his abuse. However, she also described a lifetime of violence and abuse, both as a child from her parents and throughout several marriages, so it was unsurprising that she could

not identify any one particular starting point with her partner. Another woman suffered considerable abusive and violent behaviour post separation but felt that primarily it was her refusal to have sex with her partner that triggered his violence and abuse when they were together. A third woman felt that getting married to her partner had negatively changed his attitude to her, with the physical violence occurring when they were considering separation. A fourth woman said that the violence and abuse had started within the first year of the relationship.

8.3.4 'Acceptable' levels of violent or abusive behaviour

This theme emerged as a direct response to my question on whether the women felt there was a level of violence or abusive behaviour that was 'acceptable' between couples in a relationship. Twelve of the women said that arguing, or as one woman put it 'words', was acceptable but nothing beyond that. Another said that it was not the level of abuse or violence, more the amount of time it went on for. This issue of regularity or frequency was raised by several of the women in further discussion. Three women stated they would accept some level of violence or abuse but responded in terms of what they would not accept. One woman stated she could understand her partner punching walls out of "frustration" but not on a regular basis, and another said she drew the line when her partner physically hit her. The third woman stated "sometimes [he] goes too far" and that her partner would not "take no for an answer" (Tricia), although she was not specific about the particular type of behaviours she was referring to. Two women did not answer directly but stated they felt they had accepted "a lot" of violence and abuse from their former partners, one dismissing it as "messing about" and because she was "in love" (Isobel) and the other because she thought she had "deserved it" (Linda). The latter, however, said she would not now accept any level of violence or abuse.

I did not ask two women the question directly although when I examined the data in terms of what levels of violence and abuse the women had lived with, or were living with, these women, like all the others, had tolerated a great deal[4]. Thus, there was a notable difference between the levels of violence or abuse they felt were acceptable and what they were living with or had experienced. For nearly half the women, children played a significant role in their tolerance, or not, of their partners' violence or abusive behaviour. Some women said they tolerated more because of wanting the children to have a father, or because they had a new child. Others let partners into the house late at night to avoid disturbing the children, which, in turn, led to further violence and abuse. Some women put a stop to their partners' violence or abuse because they could see the children were "terrified" or were being affected by it:

> I think the hardest thing to cope with more than what he did to me, you know he hit me, [he] assaulted me daughter as well. I could never ever forgive him for doing that, never... (Janet)

> ...it was only when the boys started copying their father's behaviour that maybe everything just fell into place and I weren't having it. I was not having my boys being brought up like that. And they would have done, they would have carried on and they're worth so much more than that and that's what did it. That is what really, finally, I'd had enough when they started swearing and if I got cross with them they would turn round kicking and punching and biting and swearing and it's not fair. (Linda)

> So, it's just really weird, and strangling me in front of the bairns and that. I mean that's what's worse, it was in front of the kids. You know cos you sort of maybe tolerate a bit more but it was the kids who were just terrified so I thought that's it. (Elly)

Further, the high tolerance level became evident when some women spoke of behaviours they did not appear to class as violent or abusive, for example, the

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[4] I use 'tolerated' or 'tolerance' guardedly here and elsewhere in this thesis. My use of the term specifically relates to the meaning, "The capacity to endure hardship or pain" (Reader's Digest 1988).

destruction of property, an "occasional hit" or pushing.

The women recognised violence and abuse more clearly if it led to serious injury, despite many of them stating that arguments were the only acceptable level of violent or abusive behaviour in a relationship. However, this illustrates how beliefs are more complex when applying them to 'real life' situations than they are to understand on a theoretical level. This issue is addressed further in chapters 9 and 10 in relation to the differences in the women's beliefs about alcohol's role in violence generally and specifically in relation to their partners' violence to themselves.

Many women took 'observable' or externally imposed action against their partners, that is, seeking official intervention, in response to the impact of their partners' violent and abusive behaviour on their children, or in response to an incident that particularly scared them:

> A. ...he [was] just throwing me across the floor and that and I thought well I aren't doing anything cos if I'd have hit him back he'd a got worse. And he had me on the kitchen floor near the washer just punching me in the back....
>
> Q. So were you more scared on that occasion?
>
> A. I was, that was the only time, I've never been frightened but I was on that night, I was frightened of him on that night but I'd never let him do that to me again.
>
> Q. Were you fearful for your life at any point that night?
>
> A. When he had me down near the washer yeh... cos I was trying to get upstairs to Fiona cos she was crying and he wouldn't let me go upstairs and I finally got to her and then I tried running to me friends down the street ...and he dragged me back down the street twice...I tried to ring the police and he pulled the phone out the thing and smashed the phone and punched a hole in the wall. When he raises his voice now she gets real, she's very funny with him now. (Louise)

...next thing [he]grabbed me and banged me head against the
window and "if you ever f***in grab me again", just all the
usual, Joanne [friend] was on the phone, Teresa [daughter] was
watching everything and so was Mark [son]. And I was dragged
from that side of the room to the other with my head
and...kicked and punched and all sorts. And I hit back and then
he tried to drag Teresa out of the room, then he went and the
police came and it all went from there. (Katherine)

Both women called the police as a result of these incidents. What is apparent in these excerpts is the explicit, or implicit, high tolerance level. Despite previous incidents of violence and abuse Louise describes herself as not being "frightened" before, and Katherine talks of "just all the usual" when her partner was verbally and physically abusing her.

This section has shown the variety in the women's definitions of the terms violence and abuse as well as the types, range and frequency of such behaviours. It has highlighted key circumstances for the violence and abuse and explored what the women considered to be acceptable levels of violent or abusive behaviour.

The following chapter presents key qualitative findings relating to the women's perceptions of alcohol's role in violence to women.

Chapter 9

Results: Alcohol, violence and abuse

This chapter will present results of the analysis of interviews structured around the three categories detailed previously in chapter 8 and illustrated in figure 8.8; 1) alcohol: beliefs and effects, 2) impact of alcohol on aggressive behaviour, 3) the role of alcohol in moderating violent behaviour. It will report what the women said about how alcohol affects behaviour generally and, more particularly, in relation to violence and their partners' violence and abuse to them. I will illustrate the results with quotations from the interview transcripts.

9.1   Alcohol: beliefs and effects

One of the themes that emerged from the data was 'alcohol's impact on behaviour'. This primarily emerged in response to a question on whether the women felt alcohol influenced behaviour generally but, as with much of the data, it also emerged during broader discussion. Fifteen women said 'yes', alcohol did affect behaviour, with most of these stating "definitely" or "very different". Nobody thought alcohol did not affect behaviour although four women were equivocal in their responses and felt that alcohol could affect behaviour with "some people" or "sometimes". In the remaining case I did not ask the question directly.

A range of responses then followed to qualify what appeared to be firmly held beliefs about alcohol's effects. The majority of the responses fell into the following groups: people become more open in their actions or behaviour, people become confident or cocky, and people who have been drinking fall into one of 'two types' of behaviour. The latter tended to be opposites or perceived extremes, for example "nasty" or "nice"

(Kris). Some women, instead of choosing to clarify their beliefs through the effects of alcohol on an individual, chose to select factors that 'determined' the differences in behaviour under the influence. Personality, environment, atmosphere, quantity drunk, pre-existing problem drinking or medical problems, were all factors cited as determining alcohol's impact on behaviour. These factors will be addressed further in section 9.3.

9.1.1   'Opening up a hidden side'

The 'revealing' quality of alcohol was a clear message throughout the interviews. The theme entitled 'opening up a hidden side' illustrates how many women believed that alcohol has an ability to bring out a side to a person which would not normally be seen before drinking:

> They do things they wouldn't normally do. (Pat)

> They might say even more things than what a person wouldn't say or be a bit more of an extrovert than what they're not normally meaning to. (Janet)

> Louder, lose their inhibitions, more aggressive. (Helen)

> I think when they've had a drink, all their feelings come out. (Isobel)

> ...people often say what they think and do what they feel when they're drunk. (Katherine)

> ...a lot of them, bottle things up don't they, when they're drunk it all comes out so they start rowing and things like that. (Elly)

Some of the comments suggested it was the individual's responsibility whether or not they 'allowed' themselves to show another side, after drinking, but some suggested that alcohol was an entity in itself, that it 'made' people show sides to their personality they would not normally show. The significant difference here is the issue of control. The former explanation implies people have control of their behaviour under the influence of

alcohol and, together with the disinhibiting qualities of alcohol, they can choose whether to show an otherwise hidden belief or behaviour or emotion.

The idea of alcohol as an entity with controlling properties implies that alcohol acts independently to transform a person's behaviour into something it would not normally be. The sense that alcohol acts as a release valve for either positive or negative ends came through strongly here:

> ...with alcohol you can't hide anything, your real feelings come out, [you can] hide them when you're sober but when you're drunk...you haven't got anything to hide about. (Mandy)

> Some people just like totally though when they have a drink turns them into a demon type thing although it's people who have alcohol problems or whatever anyway... . (Helen)

This relationship between alcohol and aggression will be explored further in the next section.

Instead of 'opening up' qualities, several women framed alcohol's effects in terms of 'prohibitive' qualities - that it stops, or stopped, people or their partners from doing something:

> It stops the control a bit. ...probably they do things that they feel like doing that they wouldn't normally do because the alcohol stops them stopping themselves. (Mel)

> ...it makes them brave and stops them thinking somehow... . (Mandy)

Thus, the majority of the women believed one of the effects of alcohol is its 'opening up' qualities - a sense that alcohol can release 'bottled up' feelings or bring out both positive and negative emotions, and for some, violence and aggression.

9.1.2 'Jekyll and Hyde' syndrome

Nearly 120 years after the publication of the original story, *The Strange Case of Dr. Jekyll and Mr Hyde* (Stevenson 1886), some of the women made reference to the characters from this piece of 19th century fiction as relevant to their experiences and thus this research. During the interviews four women referred to their partners as being Jekyll and Hyde characters - one woman off tape (Margaret), and a further woman spoke of "alcoholics" as being like Jekyll and Hyde:

> ...I understand some people are like alcoholics and when they
> don't have a drink they're fine and like real nice but it's like the
> Jekyll and Hyde thing isn't it, they have a drink and they flip but
> with them two neither of them was like that so. (Helen)

> I mean you get two kinds of people in drink. You get one that
> swings towards violence and you get one group of people that
> are very placid in drink and my partner, he's the violent type.
> But, having said that he can also be placid - depends what mood
> he's in at the time. He's a bit of a Jekyll and Hyde situation with
> him [*sic*]. (Ann)

> I haven't always lived with getting a smack for ten years, it's
> just been when he knows he's losing and I'm going to leave him
> because he wants, he knows, he's like a Jekyll and Hyde, he's,
> you know. (Kim)

> Well he's usually quite quiet when he's, I mean he don't hardly
> ever talk and that. When he hasn't had a drink he can be totally
> settled down and really nice. ... Cos I used to say like he's a
> Jekyll and Hyde. His mum used to think that as well. (Pat)

Two women (Pat and Kim) were clear that this change in their partners' personality happened when their partners were under the influence of alcohol, that is, their partners were nicer or quieter when sober, and abusive or violent after drinking. One woman (Ann) felt her partner became either Jekyll or Hyde under the influence of alcohol depending on his mood at the time. Margaret was not clear whether he showed two personalities when he was drinking, two personalities when he was sober, or whether he was one personality sober and the other after drinking. The woman who made the more general comment (Helen) was aligned with the latter. This Jekyll and Hyde notion of

extreme change ties in with many of the women's comments which referred to 'two kinds' or 'two types' of person in drink, and other comments which more explicitly referred to people being, for example, "real caring" versus "insultive and abusive" (Tracey).

All but three of the women interviewed mentioned such opposite types of behaviour, either in reference to their partners or in terms of alcohol's effects generally. More than half the women identified their partners as capable of extremes of behaviour under the influence of alcohol, and a slightly larger number identified people generally as capable of these extremes. In the general category, the majority of women identified the personality of the individual, or their individual circumstances pre-drinking, as determining to which of the two extremes an individual would lean. Other examples of dyadic, alcohol-influenced behaviour in the general cluster included "nice people" or "dickheads" (Kim), "honest" or "nasty" (Sally), "happy" or "violent" (Elly), "fools" or "quiet" (Pat) and "nasty" or "nice" (Kris).

For the partners, the women's descriptions of the two types were very similar to those above but they added a few more personalised extremes, for example, "really pleasant" or "picking on things" (Mel), and "happy" or "ignores me" (Janet).

9.1.3   The 'ability to drink'

The concept of the 'ability to drink' or 'take beer' also emerged from the data. This sense of 'ability' suggests a combination of quantity and tolerance: the latter, by implication also suggests more frequent drinking. A clear message was that a person's ability to drink was antithetical to their abusive or violent behaviour after drinking. If a person could drink 'properly', in other words 'take', 'hold' or, indeed, 'control' their

beer, then they would not be violent or abusive:

> Me and my friends, we just seem to stay the same, do you know
> what I mean, just go out and have a laugh but maybe that's, I
> don't know, maybe it's the fact that they can't take their beer I
> think sometimes. (Rebecca)

> ...I don't think he could take a lot of beer. He couldn't drink a
> lot of beer cos he's got ulcers. (Kim)

> ...I think some people can take drink, some people can't. I think
> that's what it boils down to in the end. (Margaret)

Sixteen of the 20 women mentioned quantity as having an impact on behaviour in some

way. While only a few women mentioned quantity as an influencing factor on its own,

often it was combined with an individual's tolerance of alcohol and the regularity with

which the person drank:

> I think drink changes everyone no matter who they are. If they
> drink too much, they definitely change, men worse than women.
> (Mandy)

> I think if you know where to draw the line and where to stop
> then, but then I think it depends what type of person you are or
> what you want to portray yourself as. (Kris)

> ...it depends on the alcohol and how much they've had really
> don't it and their behaviour, if they've consumed too much it
> affects their behaviour I'd say. (Pat)

On a similar theme, many of the women mentioned, or implied, the concept of a 'limit'

of alcohol beyond which people should not go, either because they would become ill or,

in some cases, abusive and violent:

> I think because everyone's different erm, ... you can get the
> wrong type of person drinking alcohol, [inaudible], everyone's
> body must have a different level of, they hit a point and that's it,
> they just suddenly change and they're so different. (Mandy)

> Q. What do you think makes the difference between the
>   people who do and the people who don't become
>   "aggressive or loud" or whatever.
> A. I think it must be on the intake, on how much they've
>   drank.

Q. So it kind of gets worse as they drink more?

A. Unless they've drunk too much, in terms of being rather drunk and stupid, they wouldn't be...you know what I mean, there are certain limits. You have to get to like a certain limit. (Pat)

Some women spoke of knowing their own limit, and their partners, or other people, not knowing theirs:

And like when I've been out with friends and me husband d'ya know and in couples, and I've seen, you do, people change I know, and I'm all one for having a good time, I love having a good time do you, but I always think no I've had enough, I don't like to cross that line me. I don't know I think it scares me actually cos you see some people having a good time, you see some people having a bad time don't you and I always know when I've had enough. (Janet)

For some women their partners going over the 'limit' was something they had to be vigilant about in terms of the potential impact on their safety. I will examine this more in section 9.2.

What is clear from the responses of the majority of the women was that quantity of alcohol was perceived to be key to changing behaviour subject to an individual's ability to 'cope' with the alcohol, his ability to drink. If unable to 'cope' with, or 'take', the beer, the explicit and implicit result was likely to be a negative and potentially abusive and violent response.

9.1.4   Reasons for men's drinking

Some women offered 'reasons' for their partners' alcohol use, suggesting reasons to do with their partners' childhood or past, for example, feeling unloved or unwanted. The alcohol allowed them to talk about it:

But I think all these problems that he's got in his head is building up in his drink, if that's come out right, he's trying to get all his

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> past life out and I think he's trying to get it out in drink more than anything... (Ann)

> ...something's bothering him deep down and he can't talk about that. When you ask him about school or his childhood he cries. He doesn't talk about his childhood at all, you never hear him talk about it at all. All he says is I was locked in me bedroom ... I was locked in me bedroom that's all you get every time. Me dad don't love me, that's all you get every time. (Louise)

> ...all he's got is flashes of his memory coming back from his childhood when he was abused so his head's pretty messed up, that's what I mean with brain damage and everything, and then plus he keeps taking drugs and that and I'm telling him it's not doing him any good but he's not listening, he thinks it's sorting his head out but it's not, it's just totally irrational. (Helen)

Three women felt their partners increased their alcohol use to 'problem' levels when the relationship split up or in the build up to separation. One woman felt it was largely situational factors that affected her partner's drinking, particularly work friends who she felt created pressure to drink heavily. Similarly, one woman experiencing severe and on-going violence and abuse said he used alcohol to "kick off". She saw herself being "set up" despite his acknowledgement after the event that he should have listened to her and stopped drinking.

Nine women felt their partners were heavy drinkers, or in one case a drug user. Seven of these nine women were women who had offered 'reasons' for their partners' alcohol use, suggesting a possible need on their part to explain the heavy drinking. Their partners drank heavily and would not exercise control over their alcohol consumption once they started drinking. One woman, who said her partner was a heavy drinker, did not talk about any 'reasons' for his drinking but stated that his behaviour when drinking had been violent and abusive since he started drinking in his youth - a fact she had learned from his mother. There was a sense of resignation in her reports of his alcohol use and violent behaviour, mixed with a degree of defensiveness.

Of the remaining 11 women, none of them stated that their partners drank heavily or had a problem with alcohol in their opinion.

9.1.5   Women's drinking

While most women felt the impact of alcohol on people in general resulted in one of two types of extreme behaviour, or that it in some way 'opened them up', they reported the impact of alcohol on themselves differently.

Many of the women consumed little or no alcohol, but when they did drink, or had in the past, the majority reported feeling 'happy' or 'giggly' and often 'sleepy' or 'tired' if they drank too much. For three women alcohol had 'relaxing' properties and helped them reduce tensions, or forget their problems temporarily.

One of the issues that emerged in relation to the women's drinking was how they 'used' alcohol. They often reduced or increased their use for specific purposes. In the latter case they used alcohol as an escape from their partners' abuse and violence, that is, for its disinhibiting and tension reducing qualities. The use of alcohol as a 'medicinal tote' to ease psychological pain led one woman to being concerned about her increased level of drinking and the impact on her mood:

> Well, the past few months I think it's just made me miserable really. ... I think it's because of the situation what we've like been through that's made me feel like that. Because actually, I have been sitting on a night drinking quite a bit and that's not me neither. And that's been the past three or four months, the odd times, two or three times during the week I've been sat having a drink and I think that's to drown out my hurt really. (Tracey)

Another woman said that her partner's abuse had been "less hurtful" when she'd been drinking, implying that the alcohol helped to numb the emotional and physical pain.

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One woman who was living with her violent and abusive partner found the numbing properties of alcohol 'took the edge off' the hurt and her fear, and helped her feel stronger and angry about his violence. She stated alcohol did not reduce the tension but it helped her 'stop caring' that it was going to happen:

> Well, like me, because I know what it's like when I have a drink and I'm out I like to enjoy myself and I know what I'm going to get when I get back so I think well sod it, why can't I enjoy myself while I've got a chance to. So I was dancing and laughing and enjoying myself and like when he kicked off at me in the pub I thought 'oh sod off I don't care' and I stopped caring. (Margaret)

This woman's alcohol use, while providing a temporary psychological escape also appeared to put her at potentially greater risk of violence, simply because she had "stopped caring" about her safety and decided to drink.

Some of the women stated they limited their alcohol use or 'didn't drink much' to maximise their self control, and/or to maximise their chances of avoiding abuse and violence from their partners:

> I always like to know what I'm doing. I like to be in control of what I'm doing I think I am that type of person. ... I love having a good time do you, but I always think 'no I've had enough', I don't like to cross that line me. (Pat)

> ... the time when he actually kicked my head in, cos like I said with me it's not really like, I can't drink or anything cos I've got Danny [her young son], do you know what I mean, but erm when we were together that time when he did assault me and the police were called and everything we both had shared this bottle of drink but he got aggressive but it was worse for me because I was a little bit tipsy and that, I wasn't in control of myself and everything, I was more scared. I was more scared and he was more aggressive that's how it goes. (Helen)

One woman's decision to drink appeared to be governed by whether or not she felt her partner wanted her to drink on that occasion and the potential violence if she made the

wrong decision. She spoke of his violence and abuse to her when they went drinking and when she did not want to go:

A. I mean he never goes to the pub on his own, he always, do you know, like one of his mates would be with him. But I mean it's...when I was pregnant you don't want to sit in pub, you're uncomfortable, you can't have a drink, you can't enjoy yourself and he used to drag me there all the time. Then he'd come back and he'd lose it.

Q. And what would happen if you said no I'm not coming. I mean was that...

A. I've been picked up by me hair and thrown at a wall. I've had the leather chair downstairs thrown at me.

Q. For saying you don't want to go.

A. Oh yeh. Kicked in the stomach for being pregnant. So, you can't win. Like his family they say 'oh it's the drink' and it's also the fact that he wants a drink and...cos he can't control you. I think it all boils down to control. Like I say, he's just like a little bairn having a tantrum.
(Margaret)

It was clear that for some women minimising or stopping their alcohol consumption was directly related to their experiences of abuse or violence from their partners, or another man, when they had been drinking. One woman tearfully related her fear of 'men's drinking' as resulting from being raped outside a club after her drink was spiked approximately 14 years earlier. Two women 'did not drink very much', not as a response to their partners' abusive behaviour, but as a response to one, or both, parent's abusive and violent behaviour after drinking. In one case the violence and abuse was directed at the woman when she was a child. The other had witnessed her father's violence and abuse to her mother after he had been drinking and this had a profound effect on her. The latter woman had not spoken to her father because of it for more than half her life.

> I think at first I thought all men were like me dad, with alcohol.
> Erm... I don't like it when he drinks. ...I don't like what it does
> to people. I can't stand alcohol. I don't think anyone can
> survive alcohol. If anyone drinks a certain amount of alcohol
> then I believe they lose their brain somewhere along the line. ...
> I can't understand why they have to drink to that kind of excess.
> Why not have a few drinks and stop but people don't. (Mandy)

Some women deliberately controlled or minimised their use of alcohol on occasions where both themselves and their partners were drinking in order for them to maximise the opportunity to get their partners to 'open up'.

> ... sometimes I wouldn't have a drink, d'ya know what I mean,
> and he would and then we'd...I could ask him more questions
> then because [my] mind was totally level headed d'ya know,...
> he'd tell me things back and stuff like that. (Janet)

This ties in to the results presented in s.9.1.1 that showed the women believed alcohol has properties to 'make' people say things they would not ordinarily say. However, there is also evidence of a mutual collusion to converse on difficult matters after drinking, which their partners can then ignore and not return to when sober. Alcohol's role was to facilitate a more open and honest communication between the couple. The implication was that their partners were not prepared to discuss these issues sober and that any attempt to do so would be met with resistance.

Finally, some women 'didn't drink much' because they did not have the opportunity to go out, due to either financial restrictions and/or child care responsibilities. Some women described their reduction or abstinence from alcohol as ensuring they were behaving responsibly in terms of looking after the children:

> You know how much you can drink before you're going to spew
> so you control it, and especially when you've always got to
> think well am I coming home to the kids so it depends whether
> you've got your kids to come home to what/how much you can
> drink don't it. (Kim)

Many of the women were separated from partners, which added to financial restrictions,

lack of opportunity and lack of shared childcare responsibilities. Equally some women did not want to go out with partners or felt the potential for a violent or abusive situation was too great if they went out against their partners' wishes. One woman's level of drinking had decreased in quantity and frequency in support of her ex-partner who she was 'trying to help detoxify from alcohol'.

One of the key issues that emerged from discussions about the women's drinking was that many women felt that they were more likely to 'answer back' if they had been drinking. Some stated this in terms of 'Dutch courage', suggesting they were verbally provocative and in this sense 'in the wrong', or at least felt they should have known better. This was usually reported in the context of both partners drinking and its impact on the men's violence and abuse towards them. It will be discussed further in section 9.2.3. Two women, while not relating personal experiences, made general comments about women under the influence of alcohol "having a go back" or being "more dominant".

Some women, however, pointed out that they had never been violent under the influence of alcohol, although one stated 'not unless someone was violent to her first':

> I'd never ever, I can't ever say I've ever been violent in drink,
> I've never been like that. I've never been a person like that.
> (Tracey)

> I've never ever been violent with it, never. (Kris)

> I can't say I go abusive unless someone's abusive to me, like
> when he started I wouldn't have sat and giggled sort of thing. I
> made sure I got a good punch back but apart from that.... . (Elly)

> Not aggressive or anything. (Pat)

> I mean I don't get violent, I've never ever got violent in drink.
> (Rebecca)

This section has highlighted a range of themes that emerged in relation to the women's drinking. The following section develops this further by examining some of the gender differences reported by the women when it came to alcohol consumption and subsequent behaviour.

9.1.6   Gender differences in behaviour after drinking

I asked the women whether they felt there were differences between men's behaviour when men were drinking and women's behaviour when women were drinking. Eleven women said they thought there were definite differences, five said no difference and four were unsure. Most of the women again described men's behaviour as falling into the 'two types'/'Jekyll and Hyde' characteristics (see s.9.1 above). The comments regarding the women's behaviour fell into stereotypical categories (see s.9.1.4), for example, "silly or emotional", "giggly", and "flirtatious" and "easy going". Only one woman mentioned the stigma attached to women being noticeably under the influence of alcohol and believed there were different 'rules' for men and women. Conversely, another woman came close to reinforcing this stigma stating it was only "proper women" who laughed, talked and so on, those that were not "proper women" became more aggressive and were often "covered in tattoos".

Some comments about women's behaviour in general under the influence of alcohol suggested their behaviour was being compared to a benchmark for drunken behaviour 'set' by men. This usually involved the women commenting on women's potential for aggression:

Q. Do you think that [men's] behaviour when they've been drinking is different to women's behaviour when women have been drinking?

I think it's the same. I think when women get really drunk they can start fighting, start hitting people. I think they can get just as violent as men. (Isobel)

No, no, I think some women can be the same, yeh, they can be, some women can be very violent if they wish to be, yeh. (Ann)

I don't know I think they can both be the same really. You know I don't know...I'd say women can be the same as men. (Tracey)

Implicit in these responses is the suggestion that women are not usually as violent and aggressive as men but 'can be' if they try hard enough, or under particular circumstances.

There were parallels in the women's responses to the question of whether they thought women were as violent as men generally and the question of women's behaviour after drinking compared to men's behaviour after drinking. What the comparison of these two themes demonstrated was a high level of consistency between how the women perceived women's violence compared to men's violence generally, and how they perceived women's behaviour under the influence of alcohol. Of the possible comparative responses (n=14), nine women gave consistent responses in the two themes. For example, some women said "yes" women were as violent as men generally, also that they saw "no difference" in men's versus women's behaviour under the influence of alcohol – both genders could be equally aggressive. Similarly, one woman said "no" women were not as violent as men and, under the influence of alcohol, women tended to be "calmer than men".

What this suggests is that for general level questions, their beliefs and responses are

consistent. However, there was not such consistency when comparing the women's responses to the general level question with their responses to a question about their personal experiences. In other words, their beliefs about men's behaviour after drinking in general are different to their beliefs about their partners' behaviour to them after drinking. The general level questions appear to prompt a more theoretical response whereas the personal level questions are obviously based on closer experience or personal 'realities'. This issue is raised again in s.9.2.4 and will be discussed further in chapter 10.

I will now turn to the second category that specifically addresses the women's perceptions of the relationship between alcohol and aggressive behaviour.

9.2   Alcohol's impact on aggressive behaviour

This section will explore four themes relating to alcohol's impact on aggression, both in general terms and, more specifically, the violence and abuse suffered by the women. First, it will set the context by looking at the women's beliefs about the impact of alcohol on aggression generally, before moving on to examine specifically what the women reported in terms of their partners'/ex-partners' violence and abuse to them under the influence of alcohol. It will also examine whether the women reported any change in the levels or occurrence of violence and abusive behaviour if both partners had been drinking. It will conclude with their views on the extent to which alcohol plays a key role in violence and abuse generally and compare this with their views about alcohol's role in their partners' violence and abuse to themselves.

9.2.1   The impact of alcohol on aggression

One theme emerging from the interviews was the women's perceptions of 'alcohol's

impact on aggression'. The women believed alcohol's role in aggressive behaviour was dependent on a lot of variables. As already stated in section 9.1.1 above, some women perceived these 'opening up' qualities of alcohol to include the aggressive or negative behaviours of their partners or of the general public:

> ... when he's had a decent drink, I mean it only takes him three litres of cider may be which is not a lot really, I wouldn't have thought so, about three litres of cider and his mind used to run off wanting to do crime or go hit somebody or that type of thing. (Ann)

> So you can imagine the type of people I knocked about with. ...I'd say they was more violent in drink, without they'd maybe have a fight on. If they'd had too much to drink, if they'd had too much of that, definitely so. (Louise)

Personality was again seen as a key contributing factor to alcohol-related aggression in particular. Women stated that aggressive behaviour under the influence of alcohol was dependent on whether or not someone had violent tendencies already. In such cases, alcohol worsened the violence:

> If someone's violent anyway I mean like I know this bloke, Craig, everyone's pretty scared of him...[inaudible]...but when he drinks he gets really aggressive, so if you're that type of, it's whatever type of person you are anyway. (Helen)

> If you've got a violent and aggressive personality I think you just, some of them can drink loads and be fine, and some can drink a few and not be fine erm, but I've seen em drinking a few and I do think it does change you, not necessarily for the worse. (Mandy)

> I think it makes it a bit worse, but I think if they're violent anyway they're going to be like that when they're drunk and if they're not then when they're drunk they won't be like that anyway. I mean sometimes like a few might turn when they're drunk and they might make a mistake but I think the rest of them if they're violent when they're sober then they're violent when they're drunk and if they aren't they aren't. (Lisa)

These responses conveyed the sense that alcohol 'pushed' the level of an argument "further", or worsened people's behaviour. One woman felt it was a mixture of

chemical reaction and individual psychology that culminated in violence:

> I think everyone's probably more about the same in terms of a
> chemical reaction but depending on how much they drink, how
> fast they drink, what mood they're in but I think it's got a lot to
> do with personality. (Mandy)

Other women again stated it was about quantity, or type, of alcohol or the individual's existing alcohol tolerance levels.

I asked the women about their earliest memories or experiences of alcohol-related violence. All the women spoke of these experiences, inside or outside the family, involving men being violent, mostly to women and some to other men. Three women's experiences were centred around the 'lads' fighting in or around the pub, with extreme forms of violence being used in these cases, for example, stabbing and bottles as weapons. Six women recalled their father being violent to their mother after drinking, and a further four spoke about parents going through a 'rough patch' although the role of alcohol was not clear. In the case of a further three women the alcohol-related violence existed in the extended family, with two reporting their uncle's violence or abuse to their aunt, and one hearing of her grandfather's violence to her grandmother. Only two of the women clearly reported this experience as having an impact on them now and for these women this had resulted in their disliking alcohol as well as detachment from the father/step-father who had perpetrated the violence or abuse.

9.2.2   His violence to her under the influence of alcohol

The women interviewed reported a range of violent and abusive behaviours from their partners both 'sober' and 'after drinking' as reported in section 8.3.2. To recap, the physically violent or abusive behaviours fell into the group of behaviours that were reported by more women after their partners had been drinking than when they were

sober. This echoed reports from some women during interview that often alcohol

seemed to worsen abusive or violent behaviours.

Two women stated they felt their partners 'used' alcohol to be violent:

> ... some time last year err, we had different neighbours next door
> and one of those neighbour's brother took a shine I'll say, and I
> backed him off and I told Andy about it - I'm honest with him
> that way - and I told him what was happening, the situation, well
> Andy just hit the bottle, literally hit the bottle and he went for
> him, he flew for him on numerous occasions. I mean Andy is
> one of these that will bear a grudge until he's actually got that
> message across 'back off, stay away, she belongs' type of line
> [laughs], you know. (Ann)

> To me I think he wanted it to happen cos he knew he shouldn't
> drink but he did it. I just called it a set up. I said you set me
> up.... I hadn't done nowt. (Margaret)

This final extract ends with an implication that if she had done something to warrant the

aggression then it would be more understandable. In other words, if she had provoked

the behaviour in some way then she could see a reason for him responding as he did. I

will discuss the idea of women provoking the violence and abusive behaviour later in

this section.

Further, the women's belief in alcohol's ability to 'open up a hidden side' (s.9.1.1) was

also directly applicable to their experiences with their own partner or ex-partner. For

some this revelation of a 'hidden side' was positive in intent, despite its co-existence

with otherwise violent and abusive behaviour:

> ...he was lovely. He just used to call, he was real loving, real
> affectionate, he was fine. (Linda)

> He talks to me when he's...he tries to talk to me when he's drunk
> and I won't have it [laughs]. I mean about how he feels and I
> said no because you, you can't talk to me when you're
> like...you've got to tell me that when you're sober if you know
> what I mean. (Erica)

For others it was a negative experience and often led to aggressive or abusive behaviour towards them:

> When he hits the drink it comes out. I get called every name under the sun and I say "yeh, alright yeh" you know, laugh him off, but sometimes I laugh him off and it makes him worse...and I think 'mmm' bite me lip otherwise I'm going to get hit here. (Ann)

> It made him braver, more...erm...bossy, more...he said things he wanted to say that he couldn't say when he was sober. (Mandy)

For others it was both:

> Do you know just when they've had a tiny bit and it opens them up a bit and they'll be a bit chatty and I used to think 'oh god yes, we can have a conversation'. And he'd tell me things about his past and his childhood and some of them weren't nice and like I said I used to think 'oh he's opening up to me here' on the drink instead of having a couple more and going totally the other way. (Janet)

> One minute he's fine and the next minute he just turns, you see the vein in his neck...if the vein in the neck sticks out you know to run [laughs]. (Rebecca)

Only three of the 20 women reported their partners' violence or abuse was "always" under the influence although there was evidence of violence and abuse without alcohol in two of the three responses. They reported receiving no violence or abuse when he was sober although this also contradicted their checklist reports. In one of these cases, however, her partner had been a daily drinker and "alcoholic" since they met and she felt she was unable to judge what his behaviour would be like without the influence of alcohol. Four women reported that alcohol had never played a role in their partners' abuse or violence, while 11 women reported violence and abuse both with and without alcohol. Two women gave no clear response.

Thus, 15 women stated either that alcohol was not involved in the violence to them or that their partners' violence and abuse happened without alcohol too:

> A. Some time like...he was alright when he had a drink. Some days he used to lose his temper that's all.
> Q. But did he lose his temper without the alcohol?
> A. Yeh, so it didn't make a difference in this case. (Tricia)

> He could be nastier but he could be just as nasty when he was sober. (Kim)

For two women their partners' abuse or violence to them when sober was a 'turning point' for them, at least in terms of realisation that the alcohol alone was not to blame. They described how these incidents led to a change in their perception:

> ... one incident I'd come down and out of the bath with my dressing gown on and he had just gone into a paddy over something and gone in the kitchen and as I ran back upstairs he threw buckets of water over me and pushed me up the stairs for some reason. Then when I asked him what he was doing, he said 'I don't know'. He just came out with it and did it. And then he's often threw me round the bedroom or thrown me from the door to in here [gesturing towards sofa against wall furthest from lounge door]. That was the first time we split up. I don't think he wanted to like leave the house. I don't know, I don't know how his mind works, that's just what happened. That's when I started to see him in a different way. (Isobel)

> A. ...when it first started personally to me, it was always probably after he'd had a drink or some sort of drink do you know what I mean. Erm...but then it got to the point where he didn't have to have a drink.
> Q. So in the beginning you'd have thought it was alcohol related.
> A. Yeh, until.....let me think...it must have been when he really went bad...that's when I ended up....he got arrested and I ended up being able to get an injunction cos the only reason why I didn't get no compensation out of him that night was because I didn't have one mark on me face. Because he didn't punch me face you see. (Rebecca)

One woman realised during our interview - for the first time it seemed - that her partner had been violent and abusive to her without alcohol. Another said she had left a previous partner the first time he hit her sober, and suggested, albeit tentatively, that alcohol was related to her last partner's violence to her:

> ... and [he] smashed me back door in but I'd say that was
> alcohol. He'd only had like four glasses of wine though. That's,
> do you know what I mean, he normally drinks beer maybe it's
> because he'd had wine I don't know but you could sort of see it
> boiling up. Strange. (Elly)

This was one of the women who stated that her partner's physical violence to her had

been a "one off" yet the incident she refers to above was at least two weeks prior to this

"one off".

Again the issues of quantity of alcohol consumed and limit setting arose in relation to

the men's drinking and violent behaviour. This often had an impact on the women's

caution as the following examples show:

> I think there's a limit to how much everybody can drink. I think
> there's always a limit and I have seen him drink so many and
> he's been absolutely fine. And then he's maybe drunk one too
> much, as his dad says, one's not enough and two's too many.
> And he doesn't know his limit but it's like I say to him you've
> had enough to drink now, you know, just leave it and it's 'no I
> haven't don't tell me how much I've had, I can have another
> drink if I want one' and he's even admitted that he should stop
> drinking when I tell him, he says it all the time, 'I know I should
> stop drinking when you tell me', but at the time he won't.
> (Margaret)

> Erm, because I know, I know basically what triggers he's blame
> off, and it's, he has been told in the past not to drink over a
> certain...what is it?..erm, quantity, ...[Q. ...like, so many
> 'units'?]... units yeh, yeh, and if he goes over that unit something
> happens and I have to, that's, I've always had that in the back of
> my mind, that's what's happening cos he's drank over them units.
> I can't remember how many units it was, I'll just say thirteen just
> for arguments sake, if he drinks over that then things start
> happening. (Ann)

When questioned about whether their partners' drinking worsened any existing violence

or abuse, half the women stated it did. Two women specified that this was verbal abuse

and threatening behaviour but did not include physical abuse, while one woman

specifically stated that the sexual abuse was worse. Four also reported violence to

property while the others were not specific. Three of the four women who mentioned destruction of property did not consider this in their earlier definitions of violence and abuse, nor did they equate it with "destroy your belongings without your permission" on the checklist. When the women spoke of their partners' destruction of property it was often as an 'aside' or had a sense of normality about it. When I asked one woman whether there had been a particular change in his behaviour since she knew him, or whether things had got worse at any point, she replied:

A.   Err, it's just recently really. He's always smashed things
      up and that. You know he's really quick, he's really short
      tempered, can't get his own way or something doesn't go
      right it's 'swww' [noise accompanied by gesture of
      throwing something], gets smashed. It's not like let's try
      and deal with this it's like 'swww', that's his way of
      dealing with summat, get a hammer to it you know, get it
      out, just...erm...
Q.   Do you not find that frightening or intimidating?
A.   No.
Q.   Just cos you've known it for so long or...
A.   Well that's just him really, the way he is ... . (Louise)

What also became apparent within this theme was that the women's views had been affected by temporal considerations. This could be the time that had elapsed between the last violent incident and my meeting with them, or time in terms of the regularity of the violence and abuse, and/or how many times she had attempted to resolve or change the situation. Such temporal considerations will be explored further in section 9.3.2 when examining alcohol's impact on women's forgiveness of their partners.

9.2.3   Both partners drinking

Fourteen women stated that the violence or abuse did not get worse if both of them had been drinking. Five of these women stated they had either no experience of drinking together or going out together, or had not done so for a very long time. Five women reported that he was simply 'no worse' - he was abusive anyway - and three women said

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they did not drink alcohol. One women stated that he 'opened up' more when they had both been drinking but the implication was that this was a positive effect, not a negative effect, of his drinking.

Despite this majority response that both partners drinking did not worsen the violence, there were some caveats. Three women reported the verbal abuse/violence, or the 'arguments', as being worse. Five women said they 'provoked' the violence or 'said more back' when they had also been drinking which they felt may exacerbate the situation. While I have already made reference to this in s.9.1.4, it was in the context of both partners drinking that the message of the women 'answering back' came through most clearly:

> We probably argued more. I was probably more likely to answer back if I'd been drinking as well whereas if he'd come in and he started picking I wouldn't. (Mel)

> I'd probably start him off more you know, probably I'd retaliate more but because I'd had a drink if he started I'd give it as much back with the mouth so then he'd start being abusive like. (Elly)

> Usually yes when we've both been drinking yes. And I probably erm...you see, I probably say more than what I would. It gives you a sort of Dutch courage sort of thing yeh. (Pat)

> I don't know because when I've had a drink I'm not bothered. I don't...I can get sort of like get a bit of anger and say 'well come on then', it doesn't...I don't know it doesn't seem to upset me so much because I think drink does...it takes the edge off doesn't it. (Margaret)

The women's drinking, in this context, appeared key to whether, and how, they responded to their partners' behaviour.

I will now look specifically at what the women said about whether alcohol played a key role in violence and abuse, both to them and on a more general level.

9.2.4   The key role of alcohol in violence

The majority of women in this study believed that alcohol's impact on aggression
generally depended on many factors (see s.9.2.1). However, when comparing their
general beliefs with their personal experiences a slightly different picture emerges.
Table 9.1 summarises the women's views:

Table 9.1   Comparison of the women's beliefs about whether alcohol plays a key role in
their partners' violent and abusive behaviour to them, and alcohol's role in
violence generally.

Generally   **Themselves**

Code name	YES	NO/ UNSURE
Ann	X	
Mel		X
Mandy		X
Janet		X
Isobel	X	
Tracey	X	
Linda		X
Kris		X
Elly		X
Sally		X
Pat		X
Tricia		X
Helen		X
Katherine		X
Erica		X
Rebecca		X
Kim		X
Margaret		X
Lisa		X
Louise		X

Code name	YES	NO/ UNSURE
Ann	X	
Mel		X
Mandy		X
Janet	X	
Isobel	X	
Tracey	X	
Linda		X
Kris	X	
Elly	X	
Sally		X
Pat	X	
Tricia		X
Helen		X
Katherine		X
Erica		X
Rebecca	X	
Kim		X
Margaret		X
Lisa		X
Louise	X	

Table 9.1 shows that only three women believed alcohol played a key role in violence
generally compared with almost half the women who believed alcohol played a key role
in their partners' violence to themselves. Six of these nine women, however, reported

violent or abusive behaviour when their partners were sober too. Further, seven of these nine women also believed their partners were heavy drinkers suggesting a perceived correlation between the amount of alcohol their partners drank and their view that alcohol played a key role (see table 9.2). More research would be needed to verify this.

Table 9.2   The women's views on alcohol's key role in their partners' violent and abusive behaviour to themselves (A and B) alongside an indication of whether their partners perpetrated violence and abuse when sober too (C) and whether or not the women reported their partners as drinking heavily (D).

Themselves

Code name	YES (A)	NO/ Unsure (B)	Sober abuse /violence (C)	Heavy drinking partner (D)
Ann	X		X *	X
Mel		X	X	
Mandy		X	No clear response	
Janet	X			
Isobel	X		X	X
Tracey	X		X	X
Linda		X	X	
Kris	X		X	X
Elly	X		X	
Sally		X	X	
Pat	X		X	X
Tricia		X	X	
Helen		X	X	X
Katherine		X	X	
Erica		X	No clear response	
Rebecca	X		X	X
Kim		X	X	
Margaret		X	X	X
Lisa		X	X	
Louise	X		X *	X

* These women said there was no violence/abuse when their partners were sober but there was clear evidence of violence and abusive behaviour when their partners were sober from the transcripts and checklists.

Eleven women felt that alcohol did not play a key role in the violence and abuse they received from their partners or they were unsure.

Because of the obvious differences between the women's beliefs around alcohol's role in violence to strangers and alcohol's role in violence to themselves I sought a nonparametric statistical test to determine whether the changes in their responses were statistically significant. Applying the McNemar Change Test[5] (see appendix 10) demonstrated that the women were not as likely to change from viewing alcohol as having a key role in violence generally to not viewing alcohol as key to violence to themselves, as they were to change from viewing alcohol as key in the violence to themselves to not viewing alcohol as key in violence generally.

The McNemar test showed that women were significantly more likely to change from not viewing alcohol as key to violence generally to viewing alcohol as key to violence to themselves. The implications of this directional change will be discussed further in chapter 10 but it suggests that despite personal experiences of alcohol-related violence, the majority of women did not change their general level views. However, some caution needs to be exercised when interpreting qualitative data using statistical tests as well as drawing conclusions about significance from small samples.

Further, as reported in section 9.2.2, 15 women reported their partners as being violent or abusive without alcohol, with 11 of these reporting violence and abuse after their partners had been drinking too. This might suggest that the 11 women who experienced violence and abuse with and without alcohol, would not see alcohol as the primary or key factor in their partners' violence or abuse. However, by comparing the two themes, 'his violence to her under the influence' and 'alcohol as a key role in violence and abuse', it was evident this was not the case. Just over half the women (n=6/11) saw

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[5] Other tests were considered and discounted (see appendix 11 for the tests considered, attempts to apply them and why there were not suitable.)

alcohol as the key factor in their partners' abuse of them, but the remaining five women did not. This suggests that some women still see alcohol as playing a key role in their partners' violence and abuse despite the fact he is violent and abusive without alcohol. It also raises questions about how some women can view alcohol as key to violence and abuse when they have evidence and experience of such behaviour where alcohol is not involved. I will consider this further in chapter 10.

I will now turn to the final section of this chapter which examines the extent to which the women felt alcohol moderated their partners' violent and abusive behaviour, as well as what other variables contributed to it.

9.3   The role of alcohol in moderating violent behaviour

The majority of women were very clear that alcohol affected violent and abusive behaviour in some way but they made a definite distinction between the extent of its role in the violent or abusive behaviour to themselves and its effects on aggression in general. This section will examine the factors the women saw as contributing to violence and abuse under the influence of alcohol. It will examine the extent to which the women perceived alcohol to be a moderating factor in the abuse and violence they experienced from their partners and, if so, whether this moderating role extended to their 'forgiveness' of his violent and abusive behaviour.

9.3.1   'Alcohol plus...' factors

One of the themes that quickly emerged from the data around alcohol's role in violence was 'Alcohol plus... factors'. As described in section 9.2.4 above, the majority of the women saw alcohol as having an impact on aggression but felt it 'depended' to a greater or lesser degree on the presence of other variables. These variables fell into five broad

groups as follows:

- mood pre-drinking/tiredness   }
- pre-existing worries/problems at home   }
- pre-existing aggression or violence   } 'pre-drinking' factors
- childhood problems/past traumas   }
- significant relationship events,   }
  eg. marriage/separation

- group context/crowd/gangs/the 'audience'   }
- drinking atmosphere/environment eg. pub/home } environmental factors
- lack of external controls   }

- quantity of alcohol consumed   }
- type of alcohol drunk   }
- tolerance of alcohol   } alcohol specific factors
- frequency of alcohol use   }
- existing alcohol problems   }
- additional other substance use   }

- learned behaviour   }
- expectations around alcohol & manhood/   }
  projecting a particular self image   } personal or personality-specific
- individual personality   } factors
- age   }
- medical complaints eg. allergies/brain damage }

- wanting sex   }
- wish to control woman   } individual goals of drinking
- wish to be violent   }

The majority of women (n=14) mentioned at least one variable in the 'pre-drinking'

group, particularly mood pre-drinking, pre-existing aggression or pre-existing worries.

Mood pre-drinking was mentioned by eight women, one in reference to the impact of

alcohol on her, but the remainder in reference to either the impact their partners' mood

had on their post-alcohol behaviour or the ability of alcohol to determine their partners'

mood:

> ... it depended whether he was in a good mood to start with
> really (Lisa)

These women would often be vigilant about their partners' mood in order to assess their

risk of suffering abuse and violence:

> ... it was like waiting for him to come home from work. This is before the alcohol as well on a night time and I used to think oh god that's going to make it worse and I had to look at his face to see whether he was in a happy mood or a sad mood. If he smiled I used to think 'we'll be alright tonight'. And you shouldn't have to think like that. (Janet)

> I think it's depending on his, on how he's feeling as well actually. And if I know he's in a mood, you know, then I know that if he's having a drink that he could get nasty. Depends on how he is. (Tracey)

Two of the women suggested it was the alcohol that determined, or at least, exacerbated their partners' mood:

> Well most of the time he's fine and then he can just go...I don't know, it fuels...sort of fuels his temper so often, fuels him. (Pat)

> ... if he drinks more than a litre of cider, he's very, he's very...he gets paranoid, he accuses you of things, he gets err...I don't know he just gets, he gets a face on and you can tell he's going into a mood. He gets very aggressive I'd say when he's drinking cider. (Louise)

'Environmental' factors were mentioned by more than half the women, especially the group or crowd context. I have included 'lack of external controls' in this group. Women felt there were few controls to stop the men's violence and abuse to them in their own homes. If they were in a public place, however, the presence of other people acted as a control on their partners who would not want to be seen as being violent to a woman.

Eight women thought the public environment controlled their partners' abuse or violence towards them. They saw a clear distinction between the public and private environment determining their partners' abusive behaviour under the influence of alcohol. They stated that there was violence or abuse at home, which would not have happened when they were out. Three women described the violence and abuse as

starting with looks and jealousy in the pub, which, on at least one occasion, had been

followed by a pint over their heads in the pub:

> He's never hit me in public, he's dragged me out of a pub and
> dragged me down the street. He's picked me up and carried me
> on his shoulder cos he didn't want me staying in the pub. He's
> thrown beer over my head in one pub. (Lisa)

> ... as soon as we walked in, he started kicking off and he went to
> the bar and all night I'd been with him and Julie and her
> boyfriend, so I hadn't been anywhere else, and he just started
> kicking off at the bar and he clears off so Geoff's handed me me
> drink so I go on the dance floor, the next minute I get a pint over
> me head. I hadn't done nowt. (Margaret)

These women described his behaviour as becoming increasingly violent and abusive

when they arrived home. Several women stated that it was the shame of other men

knowing, or friends or family finding out, that controlled their partners' abusive or

violent behaviour:

> A.   Oh I said to you in my case with the violence. I never
>   went out for a fortnight afterwards and he never knew, you
>   know, but the people who know us knew.
> Q.   So you feel that if you'd been out that it wouldn't have
>   happened out, that it only happens at home?
> A.   Yes, I do say that, yes it only happens at home.
> Q.   Why do you think that is, why do you think it's behind
>   closed doors type of thing?
> A.   Because they don't want people to see what they're doing
>   that's why isn't it really. (Pat)

> I think at home it's more private isn't it, so they can kick off
> more in a house than they will in a pub cos if anybody, another
> man who's not violent, sees another man hitting a woman,
> they're going to join in and pagger [beat] him aren't they? (Elly)

> Oh he wouldn't have gone too far though not in front of anyone.
> It's just cowardly isn't it. He doesn't want anybody to know did
> he. He wouldn't have done it in the middle of a pub or he'd
> have everybody on his head, you know what I mean. (Lisa)

> He'll start to kick off and then he'll realise when he's in pub and
> then he'll stop it and then he'll calm down. Like err that night a
> few weeks ago, his sister had the bairn so he'd done all that in
> the pub and then we got a taxi to pick the bairn up, so he walks
> into his sister's house and his sister says 'oh you alright Peter no
> trouble' and all this, 'oh no everything's fine', laughing and
> smiling away, picks the bairn up, walks in, gives the bairn to
> Nicky to take to bed, and then that's it, temper goes again. So
> he can stop when he wants to stop. (Margaret)

One woman felt that it depended on the individual and how "wound up they are" as to whether the public environment controlled their violent and abusive behaviour:

> Erm...some men don't care where they are. It depends what
> they want to do. My previous boyfriend, he'd probably wait 'til
> she got home and give her a good battering, or wait till they got
> out the pub and like walking home, and then just turn round and
> wham her, you know what I mean. I think it depends on the
> person and how wound up they are. ... I've known Frank not to
> wait until we got out of the pub. Not bad yeh, but yeh, you've
> got the dig or the evil look, the verbal, so...didn't always matter.
> (Rebecca)

However, not all the women had this experience. Five women believed that at home the environment was generally "more relaxed" or "quiet" and, for one woman, the lack of an audience at home meant the violence or abuse was likely to stop sooner. They stated that outside the home men were quicker to fight in some cases due to the more provocative environment, 'high spirits' of a pub, the presence of an audience and 'egging on' from the crowd. These comments though were largely geared towards violence and abuse in general as opposed to violence and abuse towards women. They were also often couched in terms of "fights" which the women viewed quite differently from the violence and abuse they received from their partners.

In addition, a few women reported their partners reciting the message that 'you don't hit women', usually at the beginning of the relationship when the woman revealed her previous partner's violence and abuse. While these men had obviously heard this public

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message, the fact they ignored it points to the lack of real consequences or punitive measures if it is ignored. This issue will be discussed further in chapter 10.

The most commonly mentioned variable in the 'alcohol specific' group was the quantity of alcohol consumed. As previously stated, nine women felt their partners drank heavily and many of these women also believed alcohol played a key role in their partners' violence to them. This ties in closely with the concept of people having 'limits' to their alcohol consumption, beyond which they are less able to manage or control their own behaviour (s.9.1.3).

"Individual personality" was the factor mentioned most often in the 'personal or personality specific' group. This could equally have fitted into the 'pre-drinking factors' group as the implication here is that it is the individual person, and all that contributes to the individual's personality, that determines whether or not he is violent or abusive. The factors in the last grouping were each mentioned by one woman as specific goals of their partners' drinking.

Only one woman was clear that alcohol played no role at all, while two others felt that alcohol interacted with only one variable. The remaining women mentioned between two and seven variables that contributed to violent and abusive behaviour after drinking. This finding suggests that for all the women in this study alcohol alone was not enough to account for violent and abusive behaviour.

9.3.2   Forgiveness under the influence of alcohol

The question of forgiveness revealed much in terms of the extent to which alcohol moderated the impact of violence and abuse towards these women. Whether or not the

women believe alcohol plays a key role in their partners' abuse or violence, and whether or not other factors contribute to this, perhaps the ultimate 'test' of alcohol's role in such behaviour is whether or not women forgive their partners more easily because of it.

Towards the end of the interviews I asked the women whether they had forgiven, or would forgive, their partners more easily if they had been drinking at the time of the violence or abuse. While nine women very clearly stated 'no' they would not, there was also a range of responses between the poles of 'yes' and 'no'. This is demonstrated graphically in figure 9.1 (see over).

The 'Forgiveness Continuum'

Figure 9.1   The women's responses to a question about whether or not they would forgive their partner more easily if he was violent or abusive after drinking alcohol (n=19*).

Forgive them anyway if you love them

Yes and no. Forgive his actions not him

Not now but have done previously

Yes ← → No

Yes

Yes, if he had been drinking

Forgive once

Don't know now

No
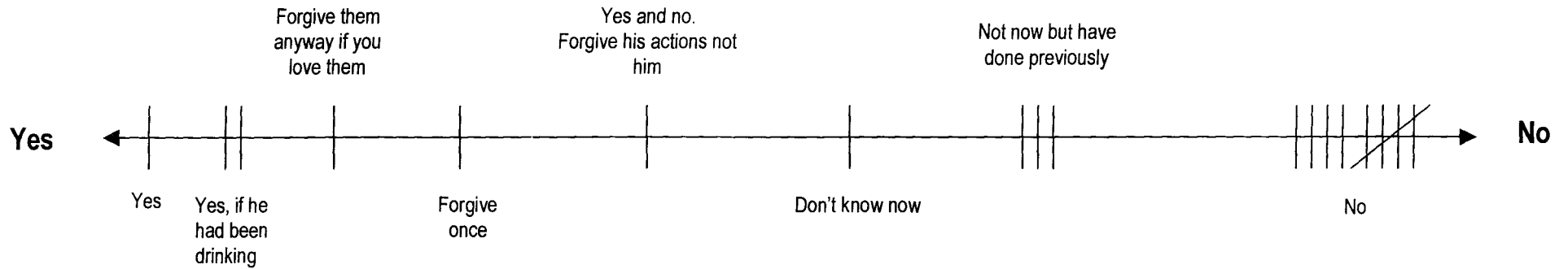
* One woman gave no clear response

Thee women who were clear that they would not forgive more easily due to their partners' alcohol consumption, gave reasons that were largely due to their belief that alcohol was an excuse for such behaviour and that, ultimately, the men knew their behaviour was unacceptable but continued to do it anyway. The following extracts are just some examples:

> I think that whatever they do when they're drunk it may be that they wanted to do it anyway, the drink's just let them do it. (Mel)

> Q. Would you forgive him, or have you forgiven him, more easily if he's been drinking alcohol or is under the influence when he's been violent or abusive.
> A. No, no.
> Q. Definitely not.
> A. No.
> Q. You're very clear on that. Is there a particular reason?
> A. Yeh, cos people should be thing for their actions shouldn't they.
>
> Q. Right, yeh, take responsibility for them? So it doesn't make any difference to you whether he's drunk or not.
> A. No. It's like, I think they use that as an excuse don't they really, the drinking. (Pat)

> It's no excuse, no excuse whatsoever cos if they do it when they're straight as well as when they've had something how can they use it as an excuse? (Helen)

Some women were clear that it was the continuation of the violence and abuse that determined their willingness to forgive their partners rather than their partners' alcohol use:

> I don't know I don't think I've ever forgiven him. I think now because he hasn't stopped, he's still doing it, then I'm thinking well you're not sorry. You know it's like 'oh I love you' and you think well you can't. You don't, you don't do something like that to somebody you love, you don't do it. I mean he's picked me poor dog up and thrown it from wall to wall, cos the dog's real protective so when he has come near me the dog's attacked him. I think no, you can't, you can't love somebody and do that to them. (Margaret)

A. I don't think I ever forgive him. I forget but I never forgive I don't think. I'll always remember. [*sic*]

Q. So you can put it to one side but...

A. It's always there.

Q. You know it's there.

A. Yeh.

Q. OK, ok. So does...

A. But every time something happens a barrier goes up and I move one step further away from him and the more he does it the further I walk away and the further I push him away. (Louise)

Three of the four extracts above were from women who were still with their violent/abusive partners - two were living together and one has an on-going, albeit tentative, relationship with him.

The last extract also raises temporal considerations as mentioned in s.9.2.2. What Louise is implying, and what the following woman states explicitly, is that time can change beliefs about, and perceptions of, particular incidents. This may be a result of additional abusive or violent behaviour during a particular period of time, but this can then become significant in whether or not they forgive:

Because it's not acceptable is it. At the end of the day it's just not acceptable...if you'd have asked me this on the day I'd have answered completely different really. I'm definite on that one, yeh, it would have been completely different. (Katherine)

For this woman her partner's behaviour since the last incident had changed her mind about forgiveness and any generosity of spirit she may have felt towards him. While initially he had accepted responsibility for the violence, he had since lied in his statement to the police stating that she fell and banged her head. This alone was enough to change her willingness at the time to excuse his violence to her as stemming from 'frustration' and viewing it as 'out of character'. Similarly, in the extract from Louise above, there is the suggestion that if I had interviewed her some months later, and his violent and abusive behaviour had continued, she would not be willing to forget as

readily as she is stating here. This same extract also demonstrates how gradual the process can be in terms of a woman distancing herself from a violent or abusive partner. It shows how different women will be at different stages of the awareness or 'leaving' process, some having left, some only just beginning to consider the possibility of separation, and others not even at that point. A few had obviously moved from sympathy to intolerance:

> They don't accept that they just say, because it's somehow in their head, that if you do that you deserve it...so that nothing you say to them is going to change their mind because I've tried. For a, like, a year with him [1st partner] and for the past few weeks with Steve, just like offering to be his friend and that, I didn't have to do that, he filled my face in, but...but nothing you say gets through to them there's just no point. (Helen)

In this case, and others, the level of sympathy for the partner, or ex-partner, seemed dependent on their subsequent actions or inaction.

At the other end of the continuum only one woman stated she would forgive more easily:

> Q. Would you, or have you, forgiven him more easily when he's been abusive or violent to you after he's been drinking?
> A. Yeh, I have forgiven him.
> Q. More easily than you would had he done it sober.
> A. Erm...yeh, I would say so really because I've never known him to do it when he's not had a drink. Yeh. Not that I can remember. (Tracey)

However, this was the same woman who cut me short in my next question to tell me she was "lying there" and she was "forgetting that he can be nasty without a drink". Two women responded that they probably would have forgiven more easily if their partners had been under the influence of alcohol at the time of the violence and abuse but they never were.

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One woman felt that she would "forgive once", regardless of the alcohol, but that any repetition of the abusive or violent behaviour would be her limit:

> I think you've got to forgive once but I think if it ever happens again then you've got to think well no people can't change in a day. (Mandy)

Another woman stated she forgave him anyway:

> I always believe in forgiving and forgetting because you don't know how long you're here for. I lost a friend at 21 so, you know. You never expect the day to come, and it was when she died I realised you can be here and gone tomorrow and you should get it off your chest. Because the thing is I was always forgiving anyhow and that, I am now, too stupid, I do it now. (Kris)

In the centre of the 'forgiveness continuum' was one woman who was still living with her violent and abusive partner, and who answered both 'yes' and 'no' to this question. She explained it as follows:

> I don't forgive him because of his drink, no. But I forgive him for his actions because of the drink, does that make sense? (Ann)

What this woman was able to do was to separate him and his choice to drink from his violence and abusive "actions" when he had been drinking, thus allowing herself to forgive the alcohol-influenced actions but not him.

One woman just 'didn't know' whether she would forgive more easily or not. She had forgiven a previous partner because of what she perceived to be his alcohol-related violence and abuse but she also felt strongly that alcohol was an excuse:

> A.   I used to just think, oh, cos he used to say to me, 'you know I don't remember', and so cos he was such a different person sober it was unbelievable. He was like nobody could believe he'd even touched me or anything. He was just, got on with everybody, everybody thought he was brilliant but the difference with him was unbelievable when he'd had a drink. I don't know it's strange.

Q. But then you said earlier in a way that you don't really believe now that alcohol makes a difference, it was like you were kind of wanting alcohol to be the excuse if you like.

A. Yeh, that was it, yeh. But I think that was because I was that besotted with him I used to make any excuse for him so I'd say oh it's the alcohol and what have you but, I don't know. (Elly)

Finally, before reaching the 'no' contingent, were three women who stated they had previously forgiven their partners more easily because of his drinking but that they would not do so now. One woman (Sally) fell into several groups from her response but ultimately she stated she "wouldn't now" and thus had been grouped with the other two women here:

Q. ... would you forgive him more easily if he'd been drinking alcohol and was violent or abusive towards you.

A. I probably would yeh. I forgived him even when he was sober.

Q. Right. So in a way the alcohol...

A. I wouldn't now.

Q. Right.

A. Especially the fact that he cracked me in front of the kids as well, in front of all four of them. But I mean he'd ripped all my clothes up and my eldest lad was stood there cutting his clothes up. I said Dan what are you doing, he went if you haven't got no clothes mum why should I. (Sally)

I used to [drowned out by child], I used to try to think I could forgive him but I just can't nowadays. It still plays on my mind...(inaudible)...thinking oh what's he going to do next. Like even though I've got an injunction out on him, he won't stick to it, cos I know he won't. Cos I know him that well. (Isobel)

Well sometimes you put it down don't you and you think 'oh if he hadn't have had that extra can or that bottle', but not now. I totally believe now, it's different now, that all the times he used to like be like aggressive or like even like shouting's aggressive, they do it in different ways don't they. (Janet)

There was one woman who gave no direct answer to the question but felt that alcohol had not played a role in her partner's violence to, and abuse of, her.

In sum, the majority of women interviewed did not accept alcohol as a reason to forgive their partners' violent or abusive behaviour more easily, despite many of them recognising, and allowing for, the role it played in their partners' violence to them. Thus, while alcohol may be involved in their partners' abusive and violent behaviour, it was not a good enough reason to forgive more easily. Importantly, some of the women appeared to move along the 'Forgiveness Continuum' (figure 9.1). For some women their place on the continuum was governed by their own experiences and beliefs, which had changed over time. For others, particularly at the 'no' end of the continuum, they appeared sure of their position on the continuum regardless of their experiences.

This chapter has presented findings on 12 themes that emerged from the interviews. Chapter 10 will discuss these findings further and present the theory that has emerged from them.

Chapter 10

Discussion:

Disinhibition and Responsibility in a Socio-cultural Context

Chapters 8 and 9 presented the results of the interviews with the women in this study. This chapter will discuss some of the key themes further and examine the relationship between them. It will develop theory that has been grounded in the data – the women's responses – before discussing this theory in relation to the broader theoretical framework in which this research is set.

10.1   The revealing properties of alcohol

One of the key findings of this study was that the women believed that alcohol had powerful, revealing properties, which could expose a 'hidden side' to their partners.

The women's beliefs in alcohol's ability to 'open up a hidden side' supports the idea of alcohol's revealing qualities and, for some women, its ability to act pharmacologically as a 'truth serum'.

This belief also reflects shared and socially constructed beliefs that allow certain, more sensitive or difficult issues to be discussed with the aid of alcohol. It was MacAndrew and Edgerton (1969), in their classic study of alcohol's varying impact on American Indian tribes, who pointed out how we share understandings about the role of alcohol in determining behaviour:

It is our contention, then, that if we are ever to understand
drunken comportment, we must focus on the shared
understandings of the nature of drunkenness that obtain among
men living together in societies. It is our further contention that
in those societies in which drunken changes-for-the-worse
occur, these changes must be viewed in terms of the increased...
freedom that these societies accord to their members when they
are drunk.

(MacAndrew and Edgerton 1969: 171)

As shown in chapter 9, all the women felt alcohol had some kind of impact on behaviour, with the majority of women stating alcohol had an impact on everyone. However, this impact was not necessarily associated with violence and abuse.

Many women felt alcohol could 'make' people behave in one of two extreme ways whereas sober this was not the case (s.9.1.2). For some women the extreme changes in their partners were likened to the fictional characters of Dr Jekyll and Mr Hyde. In the story, Dr Jekyll is a tall, up-standing and worthy scientist who is physically and mentally transformed into a small, selfish and ignorant man, on the consumption of a potion he invented and grew to desire more and more (Stevenson 1886).

This sense that alcohol had the power to transform a person was present among some of the women's statements that suggested alcohol was an entity in itself, powerful enough to take over a person's reason and functioning. One woman spoke of the drink 'taking over his brain' (Isobel), while another stated "...I don't like what it does to people. I think it ruins people's lives and I think there's no need for it". (Mandy)

The reference to alcohol as 'it' reinforces the idea of alcohol as an entity in itself. 'It' was responsible for causing trouble or ruining people's lives. There appears, initially, to be little room for personal agency in this view, particularly when quantities of alcohol

are consumed. From this perspective, removing alcohol would be sufficient to return the person to appropriate, non-violent behaviour. Faced with this belief, it is possible to see how people could blame alcohol for violent and abusive behaviour and see abstinence from alcohol as the necessary requirement for its cessation.

Yet, as other results showed, the women were not suggesting a lack of agency, they were expressing their beliefs about the powerful impact alcohol could have on people's lives. Their beliefs about the power of alcohol on individuals, or their partners in particular, did not extend to assigning responsibility for their partners' violent and abusive behaviour to alcohol.

This perception of alcohol as a powerful entity was also evident among the women who saw alcohol as having 'closing down' or 'prohibiting' qualities, for example, the woman who stated "it stops the control a bit" (Mel) (see s.9.1.1). It is questionable whether the end result of the 'opening up' properties of alcohol is any different from the end result of the perceived 'closing down' properties, or whether they are the same thing framed differently. For the women who identified the prohibitive qualities of alcohol, the outcomes were that people would do, or say, things they would not normally do or say because alcohol stopped their self control, or stopped people from thinking things through. Similarly, the women who perceived alcohol as having the power to 'open up a hidden side' spoke of people talking about feelings that would normally be hidden, or behaving in a way they would not normally behave.

Gustafson (1988) states that couples could use alcohol to bring about shifts in power in their relationship. These shifts, in turn, allow traditional power roles to be temporarily changed without losing face. There was support for this view among several of the

women who reported their partners, for example, talking about their past, or childhood problems, after drinking – a conversation they would not have when their partners were sober. While the women did not speak of this change in terms of a power shift, they knew they were in a position to attempt such discussion after their partners had been drinking which they would have felt unable to do otherwise.

Thus, whichever way the women perceived alcohol's impact, that is, to prohibit usual restraint mechanisms or to release previously restrained behaviours, its perceived power resulted in the same type of less controlled, or more 'liberated', behaviour. Alcohol uncovered 'real' emotions and behaviour that would normally be constrained either by individual or environmental factors, for example, personal embarrassment or public disapproval of violence to women. A belief in less controlled behaviour after drinking may therefore lead to a greater tolerance of various extraordinary behaviours acted out under the influence of alcohol.

The women's perceptions of extreme changes in behaviour, for example the 'two types' or 'Jekyll and Hyde' analogy, can also be explained by the fact that extreme changes of behaviour will be more readily remembered than circumstances where alcohol affected little change in behaviour, particularly when such extremes involved violence. The violent and abusive behaviour will be remembered more vividly than any behaviour that was not violent or abusive because of the physical and mental distress it causes. Non-violent behaviour, by comparison, will be seen as 'nicer', even if it was not 'nice' as such, but simply lacking violence and abuse. This point is supported by Marshall et al. (2000) who suggest:

> ...after an abusive episode, women may be more likely to
> interpret mildly negative messages from their partner as neutral.
> Neutral or mildly positive messages may be perceived as more
> positive and more meaningful than they actually were.
>
> (Marshall et al. 2000: 671)

In a private context such violent and abusive behaviour is likely to evoke ongoing fear for the women. In a public context, involving violence from a stranger, it is less likely to evoke feelings of ongoing and immediate personal threat. Such feelings are, at best, uncomfortable and not usually part of everyday routine. As a result the feelings, and the circumstances that triggered them, can remain vivid memories in a way that a night out with a partner where there were no "extremes" of behaviour, or violence, may not. The psychological impact of this and the hypervigilance that develops from it is, in itself, a form of abuse, as it leads to a constant awareness and fear of the potential for further violence. Where this violence has occurred after the partner has been drinking, the partner's future use of alcohol is likely to trigger such fear. Hutchison's (1999a) research with 419 women supports this view, concluding that men's drinking "significantly" increased women's fear of abuse from their partners.

However, the view that the women will remember such extremes more easily does not invalidate the women's views as realities. It suggests that the reported non-violent or neutral behaviour needs to be considered in the context of the women's experiences of extreme violence. This may mean less violence or abuse, not that it is either 'nice' or 'violent' with nothing inbetween.

Whether it is the pharmacological effects of alcohol or socially constructed beliefs about the alcohol's ability to aid difficult conversation, or reveal hidden 'depths', these beliefs and experiences strongly reflect some elements of disinhibition theory (Collins 1982) as outlined in s.3.3.1. Yet, these women are not demonstrating complete support for the

disinhibition hypothesis. Their acceptance of the disinhibiting effects of alcohol does not mean the women also believed their partners lost control of their behaviour even when 'disinhibited'. This is a key point in the emergence of theory from the interview data and will be discussed further in s.10.5.

Further, the fact that the women see alcohol as having such an impact in terms of its revealing properties makes it harder to argue that, when it comes to abusive or violent behaviour, alcohol has no influence at all. The argument is that belief in alcohol's ability to work one way – albeit a more 'positive' or revealing way - has to be accompanied by, not separated from, the belief that this could be true of its ability to work in 'negative' ways.

What this belief relies on is some explanatory variable that determines whether the behaviour is positive or negative. It is here that other theories, for example, deviance disavowal, offer some explanations. As summarised in chapter 3, the theory of deviance disavowal suggests that an individual has a pre-existing intent to behave in a particular way, in this case abusively or violently, and then disavow his responsibility as a result of his alcohol use (Cantrell 1986). Miller et al. (1997) specifically point out that such a theory can help explain why alcohol use is linked to aggression on some occasions but not others. Again, this question of responsibility and what it is that determines the positive or negative response to alcohol's effects forms part of the theoretical framework emerging from this study.

Before examining the issue of choice and control in greater depth, I will explore two themes further. First, whether women think alcohol's impact on behaviour is key to men's violent and abusive behaviour to themselves and others, and second, the 'alcohol

plus...' factors which, in addition to the alcohol consumption, combine to explain men's alcohol-related violence.

10.2   The key role of alcohol in men's violence to women

The results demonstrate that more women believed alcohol played a key role in their partners' violent and abusive behaviour to themselves than they did in relation to violence in general. In other words, the women believed alcohol played a lesser role in violence and abusive behaviour on a general level, than in their own experiences of violence and abuse (see table 9.1).

The quantitative analysis of the women's views using the McNemar test (see s.9.2.4 and appendix 10) supports this finding. It showed that women were significantly more likely to change from not viewing alcohol as key to violence generally to viewing alcohol as key to violence to themselves than vice versa. This significant change has clear implications for research and practice in terms of ensuring clarity over the questions asked when collecting data or conducting assessments in a treatment or intervention setting. Questions that are too vague or not sufficiently personal in their focus may well yield falsely negative or falsely positive responses.

It would have been unsurprising if the women's views on the broader relationship between alcohol and violence and abuse were informed by their own personal experience. Indeed, it could have been expected. However, what is evident from the results is this is not the case. The women saw little direct relationship between alcohol and violence/abuse to strangers without other variables being involved.

For the majority of the women, their beliefs changed as a result of their experiences, the relationship and the context in which the violence or abuse took place. The women's views and beliefs about their partners' violence clearly reflected their observations about their partners' alcohol use and their experiences of suffering more frequent or more severe violent or abusive behaviour under its influence. This reported frequency of behaviours is supported by the quantitative analysis of the men's behaviours before and after drinking. As the results showed (see s.8.3.2), across a range of violent and abusive behaviours, the women reported suffering significantly more items of physical violence or abuse but not significantly more verbal/emotional/psychological violence or abuse after their partners had been drinking. This significant increase in physical violence therefore lends weight to the women's views that alcohol played a key role in their partners' violent and abusive behaviour. The result also suggests that the risk of the men being physically violent and abusive to the women after drinking significantly increased, suggesting that alcohol consumption by the men is an important risk factor in terms of further violence and abuse. This ties in with other research that found alcohol consumption increases the risk of severe violence (Berk et al. 1983, Pernanen 1991). However, given the small sample involved in this study, further research would be required to confirm any statistical significance.

Also key to the difference in the perceived role of alcohol in violence is the nature of the relationship. There is an intimacy, and thus an increased chance of repeated experiences of any kind, in a relationship with a partner that is not present in a relationship between other people generally. The nature of an intimate relationship is far more complex in terms of its processes, costs and benefits than a relationship in which there is little or no emotional investment. As mentioned briefly above, this intimacy means that the woman will see, at close quarters, the circumstances around her

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partner's violence and abuse, and will know whether or not he has been drinking alcohol. She will not have this depth of knowledge about a stranger and will rely on views formed at a greater distance. Thus, her direct experience of violence and abuse from her partner under the influence of alcohol will inform her view that alcohol plays a key role in his violence to her.

Not only is the immediacy and intimacy of a relationship key to the difference in some women's views of alcohol's role in violence, but there is also a need to consider the power dynamics in relationship between men and women. An intimate relationship is more complex and unequal in terms of power dynamics than a relationship between strangers, due to different dimensions of power in each relationship. For example, a stranger relationship may contain elements of power according to ethnicity, gender, professional status, and other major social divisions. An intimate relationship contains the additional elements of physical, financial, emotional, and psychological power. In particular, a partner is able to be more emotionally and psychologically abusive or violent to a level not possible with strangers because emotional and psychological abuse draws specifically on the intimacy of, and investment in, the relationship. The use and misuse of this power through subtle means, for example, small facial expressions or looks, can give clear threatening messages between people who know each other well but would be absent, or not as significant, in a stranger context. This is one of the limitations of official surveys, for example, the British Crime Surveys, which do not measure this type of intimate psychological and emotional violence and abuse (Mirrlees-Black 1999).

Only a few women felt alcohol played the key role in violence and abuse generally, with the remaining women stating it depended on many other factors, or in one case had no

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role whatsoever. Most of the women were clear that it was an individual's personality or the individual's circumstances pre-drinking that determined whether the alcohol-related behaviour became violent and abusive or not. Further, questions about alcohol and violence 'generally' are more likely to trigger thoughts, and responses, about violence between men, in line with social expectations about alcohol, violence and masculinity, than violence between men and women. Thus, the women's views about alcohol-related violence and abuse on a general level would not necessarily consider the additional, more complex elements of gender relations or socially constructed beliefs about men's and women's roles and actions.

One factor that was noticeably different in the women's views on the 'general' and 'personal' contexts of violence was the setting or environment of the drinking. For some women a public setting was seen as contributing to the violence or abuse in general, but restraining it in terms of violence or abuse towards women. The importance of environment and social context will be discussed further in the next section and s.10.6.

Thus, the responsibility for the behaviour in the 'general' category was primarily focussed, or at least framed, in terms of the individual men, their pre-drinking mood, personality or circumstances, and the environment and setting they drank in. This was reflected in the range of variables listed in the theme of 'alcohol plus...' factors (s.9.3.1).

In contrast to their general level beliefs, significantly more women felt alcohol played a key role in their partners' violent and abusive behaviour to them than in violence generally. While some women felt alcohol played a key role because of the frequency with which the men were abusive or violent to them after drinking, other women stated

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that alcohol was key because of their partners' uncharacteristic behaviour when they had been drinking. For a few women, it was the fact that their partners had "never", or rarely, been violent or abusive without alcohol that led them to view alcohol as the key factor in their violence. While further exploration of this 'rarely' or 'never' showed their partners had indeed been violent and abusive without alcohol, almost half the women viewed alcohol as having a key role in their partners' violence and abuse towards them.

This seeming contradiction could be due to various factors; for example, the women's defence of their partners and their unwillingness to accept that their partners are violent and abusive when sober too. In the majority of cases the women loved their partners, thus there would be a natural reluctance to acknowledge such intentional violence and abuse, particularly given that their partners were meant to love them too.

The issue of gender relations within an intimate relationship again plays an important role here. There is a greater emotional and psychological need for the women to find explanations other than, or as well as, the individual's responsibility for the violence and abuse where the relationship is complicated by emotional intimacy. Alcohol may also be a preferred explanation for his behaviour, albeit a temporary or time limited one. If a woman is faced with the choice of deciding between two possible explanations - the alcohol or her partner's wish to be violent and abusive to her - it would be understandable if she chose to believe the behaviour was alcohol induced out of a need for emotional self-protection.

The argument for this emotional self-protection, or minimising his responsibility by 'blaming' the alcohol, is popular among many feminist researchers in the field of men's

violence to women (Mullender 1996, Hearn 1998). As Dobash et al. (2000b) point out:

> ...alcohol provides an explanation that seems less threatening to both the man and the women as the violence can be viewed as caused by this external force, the resolution of which will result in an end to the violence.
>
> (Dobash et al. 2000b: 30)

What Dobash et al. overlook is the fact that these women were not simply 'blaming the alcohol', suggesting it was the 'cause' of, and thus responsible for, their partners' violence. Far from it, they were pointing out the role it played and the fact that they believed this to be a key role. This is not the same as blaming the alcohol rather than their partners for their violent and abusive actions. Again this distinction is key to the emerging theory.

In addition, these women, and the women who felt that alcohol did not play a key role in their partners' violence to them, also identified many pre-drinking factors that contributed to alcohol's role in violence generally. They also offered more personal factors, for example, jealousy, problems in his childhood, medical conditions, separation and "his temper". Again these personal factors would usually be identified only in an intimate relationship.

The women who did not see alcohol as playing a key role in their partners' violence were much more likely than those who did to hold their partners immediately responsible for their actions. Even the women who initially appeared to give more responsibility for the violence to alcohol, on further questioning, showed this was not the case. In particular, questions about forgiveness (s.9.3.2) clarified that the women believed their partners were responsible for the violence and abuse under the influence of alcohol and were not simply blaming the alcohol instead of them.

In the context of seeking explanations for such violence and abuse, it is important to recognise that 'reasons' and 'blame' remain different concepts. The latter apportions a level of responsibility where 'reasons' or explanations do not. Any similarity lies between the concepts of blame and responsibility. Research by Paglia and Room (1998) examined the public's views about causation and responsibility for alcohol-related aggression. They found that people held the individual responsible for his/her aggressive behaviour even when they adhered to alcohol-expectancy theory (see s.3.2.3). Paglia and Room state:

> ...responsibility assigned to a drunken actor increased, rather than decreased, as agreement with the alcohol-aggression expectancy increased. Therefore, a strong causal belief between alcohol and aggression seems to *augment* attributions of responsibility...and, hence, decrease the likelihood that drunkenness will be an accepted excuse.
> (Paglia and Room 1998: 212) (emphasis in original)

This evidence suggests that even among people who expect alcohol to cause violent behaviour, they still hold the individuals responsible for their actions.

The women who did not see alcohol as playing a key role in their experiences of violence and abuse gave no one explanation for it. The explanation the women mentioned most often was that 'he wanted to have his own way' and the violence and abuse often escalated, or peaked, at times when the men did not have control of what the women did and when or how they did it. Such views reflect the feminist position on violence to women, that is the need for men to use violence and abuse to maintain power and control over women.

What was apparent, for all the women, was their desire to find a reason or explanation for their partners' violence and abuse. None appeared to have any pre-formed grand

theories or political standpoints that drew on concepts of patriarchy or 'system' level explanations. Their 'reasons' focussed on their own circumstances and those of their particular partners even though these reasons often reflected the social and cultural influences under which they or their partners lived or grew up. There was no sense that they had been able to step back from the particular and view the context of their experiences in a broader social or political framework. Thus, their responses were not grounded in, or emerging from, a particular school of thought. However, their views often reflected the feminist view of violence to women and bio-psycho-social models of alcohol-related violence.

I will now explore in more depth the factors the women in this study felt contributed to their partners' alcohol-related violence and abuse, before drawing the themes together with a discussion of how the women viewed their partners' ability to control their own behaviour.

10.3   Alcohol alone is not enough

The majority of women felt alcohol alone was not enough to explain violent and abusive behaviour and they offered a range of factors that contributed to it.

As stated in section 10.2, the majority of women suffered violence and abuse from their partners without alcohol's influence. A few of these women considered alcohol as playing no role at all and the majority suffered violence and abuse with and without their partners drinking alcohol. Even the few women who stated their partners were only violent or abusive after drinking also believed other factors were involved, for example, their partners starting an argument as an excuse to drink and using alcohol to be violent.

Mood

Mood pre-drinking was the most common 'pre-drinking factor' the women felt

contributed to their partners' violent and abusive behaviour (see s.9.3.1), but it was

apparent that the women did not appear to have any influence on the their partners'

mood. While some women evidently attempted to minimise the potential violence and

abuse they suffered, or improve their partners' bad mood and actions through their own

behaviours, the resulting abuse or violence was no different than if they had not

attempted such avoidance strategies. It seemed to be outside the women's power to

influence their partners' mood and therefore their own responses had to be reactive

rather than proactive.

This would again suggest that the partners' abusive or violent behaviour was

determined by their own decisions to act - thus within their control - and that their

behaviour was not susceptible to the women's external influence once their decision had

been made. The equation here was clearly 'bad mood + alcohol = increased risk of

violence and abuse'. As a result, many women became hypervigilant to both their

partners' mood and their partners' alcohol intake in order to determine a strategy for

avoiding violence or abuse.

Environment

Many women mentioned environmental factors, for example, the drinking context and

the presence of external controls, as being an additional, often prohibiting, influence on

alcohol-related violence and abuse directed at them. These factors reinforced the

commonly recited 'public' message that 'you don't hit women' (s.9.3.1). What is

significant is how some women in this study reported their partners repeating this

message to them, usually at the beginning of their relationship, when the women had told them of violence and abuse in a previous relationship. In some cases, rather than respond to this information by minimising their aggression, the men had proceeded to take advantage of the women's openness and potential vulnerability. One woman's violent and abusive partner complained that she had "put up with it" from a previous partner so why was she not putting up with it from him (Helen).

The fact that a particular environmental context can influence a man to exercise control over his actions reinforces the fact that he is able to choose his behaviour, even under the influence of alcohol, when faced with negative consequences. It also shows that the violence or abuse in a private context is a choice, a conscious decision for which he is responsible. He has chosen not to be violent or abusive in public and has chosen to be violent or abusive in private. It also shows his understanding that 'hitting' women is no longer publicly acceptable and that he would reap public condemnation if he was violent to a woman in public. As research suggests (s3.2), it is the combination of "an instigatory or provocative environment" (Giancola et al. 1998), combined with alcohol's effects, which contributed to aggression among men (Gustafson 1993, Parrott and Zeichner 2002, Zeichner et al. 1994). Thus, it would follow that if the environment was controlling, aggression would be less likely. Away from this public environmental control the violence and abuse continued for the women.

Again one of the main differences between the private and public context of such violence is that the power base within the partner relationship is influenced by such environmental controls. In private, the man will often hold greater power in the relationship and such power will be increased if he has been violent and abusive to his partner. In public, there are others around with equal individual power, or combined

group power, who will condemn his violent or abusive behaviour and will act, directly or indirectly, to stop it. It is not a permanent shift in the individual woman's power but it is a temporary power change because of the 'supportive', or at least public, environment she is in.

Alcohol-specific factors

In terms of alcohol-specific factors, a person's 'ability to drink' was a concept that emerged quite clearly from the interview data. Some women suggested that if people had the 'ability to drink' or 'take beer' then it was unlikely they would be violent or abusive under its influence (s.9.1.3). This 'ability to drink' appeared to mean the ability to tolerate quantities of alcohol without appearing intoxicated, or becoming abusive or violent, and implied a combination of individual skill and biological predisposition.

Campbell (2000), in his study of masculinity and rural drinking, confirms this perception of an approved way of demonstrating a person's 'ability to drink', stating:

> Control is centered especially on the ability to maintain alertness
> in thinking and conversation, control over fine motor
> coordination, and control over the diuretic effects of drinking. It
> is no coincidence that a socially accomplished performance
> involves a degree of physical tolerance to drinking that can be
> attained only with years of practice.
>
> (Campbell 2000: 571)

Many of the women suggested drinking quantities of alcohol had a negative impact on either their partners' behaviour or on people's behaviour in general. But Karner (1998: 219) points out that, for men, drinking quantities of alcohol and physical competitiveness are closely linked. They are the "mode", he states, by which men achieve a perceived level of "manliness".

It was not clear from this study whether the 'ability to drink' excluded drinking

excessive quantities, in other words, 'he can 'hold' his drink but knows when to stop', or whether it meant someone can drink quantities only if they have developed this skill or 'ability to drink'. Either way, the element of individual responsibility for stopping his alcohol consumption at an appropriate time, or not drinking if he does not have the 'ability', is central to the individual's choice of drinking behaviour. The studies mentioned above suggest gender and notions of masculinity influence such perceptions. I will develop this discussion further in s.10.6 when examining the social and cultural context for the women's responses and the theory emerging from these data.

Personal or personality-specific factors

Personal and personality-specific factors, for example, individual personalities and learned behaviour, were another group of factors mentioned by the women for determining a person's violence and abusive behaviour under the influence of alcohol. Thus, the implication is that there is no universal impact of alcohol consumption on behaviour, rather the behaviour will depend on the individual man. These explanations fit much better with sociological theories of alcohol-related violence than with concepts of individual tolerance to alcohol or a person's drinking ability. The 'ability to drink' or 'take beer' leans more strongly towards biological or physiological theories of alcohol-related aggression (see s.3.3).

These various explanations raise the question of whether the women who were suggesting personality factors as an explanation for violent and abusive behaviour were also claiming a person's 'ability to drink' was a contributing factor. Many of the women saw both as influencing people's behaviour after alcohol, reflecting much of the latest research which, at best, concludes the relationship between alcohol and violence is a complex mix of substance, context, and individual factors (see chapter 3).

I will now discuss the issue of choice and control, and explore how the women viewed the men's ability to choose and control their violent, abusive or drinking behaviour, before tying these four themes together within the emerging theoretical framework.

10.4   Choice and control

Key to the women's perceptions of alcohol's role in violence and abuse was the extent to which they believed people had control of their behaviour under the influence of alcohol. Central to this study is whether the women blamed alcohol or their partners for the violence and abuse they suffered. It is the elements of choice and control that determine the level of responsibility for alcohol-related violent behaviour.

While only one woman mentioned choice to drink directly (Kim), this element of choice was implicit in what the women said about whether or not their partners had control of their alcohol consumption, or their behaviour under its influence. For one woman (Margaret), it was evident that 'stopping going to the pub' was a choice her partner made after she threatened to leave him if there was further violence and abuse. In this example, both partners appeared to be linking the violent and abusive behaviour to his drinking, although she firmly believed he knew when to stop drinking but chose not to.

Perceptions about whether people have 'control' or 'choice' over their drinking and subsequent behaviour are likely to be significant in terms of how women respond to their 'abusers'. The perception that he is *unable* to control his alcohol intake, due to some medical cause, for example, is likely to be met with greater sympathy than a partner who *chooses* not to control his drinking. Similarly, perceived physiological aversions or 'allergies' to alcohol are likely to moderate, albeit temporarily, the

women's condemnation of his abusive or violent behaviour.

In this study, the element of control was often manifest in more subtle ways. Some women suggested that their partners, in particular, drank quantities in order to maintain a particular image (Kris), or commit a particular violent act they could then blame on the alcohol (Ann). For other women, however, the men "knew" they should not drink beyond a particular point but chose to anyway (Kim, Ann, Pat).

The 'choice' and 'control' factors also tie in with the concept of the 'Jekyll and Hyde syndrome', or 'two types' of extreme behaviour, which the women believed were a result of drinking alcohol (s.9.1.2). The women's explanations for which one of the two extreme behaviours their partners acted out appear to mirror the explanations mentioned earlier in this chapter about the factors that contributed to their partners' violence and abuse. Some women were implying that their partners' behaviour after drinking was governed more by specific circumstances or alcohol-related explanations than any sense of personal choice. However, as previously stated, recognising that their partners had 'chosen' to be abusive and violent is psychologically and emotionally a 'last resort' explanation, once other explanations had been exhausted. It would be far harder to rationalise violent and abusive behaviour, or forgive a partner, if the woman acknowledged her partner had a choice in terms of how to act. By providing more specific explanations, for example, quantity of alcohol consumed, or pre-existing worries, it was easier for the women to rationalise the abusive and violent behaviour.

This does not equate, however, with the women removing any sense of responsibility from their partners for their actions. While some women appeared resistant to recognising their partners chose to be violent and abusive to them, the majority of

women saw their partners as having some control over their behaviour, even if that meant their partners choosing not to drink in order to prevent their violent and abusive behaviour. This point was made in section 9.3.2, when the women spoke about forgiving their partners.

Whatever their views on alcohol's role in their partners' violence to them, the majority of women still believed alcohol was an excuse and that their partners had a choice about a) how much they drank, and/or b) how to behave under its influence.

While some women reported their partners as 'heavy drinkers', very few stated their partners had a problem with alcohol. None of the women suggested their partners lacked control of their alcohol consumption and subsequent behaviour to the extent that they were no longer responsible for their actions. Some men were perceived as having 'less control' but ultimately the women did not view alcohol as responsible for the violence instead of their partners.

The picture presented by the women in the study again seems to reflect the position of researchers and clinicians in this area who suggest a 'lack of control' over alcohol intake is generally evident only with drinkers who may be described as 'alcohol dependent' (see chapter 3). Without assessing the alcohol consumption of the men partners in this study, it was not possible to determine whether or not any of the men appeared to 'qualify' as alcohol dependent[6]. For reasons of the women's safety during the research such assessment was not possible, nor was it an aim of this study. Even if it was

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[6] Lindquist et al. (1997) found women's reports of their partners' substance use to be accurate. However, caution needs to be exercised in interpreting the women's reports of their partners' drinking as this study did not assess their drinking.

possible, this would only provide an evaluation of the men's alcohol consumption and not an explanation of their behaviour under its influence.

There is evidence to suggest that there are increasing social problems which are often related to, or even caused by, regular or increasing alcohol consumption (Ritson and Thorley 2000, Velleman 2000), but there is not sufficient evidence to demonstrate that heavy alcohol consumption causes violence to women, or others, only that there may be an increased risk of violence if one or other partner has been drinking (Berk et al. 1983, Pernanen 1991; Room et al. 1995; Rossow 1996). Thus, support for linear causality, that is, alcohol consumption causing violence to women, is being replaced by increasing evidence that heavy alcohol consumption by men is a high risk factor for violence and abuse to women in particular. However, it requires additional variables for this risk to be actualised (Heyman et al. 1995; Kantor and Straus 1987; Leonard and Senchak 1993; Rivara et al. 1997; Taylor and Chermack 1993; Wells et al. 2000; Zeichner et al. 1994). As Pernanen (1991) points out:

> A drinker's own cognitive functions will change with the ingestion of alcohol, but these functions will not cease until the final comatose stage, at which point the individual is not of much interest to the study of the determination of behavior by alcohol use anyway.
>
> (Pernanen 1991: 222)

The issue of choice and control emerged primarily from the women's reports of the men's behaviour after drinking but it is also evident among their reports of their own drinking. In contrast to the reported lack of control the men chose to exercise about their behaviour after drinking, the issue of maintaining self-control through limiting or abstaining from alcohol, is key to the women's reports of their own drinking behaviour (s.9.1.5).

The women's drinking behaviour was primarily limited by their responsibilities for their own safety and that of their children. What was apparent from the women's reports was that the men did not have to consider issues of childcare, and personal safety from the women, prior to their own drinking. For the women, abstaining or limiting their alcohol intake maximised their control of their partners' potential violence or abuse towards them. There was little indication from the women's reports that any of the men considered abstaining or limiting their alcohol intake in order to control their violent and abusive behaviour. The women had to take the responsibility for minimising their risk of violence from their partners because their partners were not doing it for themselves. For some women, their previous experiences of violence and abuse from either a partner or father led them to abstain from alcohol, others had limited opportunity to go out due to becoming a single parent following separation from the violent and abusive partner.

Thus the majority of the women's decisions to drink in this study were controlled directly, or indirectly, by their partners' abusive and violent behaviour.

For a few women their choice to drink was to dampen emotional pain or fear. Choosing alcohol as a relief or anaesthetic was a direct response to the violence or abuse they suffered from their partners. In addition, while they chose to drink to help them 'stop caring' about the forthcoming violence and abuse, or to give them 'Dutch courage' to defend themselves verbally, analysis of the quantitative data showed a potentially different picture.

The quantitative results suggested that the women, as a group, were in fact more careful what they said to their partners after they had been drinking compared to when they

were sober, not less. The women reported perpetrating significantly fewer items of verbal/emotional/psychological violence or abuse after they had been drinking compared to when they were sober. Further research using the VABI would consolidate this result. However, it appears that while some women, during the interviews, reported "saying" or "answering back" more after they had been drinking, this does not constitute verbal/emotional/psychological violence or abuse. It constitutes a verbal defence to their partners' violence or abuse, which, when they were sober, they were less likely to give.

To summarise, the above four sections have discussed the key issues raised by this study, reflecting on where they fit in with other theoretical explanations and research findings and raising questions for further investigation. The main issue raised by these sections was the issue of responsibility and choice.

Section 10.1 discussed how many of the women viewed alcohol as having powerful, revealing properties particularly in terms of its impact on their partners. It demonstrated how their views reflected, to a degree, existing theories of the disinhibiting effects of alcohol and shared, cultural, understandings of alcohol and its effects on behaviour. Further, it discussed how the consumption of alcohol led to potential power shifts and questions about personal agency after drinking. The key question it raised was to what extent the women believed their partners had control or choice about their behaviour in the light of such disinhibiting effects and to what extent the partners retained responsibility for their actions.

Section 10.2 added to the debate by discussing the finding that almost half the women believed alcohol played a key role in their partners' violence towards them, despite their

experiences of violence and abuse from their partners when they were sober. As fewer women believed that alcohol played a key role in violence generally, I suggested it was the more intimate nature of the relationship between partners, and the power dynamics within the relationship, that was key to this difference in perception. Despite not having pre-formed theories which explained their experiences, many of the women's responses reflected feminist views of violence to women and bio-psycho-social models of alcohol-related violence. Again, the important point this discussion raised related to the issue of responsibility. While some women believed that alcohol played a key role in their partners' violence, this did not equate with 'blaming' alcohol rather than their partners.

Section 10.3 clarified that the women felt alcohol alone was not sufficient to explain their partners' violence and abuse, and examined a range of factors that, in combination with alcohol, contributed to it. Even among the women who believed that alcohol was key to their partners' violence and abuse, the majority cited more than one additional factor. This section highlighted how the concept of the men's ability to drink is tied to notions of appropriate masculine behaviour, as well as how the partners in this study appeared to exercise their ability to choose their behaviours, and make decisions about their drinking, according to their environment. It drew on research about the controlling nature of the drinking environment on subsequent behaviour, pointing out that the partners in this study appeared to switch between being controlled in public and less controlled in private. Thus, again the implication was that the partner chose how to behave rather than being victim to an external controlling force such as alcohol.

Section 10.4 discussed the concepts of choice and control in relation to the men's drinking and violence towards the women in this study. It highlighted how the women saw their partners as having a choice over the amount they drank, as well as their

violent and abusive behaviour after drinking, however emotionally difficult this was for the women to acknowledge. The question of forgiveness clarified the majority of women's views that alcohol was an excuse for the men's violence and abuse, and that suggestions that women use alcohol to minimise their partners' responsibility for their violence did not hold true for the women in this study. This section also drew a comparison with the women's choice to drink highlighting how their choice was governed by their responsibilities as mothers and by being forced to take responsibility for minimising their partners' violence, and maximising their own safety, because of their partners' unwillingness to do so.

It is the issue of responsibility that is key to the theory that has emerged from the women's views. It is a theory that encompasses the various and complex elements relating to alcohol's role in men's violence to the women and provides a framework for the responses of the women in this study.

10.5   Theory of 'Responsible Disinhibition'

What is evident from the data is that the majority of women accept that alcohol has an impact on behaviour. They view the form this behaviour takes as a result of a combination of alcohol and a range of other factors relating to the individual and the environment, pre-, during and post- drinking.

As stated in s.10.2, the women made great efforts to make sense of their circumstances. It was evident that this explanation-seeking process became even more complex when alcohol was added to the frame. The presence of alcohol complicated the lines of responsibility for the violent and abusive behaviour, albeit temporarily. Thus, what makes these results even more insightful is that in spite of this need for explanation, the

need to make sense of their partners' violence and abuse, the clear message is that the women are not blaming alcohol alone. Nor are they removing responsibility from their partners for their violent or abusive behaviours.

To a greater or lesser degree, the women believed their partners' violent and abusive behaviour was their choice and that their partners needed to take responsibility for it. Whether the women believed it resulted from the type or quantity of alcohol consumed, their partners' tolerance of it, their mood pre-drinking, their pre-existing propensity to aggress, or a combination of these and other factors, their message was that men should be responsible for how much they drink and how they behave under its influence. It is this combination of acknowledging alcohol's physiological effects as well as their partners' responsibility for their violence and abuse that has led to the emergence of the theory of 'responsible disinhibition'.

Thus, the theory of 'responsible disinhibition' suggests that men are violent to women after drinking through a combination of alcohol's effects, individually specific factors and personal choice. It emphasises the individual's need to be responsible for their disinhibited behaviour after drinking alcohol, regardless of its effects.

It accepts there are disinhibiting effects of alcohol but argues that, ultimately, it is the individual's choice how to behave under alcohol's influence; alcohol does not remove personal agency. While the women recognise that other factors contribute to this choice, what they are stating is that their partners retain control of the choices they make and the onus is on them to behave responsibly, even when disinhibited by alcohol.

The model presented in figure 10.1 below illustrates the theory combining alcohol's effects, additional factors and the element of choice, all of which the women saw as contributing to their partners' violence and abuse[7].

Figure 10.1   Model of 'Responsible Disinhibition' (men)

```
                        ┌──────────────┐
                        │   Alcohol    │
                        └──────────────┘
                               │
                               ▼
                          ┌─────────┐
                          │   Man   │
                          └─────────┘
                               │
                               ▼
              ┌────────────────────────────────────┐
              │   Disinhibiting effects of alcohol  │
              └────────────────────────────────────┘

                               +

                   ┌──────────────────────┐
                   │   Pre-/during/post-   │
                   │   drinking factors    │
                   └──────────────────────┘

                               +

                      ┌──────────────┐
                      │    Choice    │
                      └──────────────┘
                        ╱          ╲
                       ╱            ╲
            ◇ Violence ◇        ◇ No violence ◇
            ◇ and abuse ◇        ◇  or abuse  ◇
```
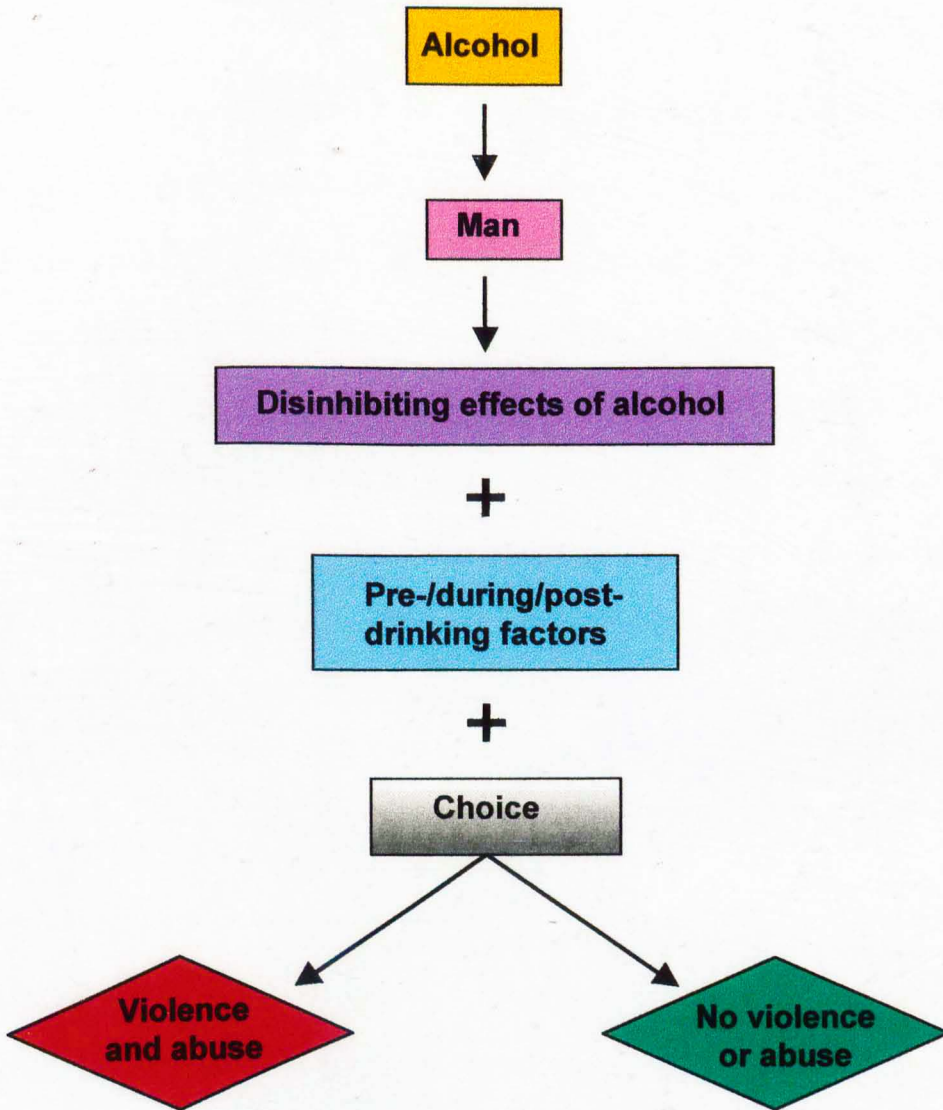
It is possible that this theory, and model, has a broader relevance and does not apply to alcohol-related violence alone. Hypothetically, it could be applied to other decisions

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[7] As previously stated in s.6.3.1, only one woman felt that alcohol played no role at all in violence and abusive behaviour and therefore her views would not be represented by this emerging theory.

made under the influence of alcohol that contain an element of risk or non-conformity, for example, the choice to drink and drive. Such decisions would usually incorporate behaviours that prompt a degree of social disapproval with the alcohol the factor that would normally moderate such disapproval. However, this hypothesis would need further testing following further development of the theory.

The theory of 'responsible disinhibition' contains elements of other established theories, notably 'disinhibition theory' and 'deviance disavowal' (see s.3.3). However, its difference, and added value, is that it has been grounded in the views of women who experience alcohol-related violence from men. Unlike disinhibition theory it does not accept the view that the individual's cognitive abilities are affected by alcohol to the degree that the drinker is unable to inhibit his actions. Further, deviance disavowal theory suggests alcohol is used as the excuse for a pre-meditated 'deviant' act. In the theory of 'responsible disinhibition' alcohol does not play such a role. On the contrary, this theory emphasises individual responsibility regardless of the disinhibiting effects of alcohol.

It also differs from deviance disavowal in that it does not just account for pre-meditated deviant behaviour, it also incorporates post-drinking factors or factors that influence the individual during the drinking process. Similarly, deviance disavowal theory suggests the choice to be 'deviant' is made *prior* to drinking but 'responsible disinhibition' theory suggests this choice is *additional* to the alcohol effects and other influencing factors.

Further similarities can be seen with the theory of selective disinhibition (Parker and Rebhun 1998). The concept of 'selecting' or choosing the disinhibiting behaviour is

allied to these women's views but 'selective disinhibition' theory places more responsibility on the alcohol than the individual stating, "[a]lcohol selectively disinhibits violence depending on contextual factors" (Parker and Auerhahn 1998: 300). It also assumes "an already weak normative apparatus" in the individual pre-drinking that is weakened further by alcohol consumption in some social situations (Parker and Auerhahn 1998: 301). Selective disinhibition theory acknowledges power differences between individuals and the contribution greater power makes to a violent situation (Parker and Rehbun 1995), but it does not acknowledge how this power is attained or the process by which norms governing behaviour are learned. Nor does it address or explain gender differences in the acquisition of these norms and accompanying behaviour.

When the theory of 'responsible disinhibition' is developed to fit the women's explanations about their own drinking behaviour, it is noticeable that their level of responsibility and choice begins much earlier in the process than with the men. Their 'choice' relates more to their choice to drink than to their choice of behaviour after drinking (see figure 10.2).

Figure 10.2   Model of 'Responsible Disinhibition' (women)
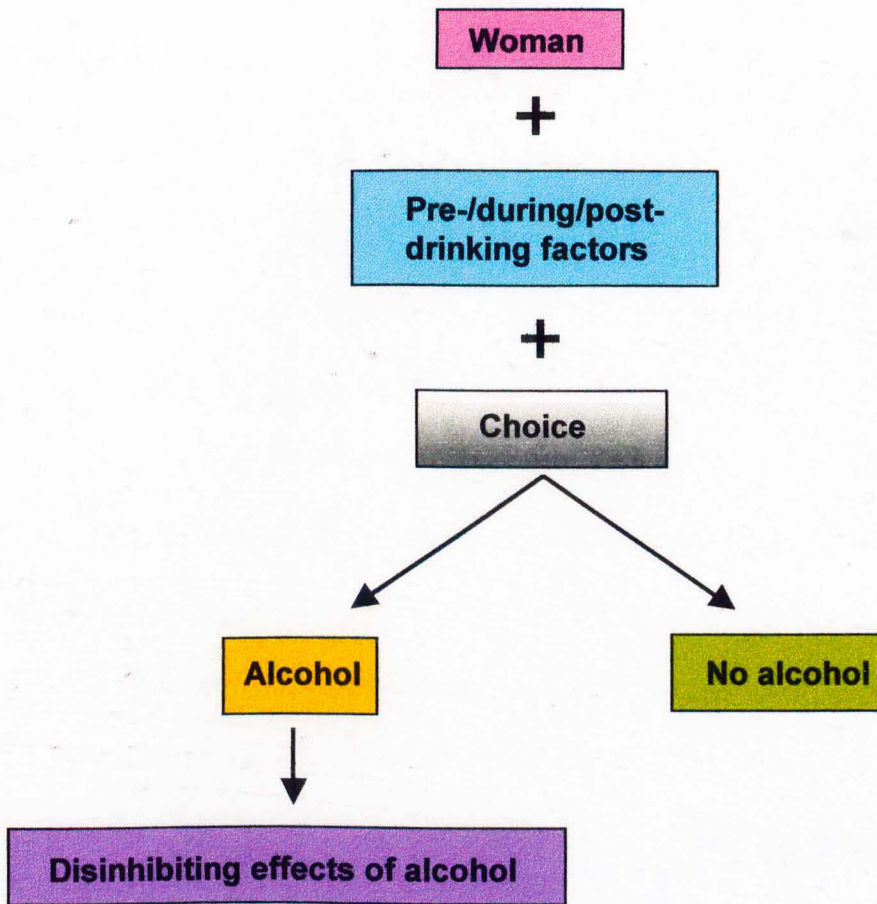
What also differs between the two models is the nature of the pre/during/post-drinking factors. For the men, they are factors that, coupled with alcohol, affect their choice to be violent and abusive. For the women, these are factors that affect their choice to drink. As stated in s.10.4, their decision to drink, and to what extent, is governed by their responsibility for, and consideration of, their personal safety, as well as their child care duties or financial constraints. It is the women's greater sense of responsibility as mothers and to self-protect, as recipients of the men's violence and abuse, that highlights the lesser responsibility assumed by their partners for their behaviour after drinking.

To summarise, the theory of 'responsible disinhibition' has grown from the women's views that while alcohol has disinhibiting effects on their partners, these effects alone are not enough to explain their violence and abuse towards them. The women have pointed out that other factors, combined with alcohol, contribute to this violence but that ultimately it is their partners' choice how they behave and the element of responsibility remains with them.

Finally, when attempting to apply the theory and model presented to the women's behaviour, it is apparent that their position as recipients of partner violence and abuse, forces them to first make a decision about whether to drink at all. It is not their own behaviour that is key to this decision but the violence and abusive behaviour towards them by their partners. Thus the model has to be adapted for the women to show how the choice to drink and the consideration of the factors relating to that choice come much earlier in the process.

I will now turn to how this theory and model fit within a broader feminist view on the social and cultural context of alcohol use and men's violence to women.

10.6   Contextualising the debate

In chapters 1 and 5, I clarified how this study was carried out using principles of grounded theory set within a broader feminist theoretical framework. One of the feminist research principles underpinning this research is transparency and reflexivity in the interpretation and analysis of the data. In doing so, the researcher clarifies where she begins to interpret the data, developing and potentially broadening the context of the women's views (Holland and Ramazonaglu 1994; Mauthner and Doucet 1998). Flick

(1998) comments on this transparency stating that it endorses the reliability of qualitative data.

This section will consider how the women's responses and emerging theory fit within the broader social and cultural context of men's drinking and men's violence to women. It will explore how both these behaviours are tied closely to masculine traditions and identity and consider how this identity incorporates clear messages about power and gender relations. It will explore the concept of 'double jeopardy' as a way of defining women's position in relation to alcohol-related violence and abuse from men partners, before finishing with a view that a cultural shift is required before alcohol-related violence to women can be addressed effectively.

10.6.1   Social and cultural context

The women's views and emerging theory have not been created within a social and cultural vacuum. What is apparent from the women's list of 'alcohol plus...' factors is that the majority of them are embedded in their own, and their partners', social and cultural histories. Factors such as 'individual personalities' or 'individually learned behaviour' do not form untouched by social and cultural influences, they are formed from processes of socialisation which, in turn, are socially and culturally specific. This further highlights the need for research on black and Asian women's experience, which is lacking in this study.

As MacAndrew and Edgerton (1969: 172) point out in relation to alcohol and violence (see chapter 3), people "...become living confirmations of their societies' teachings". The way people interpret 'societies' teachings', that is, the societal level messages about

what is acceptable and unacceptable behaviour, will be individually interpreted and determined.

Environmental factors relating to alcohol consumption and violent behaviour are determined by the social and cultural contexts of particular settings and environments. For example, in this study, while the societal level message is 'you don't hit women', on an individual level, the man chooses to behave according to the setting and circumstances at the time, usually outwith a public arena in which he will almost certainly attract public condemnation. Thus, while individuals determine how they will interpret societal messages about alcohol-related behaviour, such interpretations exist within a social and cultural context that approves of, and promotes, alcohol consumption and disinhibited behaviour under its influence.

For the women and men discussed in this study, their social and cultural context was that of a working-class, port city, which was ethnically white, had high levels of unemployment and poverty, poor educational standards, and high regional levels of alcohol consumption (see chapter 8). The difficulties of living in such an environment cannot fail to put pressure on individuals and communities. As evidenced in chapter 3, both alcohol and violence are seen as ways of releasing tension and stress. As my neighbour told me during an impromptu discussion about his violence towards other neighbours the night before, "that's the way we do things in east Hull". Our discussion was accompanied by a large jug of orange juice that turned out to be 90% vodka.

Such societal level messages about appropriate behaviour are not 'gender neutral'. Gender, as well as the 'alcohol plus...' factors, is also constructed by broader social values and cultural norms. When considering the issues of violence and alcohol

consumption in particular, perceptions of gender and gender-appropriate roles play an important part, as does the historical context of these behaviours.

The construction of gender roles are powerful in ensuring there is pressure on individuals to behave in a manner appropriate to the "sex category" to which they belong (West and Zimmerman 1991). Roles in relation to alcohol consumption and violence to women are no exception. Chapters 2 and 4 provide evidence of some of the legal and political condonation of men's violence to women as well as the stigma of women's drinking. There is no clear evidence of biological markers that determine which sex will and will not perpetrate such violence or that account for the judgmental attitudes and stigma towards women's drinking, in particular women drinking to excess. The social construction of gendered roles is embedded in history. It determines many of our choices including what to drink and to what extent, as well as our choices to behave in a particular way after its consumption.

Men's relationship with, and behaviour after, alcohol has not been touched by social stigma in the way women's drinking has (Allamani et al. 2000, Ettorre 1997, Plant 1997, Waterson 2000). Men's choice to drink is often seen as symbolising their 'manhood' (Ettorre 1997, White and Huselid 1997) and 'sociability' (Mäkelä and Mustonen 2000). Women's choice to drink is not tied to femininity or sociability in a similar, positive way. Femininity and alcohol are mostly linked when the woman's choice of alcoholic drink, for example, a *pint* of beer, or women's behaviour after alcohol, are seen as contravening 'ladylike' or gender-specific roles and behaviours.

Men's drinking, and heavy drinking in particular, is tied up with notions of masculinity and, unlike women, they do not suffer the same pressure to limit or abstain from

drinking due to pregnancy or fulfilling a maternal role. Men are also consistently heavier consumers of alcohol than women (Lader and Meltzer 2002; Middleton Fillmore et al. 1997; Plant (undated); Wilsnack and Wilsnack 1997; Walker et al. 2002). As pointed out in chapter 8 (s.8.1), the geographical region in which these men and women lived has a high rate of daily and weekly heavy drinking among men and women, although the women's drinking is less than half that of the men's (Walker et al. 2002).

The consumption of alcohol, particularly in the pub, has historically been a male domain, with research commenting on the gendered environment and its support of maleness and male power (Green et al. 1987, Tomsen 1997, Campbell 2000). Hey's (1986) review of the patriarchal role of the pub neatly illustrates how drinking alcohol and men's dominance have become entrenched in our society. Other researchers including Willott and Griffin (1997) and Campbell (2000) have reinforced the pub and alcohol consumption as "a pivotal site for both the expression and reinforcement of traditional masculinities and gendered consumption" (Willott and Griffin 1997: 115).

Research evidence from the Office for National Statistics found that men were twice as likely to buy alcohol from a pub in the previous week than women, with young, heavy drinking men "most likely" to have bought alcohol from a licensed bar (Lader and Meltzer 2002). Men's heavy drinking has also been linked with "toughness, risk taking, virility and sexual prowess" (Gondolf 1995), as well as "male honour" (Tomsen 1997). Karner (1998: 219) summarises the "masculine expectations" of drinking stating that it has "routinely been a context for proving and achieving a level of manliness."

In such drinking contexts, it is easy to see how, as the women in this study reported, their partners 'cross the line' or 'go over their limit' in terms of alcohol consumption. As the analysis of this study's quantitative data showed, intoxication among these men led to a greater likelihood of physical violence and abuse. This, in turn, will serve to strengthen the popular belief that alcohol is an excuse, or reason, for violent and abusive behaviour. Room (1980: 6) in his work on alcohol and violence, refers to alcohol as "an instrument of intimate domination". He states that alcohol "becomes an instrument to reinforce or reassert intimate domination particularly in a time of at least partial emancipation of the subservient from the dominant" (6). Similarly, Johnson (2000) commented how violence to women and heavy drinking by men were both indicative of 'acting out' masculinity.

Conversely, women's heavy drinking in British culture is more likely to be linked with depression (Gondolf 1995), sexual availability (Green et al. 1987), relationship difficulties (Kelly et al. 2002, Plant 1997) and role loss (Plant 1997). Research evidence is beginning to show that cultural norms in relation to women's roles "have an important impact on women's drinking" (Gmel et al. 2000: 261). However, women are also more likely than men to be exposed to more negative messages regarding their alcohol use. These relate not only to their behaviour after drinking but also to their status as mothers or carers. Added to this is an increasing amount of research about drinking during pregnancy which, while conclusive about the increased risk to a foetus of heavy and dependent maternal drinking, remains inconclusive as to the impact of light to moderate drinking, and to exactly how much and when drinking affects the unborn child (Collins 1993, Jacobson and Jacobson 1999, Plant (undated), Plant 1985). Nevertheless health advice suggests women need to drink little or no alcohol during pregnancy (F.A.S.T 2000, National Health Service (undated), Taylor (undated)).

The gender inequity inherent in socio-cultural messages about the acceptability of men's drinking and behaviours as opposed to women's, suggests why the women in this study were significantly less likely to perpetrate any verbal, emotional or psychological violence or abusive behaviours after drinking. It also clarifies why the women explained their partners' behaviour in terms of his 'ability to drink'. The messages about masculinity and alcohol, and how this is manifest in a man's drinking ability, is firmly reinforced within the 'www.' culture in which they live: the white, wet, and western drinking culture.

Therefore, a key difficulty for a woman attempting to challenge alcohol-related violence from a male partner is overcoming the clear socio-cultural messages that men's drinking, and heavy drinking, is 'normal'. Further, she will be aware that any challenges she makes to this drinking will be viewed as unreasonable and controlling.

Men's violence to women provides a further challenge for these women. As highlighted in chapter 2, women suffering violence and abuse are faced with legal, political and societal systems that do not adequately support women suffering violence from men. The political and criminal justice systems have only just begun to recognise that working with men's violence to women needs to address issues of men's power and control. Men's probation programmes and education initiatives are beginning to adopt the Duluth model of men's violence to women (Pence and Paymar 1993), based on the feminist thesis that men's violence is about power and control, rather than seeing the violence as a problem with 'anger management' (Women's Aid 2001b). There are tentatively positive results from such programmes although there are some difficulties in evaluating their effectiveness due to high recidivism among the client group and

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methodological difficulties in carrying out the research (Dobash et al. 1999; Edleson 1995; Mullender and Burton 2000).

Statements about power and control within relationships have been seen as radical feminist views and have been marginalised or dismissed by policy makers. It begs the question that if powerful societal systems, including the criminal justice system, have not been prepared to recognise the dynamics involved in men's violence to women, what chance do individual women have of speaking out against a violent partner and feeling confident that they will be heard? Very few of the women in this study had told anybody about their partners' abuse or violence and some took particular care to keep it secret.

10.6.2   Double jeopardy

It is therefore clear that women who suffer alcohol-related violence and abuse from men partners find themselves in the untenable position where the coupling of men's drinking with violence to women form a dyad grounded in traditional, and historical, notions of accepted male behaviour. These behaviours convey clear messages about men's power and power differences between men and women, both within and without their intimate relationships. When these two separate manifestations of masculinity are fused, they form a more powerful cocktail than either single element alone. In addition, the presence of alcohol provides a 'red herring' - a potential reason for violent and abusive behaviour - when, if it were not present, the focus of responsibility would be more clearly on the man.

Thus, a woman faced with a male partner who drinks and then is violent to her is caught in a situation of 'double' jeopardy. She is faced with a double dose of masculine

behaviours, both of which are deeply entrenched within our culture. Her lack of confidence about being heard about her partner's violence is confounded when alcohol is added to the mix and when cultural and societal messages convey that alcohol causes, and tolerates, uncharacteristic behaviour. Gondolf (1995: 276) sees both "alcohol abuse" and "wife assault" as part of the same social issue, that is, men's use of power. He states, "[a]lcohol abuse, in this light, emerges as another weapon in the larger battle for control and dominance in an intimate male-female relationship".

Given this double-edged sword, the odds that a woman will successfully find her way out of such an abusive situation, without adequate support systems, are heavily stacked against her, particularly given the lack of confidence and self-esteem that results from men's abuse of women. After all, she too lives within a society that constructs these messages about appropriate gendered behaviour and the accompanying messages about power and control.

It is therefore unsurprising that few women in this study questioned the man's choice to drink. More commonly they questioned his ability to limit his consumption either through choice or given certain medical, financial or practical considerations. While the women questioned, and challenged, the men's violence or abuse, this was almost exclusively in a private context – their eventual contact with the police being the main exception. Most of the women had not told friends or family through loyalty to their partners, feelings of shame and fear of stigma. Contacting the police appeared to be a last resort. Women faced with such 'double jeopardy' are having to fight against two powerful traditions - men's drinking, and abuse of women, both of which are deeply embedded in our society, its policies and practices. Further, the combination of these two behaviours serves to heighten the risk of violence and abuse to women from their

partners, where there is pre-existing violence and abuse towards the woman. This was confirmed by the quantitative data analysis that suggested a significant increase in the amount of physically violent and abusive behaviours perpetrated against the women after the men had been drinking. While many of the women noted personality changes and differences in their partners' behaviour after alcohol, further questioning and analysis found there was no evidence that alcohol changed a partner from being a non-violent partner when sober into a violent one when intoxicated.

Not only does the co-existence of both men's heavy drinking and violence to women place the women at an increased risk of violence, but each of these behaviours can also be worsened during the break up of a relationship. As discussed in chapters 2 and 8, there is strong evidence that women are at greater risk of violence during the break up of a relationship, but it has also been found that separation is a time when drinking often increases and problematic drinking intensifies (Leonard and Rothbard 1999).

While, privately, the woman's position in addressing such violence is an untenable one, a further consideration is how the problem is publicly addressed given that the social acceptance of alcohol provides an additional level of complexity. The generally private nature of men's violence to women and the public tolerance of men's drinking and related 'uncharacteristic' behaviour, have made alcohol-related violence to women an issue that legal and political systems have yet to address. The complexity of the issue leads to political and legal ambivalence pitching privacy against protection, and notions of agency against wider social controls. Proposals for new licensing laws (Home Office 2000a) are attempting to address concurrent issues of public disorder and alcohol consumption, but no policies have yet sought to consider alcohol-related violence to women. There is some hope that the long-awaited national alcohol strategy will begin

to consider this gap, given that its consultation document in 2002 asked specifically about the link between alcohol and domestic violence (question 35) (Strategy Unit and Department of Health 2002).

A further complication occurs if the woman is drinking at the time of the violence and abuse, particularly if she is flaunting the 'rules' of appropriate behaviour for women. A woman's drinking can be viewed, and used, as a mitigating factor in a man's abusive treatment of her (s.4.2). The woman's drinking can make her more vulnerable to harm in an intimate relationship and can be seen as a provoking factor in the man's abuse of her. The additional factor of her drinking leads to a potential situation of 'triple jeopardy': her drinking is seen as provocation, his drinking is seen as a moderating factor, and his violence and abuse are 'invisible' given the former conditions and the private arena of his violence.

Further, as pointed out in s.10.4 above, many of the women took responsibility for minimising or avoiding his violence by limiting, or abstaining from, their own alcohol use. Women that are drinking at the time of his violence are potentially less able to do this. So, not only might they be seen as provoking his violence through their own alcohol use but they could be criticised for not accepting the responsibility for minimising or avoiding his violence and abuse by minimising their own alcohol intake.

This section has highlighted the social and cultural context for the women's responses and the emerging theory. It has argued that men's drinking and violent behaviour to women are embedded in socio-cultural messages about masculinity and this provides little respite for women trying to escape violent and abusive relationships, particularly when alcohol is involved.

Further, it has suggested that women find themselves in a situation of 'double jeopardy' where they have to fight against two powerful societal messages about maleness which are located in a system that tolerates, directly and indirectly, men's heavy drinking and men's violence to women.

I will complete this chapter with the suggestion that a cultural shift is required in order to effect any significant change in women's experiences of alcohol-related violence.

10.7   Changing the cultural context

By bringing together both the women's responses and emerging theory, and positioning them within a social and contextual frame, it is clear that change needs to be made on both societal and individual levels. The change needs to address not just the messages and rules of our culture, but also the inherent power and gender inequities they subsume.

The women's responses revealed how their experiences of violence and abuse were primarily triggered by their partners' choice to be violent while at the same time this choice, and their reaction to it, was complicated by shared knowledge of the disinhibiting effects of alcohol.

On an individual level, the women recognised that alcohol was not to 'blame' for their partners' violence but, on a societal level, the institutions and agencies that create and enforce our societal rules are not listening. The voices of these women, and others, are not powerful enough to be heard on their own. The complexity of emotions and the

limited response when speaking out about their experiences of violence and abuse serves to keep those voices unheard.

A similar position exists in confronting messages of tolerance about violence under the influence of alcohol. The effects of alcohol, and theories about its relationship with violence, have been addressed in chapter 3. However, what is clear from the women's responses, and the theory of 'responsible disinhibition', is the need for men to take responsibility for their drinking and subsequent behaviour, as well as their choices to be violent or abusive with or without alcohol. As demonstrated above, the difficulty is that this argues against many of the socio-cultural messages that reinforce men's drinking and violent behaviour as an intrinsic part of their masculine identity.

Thus, if the goal is for men, on an individual level, to take responsibility for their drinking and violent behaviour, then it would follow that the socio-cultural messages that reinforce such masculine behaviours and identities need to 'shift'. Further, the impact of changes in power relations between men and women will lead to changes in constructions of gender appropriate behaviours. Again it requires a social and cultural shift to facilitate this change.

Room's (1980) work on alcohol and violence supports the view that the link between alcohol and violence is a cultural one. He calls for "cultural redefinition" in relation to alcohol and its role in violence:

> If the power of alcohol as an instrument of domination is the power of a cultural belief that it causes violence, that power exists only so long as we go on believing in its power and acting and reacting on that basis.
>
> (Room 1980: 8)

Room's point about 'reacting' is key. British policy towards alcohol and violent behaviour is arguably reactive, focussing on issues including policing and the pub setting or environment, without giving clear messages about alcohol's role in violence. Change needs to be proactive and introduced on a societal level, disseminated and supported by legislation, policies, and practices that are implemented and effective. This, in turn, should trigger change on an individual level. More than 20 years later, Room (2001: 197) continues to stress that attention must be given to the "conditions under which a culture's expectations about drunken comportment may change". I would add that such conditions must not stop at drunken comportment but consider socially and culturally constructed gender roles too.

Such change will not happen quickly. There has to be recognition that women are suffering alcohol-related violence and abuse from men now, and should be addressed while waiting for any longer-term change in attitudes and culture. Chapter 11 will discuss the implications of this research further. However, I will first provide a summary of part III of this thesis.

10.8   Summary: part III

Part III presented the results of this study. It also discussed the findings, highlighting the theory emerging from the data as well as where the results sit in relation to other findings and theories.

Chapter 8 presented the background and contextual results of most relevance to this study. It provided a picture of a city that suffers social and economic problems and highlighted the relatively high levels of alcohol use by men in the geographical region. It presented the demographic profile of the women who took part in this study and

identified the limitations of the research in relation to this particular sample. Further, it presented results on the range and types of behaviours the women suffered, and analysed the data using the Sign Test. The test results suggested that the men perpetrated significantly more physically violent behaviours after drinking than sober. Women reported perpetrating significantly less verbal, emotional and psychological violence or abuse after drinking. Further research is needed to confirm these initial results as well as explore potentially different choices, and patterns, of abusive behaviour before and after drinking.

Chapter 9 presented key themes that emerged from the interviews with the women. While accepting that alcohol has an impact on behaviour, the results raised questions about the degree to which people are responsible for their behaviour after drinking and to what extent this responsibility is affected by their 'ability' to drink and the quantity of alcohol consumed. The women reported their own drinking quite differently drawing primarily on the need to relax, numb or escape the tensions of the abusive relationship. Importantly, however, some women minimised their alcohol use to ensure they remained in maximum control of any potentially abusive situation. While there was little direct reference to the stigma attached to women's drinking, there appeared to be a male benchmark for alcohol-related violent behaviour, which many of the women in this study felt women could live 'up' to if they wanted to.

Chapter 9 also showed how the women felt alcohol and aggression were linked but that this depended on many factors. For some women alcohol worsened their partners' aggressive behaviour but for others it did not. Their earliest experiences of alcohol-related violence had been with men as perpetrators, most against women but a few with men as victims. The majority of the women reported suffering violence from their

partners after their partners had been drinking although more than half also experienced violence and abuse when their partner was sober. For most of the women their partners' alcohol use was closely linked to their own experiences of suffering violence with half the women stating the violence worsened after he had been drinking. When both partners had been drinking the women reported that the violence and abuse did not get any worse but some 'answered back' more: thus, they believed, provoking his violence and abuse.

This chapter also discussed the key role of alcohol in violent and abusive behaviours. The majority of women did not view alcohol as playing a key role in violence generally. However, nearly half the women saw alcohol as key to their partners' violence and abuse to themselves, despite suffering violence and abuse when their partners were sober too. Further, the majority of these women also had a partner whom they felt was a heavy drinker. The McNemar Change test showed that significantly more women changed from not viewing alcohol as key to violence generally to viewing alcohol as key to violence to themselves than vice versa, suggesting that women's personal experiences and views did not have an impact on their views more generally.

Finally, chapter 9 presented the key variables identified by the women as contributing to alcohol-related violence and abuse, in particular the violent and abusive behaviour towards them from their partners. Mood, setting and quantity of alcohol consumed were among the most common variables mentioned. It also examined the extent to which the women forgave their partners more easily if they were violent or abusive after drinking. The 'forgiveness continuum' showed that the majority of women would not forgive their partners more easily although there was movement along the continuum from 'yes' to 'no' for some women. This appeared to reflect women's changing views

over time and therefore this needs to be considered in terms of service delivery and intervention (see chapter 11).

Chapter 10 concluded part III of this thesis. It developed some of the key themes that emerged from the results and proffered a theory of 'responsible disinhibition' that emerged from the women's responses. It ended by setting this theory, and the women's responses, within a broader social and cultural context that condones men's drinking behaviours and male violence.

What has emerged from the analysis and discussion of these findings is that while the women accept the disinhibiting effects of alcohol they are clearly placing responsibility for their partners' behaviour on their partner rather than the alcohol. The fact that they viewed alcohol's role in violence to themselves as significantly greater than its role in violence to others reflected the significant increase in their partners' physically violent and abusive behaviour to them after their partners had been drinking. It also reflected the fact that violence in an intimate relationship takes many more forms than in a non-intimate relationship, and thus contains many more opportunities to abuse the power specific to such intimacy.

Even where women felt alcohol was key to their partners' violence this was not the same as blaming the alcohol rather than their partners. While initially women may have given greater responsibility to the alcohol or their partners' 'ability to drink', the fact is that whether it was key or not, they still stated their partners were responsible for their choices in terms of how much they drank and whether or not they were violent under its influence. It was also clear that, for many women, their own choice to drink was

controlled either directly, or indirectly, by abusive and violent experiences from men, either their partners, fathers/step-fathers or, in one case, as a result of stranger rape.

This chapter also presented the theory of 'responsible disinhibition' that emerged from the women's views. The theory explains the men's violence as a combination of the women's acceptance of alcohol's disinhibiting qualities with various other influencing factors, for example, mood or environmental context. Importantly, however, it requires agency - the individual's choice to act – in order to result in violent or abusive behaviours, with individual responsibility as the central tenet. I suggested this theory could be applied to other socially reprehensible behaviours, for example, drink-driving. What this theory, and the models, also highlighted was how the men's choice centred around violence and abusive behaviour after drinking, whereas the women's choice was about whether or not to drink rather than how to behave afterwards.

I completed the chapter by contextualising the theory within a broader social and cultural context. I highlighted how the women's responses were constructed in a culture that has condoned and supported particular male drinking behaviours and condoned men's violence to women through limited action or inaction by State agencies. This has placed women in a position of 'double jeopardy', having to fight both traditional and accepted notions of men's drinking, and also condoned violent and abusive behaviours. Where the alcohol and the violence are combined, her position becomes more untenable as alcohol adds a level of complexity to her attempts to get help and support for herself as well as her attempts to rationalise such behaviour. In addition, the combination of alcohol and violence increases the risks to the women's safety.

Finally I suggested that British society needs a cultural shift in its perceptions of the alcohol-violence/violence to women relationship, particularly in terms of how it responds to it. This response has to consider the power dynamics and gender relations inherent in this relationship and accept that such inequality and difference in power needs to be addressed as part of the cultural shift.

I will now conclude this thesis with the implications of this study for theory, policy, practice and research.

Chapter 11

Conclusion

This study set out to explore what role women think alcohol plays in their partners' violence to them. I sought the views of women who had suffered, or were still suffering, violence and abuse from a male partner. I aimed to examine anecdotal claims that women blame alcohol for their partners' violence, suggesting such claims are too simplistic. I aimed to establish whether the women made allowances for their partners' violence because of his alcohol consumption and whether they believed alcohol played a key role in their partners' violence to them. Further, I aimed to explore any differences in the women's beliefs about alcohol's role in violence that is not directed at them, and alcohol-related violence they suffer from their partners. Finally, I aimed to develop theory, grounded in the women's beliefs, which offers an alternative explanation of alcohol's role in the violence and abuse they have experienced.

Chapters 2-9 set out the background, methodology, methods, and results of the study, which involved in-depth interviews with 20 women who had experienced violence from male partners. Chapter 10 discussed these findings further, raising and answering questions generated by the data before drawing the debate together with a proposed theoretical framework emerging from the women's views. It concluded by locating these views and theory within a feminist analysis of a socio-cultural context that condones male drinking practices, tolerates subsequent 'bad' behaviour, and has historically done little to counter violence to women in the home.

This final chapter will complete this discussion with a consideration of the significance of these findings and analysis for theory, policy and practice. It will provide a critical

view of the implications of this study together with reflection on the research process and suggestions for future research emerging from it. This chapter will begin with a discussion of the theoretical implications of these findings.

11.1   Theoretical significance

Theories from a range of standpoints, including feminist, sociological, biological and psychological, have sought to explain the occurrence of domestic violence. Many of these schools of thought have also sought to explain the alcohol-violence or alcohol-crime relationship. However, previous theory explaining the link between alcohol and violence has not been grounded in the in-depth views of women suffering violence from their partners. This has been a gap in existing theory. This study is significant in that it has begun the process of producing theory that stems from the women's views and experiences. It has combined principles of grounded theory with principles of feminist research practice to generate theory that reflects the lived experience of women who have suffered violence from a male partner.

What has become evident during this research is that the views of the women in relation to alcohol-related violence and abuse are not simplistic. Their beliefs and opinions have reflected existing theories and, combined with personal observations and experience, have generated more complex accounts of the relationship between alcohol and men's violence to women. They have evidenced some alliance with theories of disinhibition, selective disinhibition, expectancies, deviance disavowal, social learning, and patriarchy.

The significance of the theory generated in this study is that it takes women's views as the basis and pieces together the women's insights into the alcohol-domestic violence

relationship.

The theory of 'responsible disinhibition' outlined in chapter 10, provides a framework that draws together the women's beliefs about alcohol's role in their partners' violence and, importantly, his ability to choose his behaviour. Further, it recognises his need to be responsible for the consequences of the choices he makes. While this theory draws on elements from other theories, it highlights two factors insufficiently reflected in previous explanations: individual choice about behaviour that remains pre-, during and post- drinking, and the privacy of the home environment.

Feminist views have been dismissive of alcohol's role in men's violence, severely criticising some research (for example, Ptacek 1988 in Mullender 1996) for suggesting a simple causal relationship between alcohol and violence to women. It argues that such research also shows evidence of the man's intention to abuse prior to the use of alcohol. Other research demonstrates that women report violence and abuse occurring at all times of the day and night regardless of alcohol intake (Dobash and Dobash 1979, Mullender 1996).

I believe the dismissal of alcohol as a 'myth' in relation to men's violence to women (Women's Aid Online – undated) is potentially disrespectful of the women who believe it, as well as scientifically misguided. Other commentators have also criticised the suggestion that alcohol is not relevant in "family violence" (Plant et al. 2002). While arguments for a direct causal effect between alcohol and an immediate propensity to be violent has not been proved, the nature of causality suggests that women's beliefs about alcohol's role should be taken more seriously than such dismissal allows. If causality is proved by a) an association of variables, b) temporal order and c) a lack of spuriousness

between variables (Rose and Sullivan 1998), then women's observations that alcohol and violence are linked because he gets drunk then hits or abuses her will often meet the criteria. What is difficult to find is evidence for uni-linear causality, that is, alcohol alone leads directly to violence to women, without other variables being involved. I am not proposing a simple linear causal model in relation to alcohol's role in men's violence to women, but it is important to point out that referring to alcohol's role in men's violence and abuse of women as a 'myth' (Women's Aid Online -undated) is overstated.

I argue for an alternative feminist theoretical framework, which takes into account alcohol's role in violence to women. Such a framework sees both alcohol use and violence as two separate behaviours closely associated with masculinity and dominant patriarchal ideology. When combined, as in the case of alcohol-related violence to women, the risk to women is significantly increased. Far from being a 'red herring', alcohol use is itself an expression of masculinity determined by patriarchal society and steeped in cultural expectations around men, drinking and violence.

The theory of 'responsible disinhibition', grounded in the explanations offered by these women, can be contextualised within a society that, at best, tolerates men's violence to women, male heavy drinking and subsequent bad behaviour. What the concept of 'double jeopardy' suggests is the importance of recognising the interaction between the socio-cultural context of belief formation and subsequent behaviour, and to argue that this context is not free from messages about gender roles. In essence, it offers a feminist view of men's violence to women that incorporates, not dismisses, men's drinking and violent behaviours. This is an important contribution to feminist theories in particular that has previously been resistant to the inclusion of alcohol and drugs in

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any discussion or theorising on men's violence to women.

The following section will address the policy implications of this research.

11.2   Policy implications

The key implication of these findings for national policy is the need for education initiatives that accurately reflect the relationship between alcohol and violence, particularly violence to women. As the women reported in s.9.3.1 (also s.10.3), the ability of the environment to control men's violence towards them, coupled with some men's clarity about 'not hitting women', at least at the start of the relationship, suggests that some messages have been heard. Clear public and health education messages about alcohol not being the cause of violence and not being an excuse for violence to women need to be made. Such messages need to reinforce individual responsibility and decision making at all points in the alcohol consumption and violence process. As discussed in chapter 10, the difficulty is the potential cultural shift required in order for such policies to be drawn up – particularly when they embrace a combination of private lives and socially accepted activities such as drinking.

While the proposed changes for modernising UK licensing laws (Home Office 2000a) have sought to address alcohol use and public disorder there is no indication of its addressing private disorder. Initiatives at a local agency or programme level have started to consider the dual problem with evidence of joint working and specialist development posts in some agencies, for example, Aquarius in Birmingham (personal communication, September 2001) and Tower Hamlets Domestic Violence Project in London (personal communication, February 2003). Further, joint conferences and workshop events addressing the issue have been held, or are being planned, for

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managers and practitioners. Examples include the Stella Project Conference in London in December 2002 that brought together domestic violence and substance use practitioners and an Alcohol Concern event in June 2003. National policy needs to accept that the alcohol-violence link does not stop on the doorstep but extends into the home and has to address private disorder too.

There is also a need for funding for large-scale, longitudinal, qualitative and quantitative research on which to base such policies. In the UK, there is no systematic recording of alcohol's involvement in any offence so trying to assess the extent of alcohol's involvement in offences relating to violence to women is impossible. This is further hampered by the fact that there is no criminal offence of domestic violence. Thus figures have to be gleaned from assault or public order charges and rely on the individual officers noting 'in drink' on the charge sheet. At a time of ongoing debate about licensing laws as well as the long overdue national alcohol strategy, there is an opportunity to put pressure on the decision makers to commit to such research and to include accurate policies on alcohol and violence, and violence to women.

Before looking further at the implications of this study for future research I will first discuss its implications for practice.

11.3   Practice implications

> ... when you're depressed and you're low there's nowt worse
> than somebody saying "hiya, you alright?" and you say "yeh,
> yeh, course I'm alright", and you've got a thousand secrets, you
> know, that can be damaging if you ain't got nobody to talk to.
> (Kim)

The process and findings of this study raise important practice implications for people working in both domestic violence and alcohol fields, as well as for those outside such specific remits, including social work and health professionals. As the summary of policy and practice pointed out (s.4.3), providing someone for women like Kim 'to talk to', someone who is empathic and prepared to listen, is not so hard. But anecdotal evidence, from workers in the separate fields of domestic violence and substance use, suggests that providing someone for her to talk to who is knowledgeable about the combined issues of alcohol use and violence to women, and the challenges this poses for women who suffer it, is presently very limited.

The key significance of this research is that it has provided an insight into women's views on alcohol's role in their partners' violence, which have moved beyond an anecdotal level. It has examined the suggestion that women 'blame' alcohol for their partners' violence to them, finding that these women do not blame alcohol rather than their partners for such violence.

However, in spite of this finding, this study also found that nearly half the women felt alcohol was key to their partners' violence. This raises two important implications for practice. First, is the requirement for practitioners who work with women suffering alcohol-related violence to assess adequately the women's beliefs and experiences. Hearing the woman's view that alcohol is key to her partner's violence to her but not asking the follow-up question that establishes responsibility, or blame, is to miss an opportunity to tailor services to her needs.

Related to this is the second implication for practice. Service providers need to be clear over their interpretation of such beliefs and not confuse the women's views of alcohol

being key to their partners' violence as meaning that the women are blaming alcohol. As stated in s.10.2, recognising the association between alcohol and their partners' violence to them, and blaming the alcohol rather than their partners are very different. While the results of this research showed the women did not 'blame' the alcohol rather than their partners, some women stated their views had changed over time (s.9.3.2). They acknowledged that previously they might have forgiven their partners more easily thinking the alcohol was to blame.

Thus, the implications for working with a woman who believes alcohol is to blame will require more sensitive and careful exploration of this issue than would be the case with women who do not blame the alcohol but do see a close association. The latter allows more immediate discussion of safety planning and risk management for the woman and her family, where appropriate. The former view requires a different style of intervention which, as well as addressing issues of safety, also begins a more gentle discussion, and deconstruction, of such belief systems with clear consideration given to the resources and support the woman may need through this emotionally painful process.

The differences, highlighted by this research, between the women's beliefs in alcohol's role in general violence and alcohol's role in their partners' violence to themselves has clear implications in terms of how service providers ask questions and make assessments. Managers and practitioners need to ensure their screening or intake processes ask questions in a way that strikes a balance between being too intrusive or too vague. Directly questioning a woman on whether her partner is violent to her at first interview is likely to result in a knee-jerk defensive response. It is, after-all, extremely difficult to disclose such experiences. Alternatively, a question that is not personal

enough but talks of violence generally is likely to elicit a response that is not an accurate reflection of the woman's personal experience. The questioning needs to introduce the subject in an inclusive way that allows the woman to disclose her experiences without feeling too vulnerable or invaded. A format which begins 'Many women who come to us for support with their drinking have often experienced conflict in their relationship...' for example, can open the discussion in a gentle way and can be built upon from there in terms of the nature and extent of that 'conflict'. This also requires staff to have a good level of knowledge about the additional forms violence and abuse take in an intimate relationship, which are not present in violence in general, and for this to be reflected in the assessment or screening questions.

My experience researching this issue offers a note of caution. Use of the term 'domestic violence' in a post-interview discussion with one woman, taught me that, despite a catalogue of horrific psychological and physical violence, the woman had not identified herself as suffering 'domestic violence'. My use of the term prompted a physical 'jolt' from her that I very much regret albeit accompanied by her realisation of the situation in which she had lived. Thus much thought needs to be given to the phrasing of questions and the terms used in them.

As mentioned above, this study found evidence that some women's views changed over time. This was reflected most clearly in their comments relating to forgiveness and whether they forgave their partners more easily if they had been drinking when they were violent and abusive. The level of knowledge and awareness of all practitioners working with women suffering alcohol-related violence needs to be such that they can acknowledge, and allow for, this transitional period and be able to support the woman through this process. Further, in a setting in which the women's substance use is

problematic, the practitioner needs to allow for the impact this transition, and the accompanying psychological and emotional stress, may have on the women's drinking behaviours.

Practitioners also have to be conscious of their own frustrations when working through this transitional process with the woman and the impact this may have on their practice. Knowing that a woman remains at risk of violence and abuse could potentially tempt the practitioner to speed up the process by challenging the woman's view too directly. The risk in getting this wrong is damaging the client-worker relationship, adding to the woman's low sense of self-belief and potentially losing contact with her altogether: all of which can leave the woman at greater risk.

My experiences carrying out this study, and the personal impact it had on me (s.7.2), demonstrate the clear need for practitioners to have adequate support and supervision. Regardless of my perceived experience, awareness and knowledge of the issues I was facing, I was inadequately prepared for the repeated absorption of such harrowing tales of violence and abuse. It is imperative for practitioners addressing these issues to have routine debriefings in place, not only as support for themselves but to ensure that they, in turn, are able to provide a continuing high standard of intervention to the women with whom they work. The woman will not only be hyper-sensitive around her disclosure of such violence and abuse, but will also be hyper-sensitive to the response she gets from the practitioner. An inadequate or inappropriate verbal or non-verbal response, for example, becoming emotional or angry, is likely to give clear signals to the woman to question the safety of her disclosure. The woman will need evidence from the practitioner that she can handle the information she is giving them. This, in turn,

requires managers and supervisors who are sufficiently knowledgeable to provide appropriate and sensitive staff supervision.

Practitioners from both substance use and domestic violence sectors also need to allow for the impact of violence on the woman's drinking behaviour. While there was only one woman in this study who self-reported concerns over her increase in drinking following her partner's violence and their separation, more women reported drinking on occasions to 'stop caring' (see s.9.1.5). The implications of such patterns of alcohol use by the women, and the relationship of these patterns to the violence she is experiencing, have to be identified, anticipated and considered by service providers. Where there is violence and abuse towards the woman, or increased periods of stress relating to such violence, the practitioner has to be aware of a potential increase in the woman's drinking (s.4.2). This should not be seen as non-compliance with 'treatment' regimes or refuge 'house rules' (s.4.3). It should be an opportunity to identify and address her needs in that given situation and to work further to support her, and her children where appropriate, bringing in other services and support as necessary.

Similarly, more women also reported 'answering back' after drinking, which they felt might have provoked their partners' violence and abuse (s.9.2.3). The quantitative data contradicted such self-reports suggesting the women perpetrated significantly less items of verbal/emotional/psychological violence after drinking (s.8.3.2ii). While further research is needed to clarify these findings, what is nevertheless important for practice is that some women perceived alcohol as giving them the strength to answer back and stand up for themselves, even when they knew that doing so might result in further violence and abuse. Thus, if the practitioner is going to work to remove this 'liquid crutch', they have to be well prepared to replace it with something other than a future

referral to another service. That support has to be in place already. In addition, if the alcohol is giving the women a psychological strength – albeit temporary – it is also likely to be tied to the woman's sense of self-esteem in so far as at least she realises she is trying to fight back. In an abusive relationship where the woman feels little strength and control, the importance of this temporary strength must not be underestimated, nor so the vulnerability she may feel when it is removed. However, work also has to be done with her around the further risk of violence and abuse she faces by continuing to drink and 'answer back' in an environment where her partner is violent and abusive to her.

Providers of domestic violence services, for example Women's Aid, also need to allow for the fact that the women they serve, usually at a crisis point, may also be using alcohol (and/or drugs) as a coping mechanism, and may be using them in greater quantities than usual. Excluding women from services as a result of this use not only leaves the woman at continuing risk of violence and abuse, but can also serve to reinforce her feelings of isolation and low self-worth. It also lends support to the sexist stigma and shame attached to women's alcohol and drug use.

The women in this study also demonstrated an awareness and acceptance of alcohol's disinhibiting effects. As stated in s.10.1, the potential impact of this is to generate a greater 'tolerance' of abusive behaviours when their partners are under the influence of alcohol. Thus, there is also a role for service providers in educating their clients about the extent to which alcohol is responsible for violence and abuse.

There are implications for alcohol services working with men who are violent and abusive to their partners. Alcohol agency staff need to be aware that some men will use

alcohol as an excuse for their violence or abuse (Scully 1990, Hearn 1998). Where a worker does not challenge the man's use of alcohol as an excuse for his violence, the message is one of collusion. This may be through the worker's ignorance of the issues or perhaps misplaced fears about damaging the client-worker relationship. Again, challenging such views requires skilled intervention and a firm knowledge base.

The results of this study highlight the complexity of the issue of alcohol and violence to women as well as the emotional and psychological transition women face in making sense of their experiences. Thus, it follows that responding to such complexity will require clear, informed and co-ordinated assessment and service provision. Separate service provision from alcohol or domestic violence agencies will only go part of the way in meeting these women's needs. For many women it is the coupling of alcohol and partner violence that presents increased risks to their safety. As such, a response that effectively addresses both the alcohol and the partner violence is needed. This may be based on models of joint working and 'parallel' care or it may require integrated service provision. Until such models of care are used to support women suffering alcohol-related partner violence, these women's needs will not be met.

Further, agencies adopting a rigid philosophical stance that, for example, denies alcohol's association with people's experiences of domestic violence, will only serve to disempower the women seeking help who do not identify with the position the agency takes. Failing to address alcohol-related violence and abuse on philosophical grounds should not be an option, particularly when US research is showing that up to 98% of women in substance use treatment have experienced violence and abuse at some point in their lives (Downs 1999) and a conservative estimate of 40% of women in domestic violence shelters have problematic alcohol or drug use (Downs et al. 1998) (see s.4.1).

Practice needs to acknowledge that women are facing a situation of double, and possibly, triple jeopardy (s.10.6.2). The reluctance of women to disclose their experiences and beliefs is set within a background of socio-cultural tolerance of men's drinking and violent behaviour. Thus service providers need to consider this when planning services and ensure that, wherever possible, women service users have a choice to work with women practitioners. Further, both male and female staff need to be educated about the role gender plays in relation to the stigma of drinking and partner violence, and the added shame attached to women faced with both these issues. Service provision and policies need to address the different messages given to men and women about alcohol, violence and partner violence and ensure single-sex groups and one-to-one support is in place.

What this also suggests is that agencies providing services to women with these dual issues need to reconsider their admission procedures and the potential need to 'fast track' women to services outwith the normal waiting list procedures. As this, and previous, research suggests, there is a higher risk to the woman's physical safety if she is living with a partner who is drinking and being violent. Further, such violence and abuse may increase her own drinking putting her at further risk. 'Fast tracking' access to services under these circumstances can be justified on the basis of the immediate risk living with a violent partner poses to the woman's safety, the safety of any children and the potential risk to her health from increased alcohol use. The opportunity to intervene at this time of crisis needs to be taken rather than missed because of the challenges this presents in terms of agency admission or waiting list policies.

As well as adding to the knowledge on this subject, this study has also raised further

questions, and avenues, for further research.

11.4   Research implications

As briefly mentioned in section 11.2, this study highlights the dearth of UK research on the prevalence and incidence of the dual problem of alcohol-related violence to women. There is a clear need for large-scale national research geared towards providing prevalence and incidence rates of violence to women and its co-occurrence with alcohol use. It would also be useful to include licit and illicit drug use in such research. This would then provide the evidence base for service provision and policy initiatives.

There is also a simultaneous need for mapping what service providers are doing to address this problem. Good practice needs to be disseminated and gaps in service provision need to be resourced and filled. There is a growing interest from practitioners in the areas of substance use and domestic violence to learn and to work together (s.11.2). A mapping exercise could help target resources most effectively and allow agencies to share experiences of developing policies and procedures as well as models of good practice.

The quantitative data analysis in this study found a significant increase in the number of physically violent and abusive behaviours men perpetrated towards the women after they had been drinking. Further research is needed to confirm this finding as well as expanding the scope of the research to include the types and patterns of violent and abusive behaviours used before and after drinking. The data analysis suggested that the men may use different behaviours before and after drinking and, if confirmed, this may be an important finding in terms of its implication for intervention and education initiatives as well as women's safety.

The clearest finding from this research showed that the women held their partners responsible for their violence regardless of their alcohol use and its close association at times to their violent and abusive behaviour. Larger scale research is needed to confirm this finding due to the small-scale and predominantly qualitative nature of this study. However, what the findings from this study have contradicted is the anecdotal evidence that women blame alcohol for their partners' violence. Further research would confirm these findings and further test the theory of 'responsible disinhibition'. Replication of these findings could also lend weight to initiatives that are geared towards holding men responsible for their violence rather than demonising the substance of alcohol or focussing on externalities. This research would need to involve women from more ethnically diverse backgrounds and cultures as well as span a broader range of ages than those represented in this study.

The fact that some of the women in this study reported their views about their partners' violence, and alcohol's role in it, changing over time suggests the need for longitudinal research. It could offer important insights into why some women's views remained consistent over time while others changed. This may be linked to their socialisation or differences in their political views or personal experiences. Again, examining what triggers the changes and why some women do not appear to pass through this transition process could provide important indicators for the assessment of, and work with, women at different stages in their understanding of their partners' drinking and violent behaviour towards them.

Another clear finding from this research was the women's different beliefs about alcohol's role in relation to violence generally and violence to themselves. Further

research needs to address whether men who perpetrate such violence hold different beliefs about alcohol's role in general and partner violence too. Again, this will help determine the focus of intervention and education initiatives.

Such beliefs may also influence patterns of drinking. A significant number of the women in this study who believed alcohol was key to their partners' violence to them also reported their partners as drinking large quantities of alcohol. Previous research has examined acute or chronic drinking patterns in relation to violence generally (see chapter 3), but this has not been the case for drinking patterns in relation to violence to women. While we know the nature and extent of violence in an intimate relationship exists on more levels than in a stranger relationship, we do not know whether there are different patterns of drinking accompanying the different types, or 'targets', of the perpetrator's violence and abuse.

Similarly, women's drinking at the time of the violence and abuse requires further research attention. Some research has identified that women drink to cope with the violence and abuse, but the implications of this study are that for some women the opposite is the case. For some women their decisions to drink are conscious attempts to 'stop caring' albeit temporarily. Further research with women who suffer violence, and with women in substance use treatment settings, would provide further insight into women's use of alcohol in the context of their partners' violence. It would also help to inform service providers about how to allow for and address the drinking patterns associated with suffering violence and abuse.

In the final section of this chapter I will reflect on the study as a whole, highlighting some of the limitations and lessons learned during the research process before

concluding the thesis with a summary of its achievements and a final word from the women who took part.

11.5   Reflection: research process and content

The discussion above has provided some indication of the significance of these findings to theory, policy, and practice. In addition, this study has begun the process of filling the research gap on women's views about the relationship between alcohol and partner violence. This section will briefly reflect on the study as a whole and highlight key learning points.

This study and findings were possible because of the willingness of the women to take part in it. However, as with all research, the results and significance of the findings are limited, to some degree, by the nature of the sample profile. As stated in chapters 6 and 8, the women in this study were accessed by the police, usually during the day, were young, white, on low incomes and from a working class north-eastern industrial city. Their experiences and views may therefore vary from women with different histories, for example, a sample of women who are ethnically diverse, older and professional, or women who have been accessed through a different route. Further, these women had contacted the police, which suggests this may be a sample of women who had suffered violence from their partners for longer and thus had a longer period of time over which to try to rationalise the violence and abuse, and attempt action to avoid it. As a result, their views and beliefs may be more clearly formed.

In spite of these limitations the women provided considerable insight into their views on alcohol's role in their partners violence to them. Their responses produced clear messages about their partners being responsible for their violence and not alcohol. This

is even more noteworthy given the fact the geographical region consistently ranks among the highest in England for alcohol consumption and for men and women drinking above the recommended 'unit' measures, suggesting a cultural acceptance of heavy drinking behaviour.

This study changed significantly from its early conception to the final study. The complex question and interview schedule that formed the basis of the pilot study combined elements of structured interviews and quantitative techniques including questionnaires on alcohol use and violent and abusive behaviours. One of the key lessons from the pilot research was the importance of making the question manageable in terms of the resources available and to ensure that the subsequent research tool was matched to both question and resources.

The pilot study and analysis demonstrated that the research tool and task was too great for one person and one thesis. With hindsight, focussing solely on women's views using a semi-structured interview format seems obvious given my primary research interest and concerns. The lesson from this process was the need for constant reminders to keep focussed rather than become lost in the melee of interview schedule design and administration, and the organisation and negotiation of access and police contacts.

The resulting, simplified, semi-structured interview schedule was far better suited to my methodology and research aims. While there are questions I would change, develop or add if I repeated the study, this approach was able to access the meanings of, and insights into, the women's experiences in a grounded way rather than imposing a rigid external structure on the direction of the interview throughout.

One of the early learning points from this process was the need to find the balance between allowing a woman to talk as much as she wanted during interview and ensuring the interview schedule was covered. Given my focus on hearing women's voices, restricting the woman's talk felt uncomfortable. However, I knew her time was limited, often by practical issues but also in terms of her ability to maintain attention or give the emotional energy required for the discussion. There were times when I felt I struck this balance well, and others, with hindsight, when I needed to develop an issue more, or curtail conversation sooner.

While the learning in terms of the academic process of research was usually apparent, I found the personal learning process somewhat harder to recognise. While my methodology allowed me to offer support to the women as appropriate, I had seriously underestimated the impact of the research on my own emotional well-being, as discussed in chapter 7. The personal and professional growth resulting from this study is on-going.

Finally, while the quantitative data in this study were supplementary to the qualitative data, there are lessons to be learned about administration and completion of questionnaires. Professionally, this study has raised many questions and areas for future research, particularly the need for similar research on a larger scale using both qualitative and quantitative techniques. Importantly, however, it has also provided some answers that will serve to inform practice and potentially improve service provision for women suffering violence from men.

11.6   Conclusion

This study set out to explore women's views on the subject of alcohol's role in their partners' violence. It involved in-depth interviews with 20 women who suffered violence and abuse from a male partner. Its primary finding is that the women in this study do not blame alcohol for their partners' violence – they hold their partners responsible, not the alcohol. Further, while the women recognised that alcohol has disinhibiting effects, they also recognised that these effects alone are insufficient to explain their partners' violence and abuse to them. It was apparent that the women's experiences continued to be psychologically painful to them, yet they demonstrated great courage in facing this pain and acknowledging their partners had choices in how they behaved. While these women offered many factors that could influence their partners' choices, including quantities of alcohol, they firmly believed that the responsibility for the men's choice to be violent and abusive remained with the men.

I remain humbled by the openness and honesty of the women who took part in this research. It is appropriate both methodologically and ethically to allow them the final words of this thesis:

> ...no matter what he paints the picture of, I said, I know that
> deep down he knows that I know the truth, d'ya know? (Janet)

> ...I know and he knows his conscience is not clear and I don't
> think it ever will be. (Katherine)

Women's 'starter' questions

1. What does the word 'violent' mean to you? (prompt for anything else)

2. Similar question. If I said someone's behaviour was 'abusive', what would that mean to you?

3. Do you think women are as violent/abusive as men generally? What makes you think that?

4. Do you remember feeling scared of any person/people in particular when you were growing up? (If yes...) What were you afraid they would do?

5. Most people would probably agree that couples sometimes fall out and get angry with each other.
   a) What level of violence within a relationship is acceptable to you?
   b) What level of abuse within a relationship is acceptable to you?

[OK. Let's move on to talk about alcohol and its effects]

6. Do you think people behave differently when they drink alcohol compared to when they are sober? How?

7. What is your first/earliest memory of seeing someone under the influence of alcohol?

8. When men have been drinking, do you think they behave differently toward women? In what ways?

9. Do you think men's behaviour when they've been drinking is different to women's behaviour when they've been drinking? How?

10. What difference do you think it makes to someone's behaviour if they are at home or in public after drinking alcohol?

11. How much do you think alcohol affects violent or abusive behaviour?

12. What effect does drinking alcohol have on you generally [prompt re quantities if required]?

13. What effect does drinking alcohol have on your partner/ex-partner?

14. When you were growing up did you experience and/or see anyone being violent or behaving abusively after drinking?
    - Can you tell me a bit about this?
    - Do you think it has an impact on what you think/experience now? If so, how?

15. Have you been a victim of violence/abusive behaviour as an adult? Can you tell me about this? Was alcohol involved? (If yes, a) ask to describe the incident and b) ask to describe an incident when alcohol was not involved)

16. Does your partner behave differently towards you when he's been drinking alcohol compared with when he is sober? How?

17. Has your partner been violent/abusive behaviour towards you under the influence of alcohol? How do you think his drinking alcohol affects what happens?

18. Has your partner got into fights or arguments with people other than yourself, a) when sober, b) when drinking alcohol? (Ask for examples/describe incidents) How do you think his drinking alcohol affected what happened?

19. What do you think are the differences between his abusive behaviour towards strangers when he's been drinking alcohol and towards you when he's been drinking?

20. Have there been times when you've both been drinking alcohol when he's been violent/abusive to you? Do you remember if it was worse on these occasions?

21. Would you forgive your partner more easily if he had been drinking alcohol and was abusive or violent towards you? Why? (If no, have you forgiven more easily on previous occasions?)

22. What do you think it would take to make him stop being abusive and/or violent towards you?

23. How has his abusive behaviour to you changed since you met?

24. How have you coped with your partner's abusive or violent behaviour towards you?

25. Have you ever felt able to point out to him how abusive his behaviour is to you? How have you done that? What was his reaction/s?

The Pilot Study: sampling process and concerns

The pilot study consisted of seven interviews, three women and four men. As with the full data collection the women had all suffered violence and abuse from their partners and were contacted through the police domestic violence unit. The men had all been arrested for violent offences against women partners or ex-partners.

The men were contacted through two interview teams at local police stations and through the deputy managers of two probation service bail hostels in the area. The police officers and deputy managers agreed to contact me if an arrestee, bailee or probationer arrived with charges relating to violence to a partner. I would then visit the police station or hostel accordingly.

I was unable to interview the arrestees until they had been questioned by the police and either charged and/or released. The police officers would then ask them to take part in my research. If a man agreed the police officer found an empty room or space in which to conduct the interview. Due to legal restraints I was not able to ask the men about their 'alleged' offences but the police provided a basic overview of the reason for the man's arrest and charge as did the probation hostel staff. I chose to interview one extra man due to the opportunity to interview someone charged with rape where previously the charges had been assault or public order offences. This was due to the fact that I questioned whether someone at the 'higher' end of the offence tariff may raise different issues in relation to my interview tool.

Accessing the sample of men relied on the police interview teams informing me that they had a man in custody. This meant relying on individual officers remembering me in the course of their duties/interviews and having my telephone number to hand. After the first month of my pilot study the police had called only twice and the interview teams informed me it had "been quiet". While speaking to one of the interview team officers he informed me how 'domestic incidents' at night were often processed "by shift", that is, by the arresting officers on duty that night, rather than wait for the interview team to process the arrests next morning. I realised that by accessing people through the interview teams I was accessing those held overnight who would be interviewed the next day, due to being 'in drink' at the time of arrest, for example, or those men arrested during the day. In spite of this, however, in the course of six months I had accessed only three men via the police interview teams and one via the bail and probation hostel. An additional two men at the police station refused to take part. There could be several reasons for this lack of response ranging from a lack of arrests by the police to issues of police co-operation in the research.

One of my concerns in interviewing men was the extent to which I could be colluding with their 'alleged' violent and abusive behaviour. This would not only contradict the principles and politics of feminist research but also pose ethical and moral questions. On the one hand I was sitting and smiling, nodding and responding, prompting and occasionally laughing with the men in the course of the interview, and on the other I wanted to challenge and confront them on many of their responses. Yet to do this, would risk 'shutting them down' before the interview was complete, particularly as it became apparent that the men appeared to become more open with their experiences and views as the interviews progressed.

Scully (1990) experienced this dilemma in her interviews with convicted rapists:

> ...some of the interviews required immense effort to remain
> neutral. But the fact is that no one tells his or her secrets to a
> visibly hostile and disapproving person...disagreement or
> negative comments could destroy the rapport so vital to a
> successful interview.
>
> (Scully 1990: 18/19)

My answer was to tolerate this dilemma 'for the greater good', hoping that ultimately

my findings would help improve services or policy for women, thus the ends would

justify the means.

Environmental factors also played a significant role in the ease of the interview. If I

met the men in an interview room in the police station the problem I had to consider

was the similarity of the research setting to an interview with the police, and the extent

to which this similarity influenced their responses. On one occasion I had to interview a

man in the exercise yard of one police station with noise from an extractor fan all

around us. In addition, police occasionally came in and out of the yard, and towards the

end of the interview a further set of fans started up making tape recording virtually

impossible. It is difficult to imagine that the setting had no influence on his responses.

However, I did not intend to interview the men in their homes or at another venue

because of concerns about my own safety.

Access to the women was through the police domestic violence unit and followed the

same sampling process as the main data collection (see s.6.3). All the women chose to

be interviewed at home. The key concern relating to interviewing the women was the

occasions when their violent partners were in the vicinity, or their children and

friends/relatives. These were not circumstances in which I felt comfortable conducting

the interview but I felt it was the woman's decision. I reiterated the personal nature of

some of the questions and asked the woman if she felt comfortable with the other person/people present or whether I should return at another, more convenient time. It then became her choice, albeit a restricted one.

Pilot Study: Interview Schedule

Interviewee ID code:	Date:	Time:	Place:

Section 1

PERSONAL DETAILS – Part a

1. **Age**: ....

2. **Sex:**   Male   Female

3. **Marital status**:

   Married

   Cohabiting

   Single   (current partner?)

   Separated   (current partner?)

   Divorced   (current partner?)

   Widowed   (current partner?)

4. **No. in household/family size/dependants**:

   Children   Ages ....

   Adult children

   Parents

   Other (specify)   ....

5. **Post code**:..

6. **Home ownership**:

   Owner occupied   Hostel

   Rented: Council   HA   Private

   Other:.. (specify)

Section 1

PERSONAL DETAILS – Part b

7. **Employment status**:

Employed F/T Employed P/T Student

L/T Sick/Disabled Retired Volunteer

Full-time parent/carer Unemployed Self-Employed

8. **Trade/profession** (where applicable):

9. **Average Income** (specify week/month/annually):

10. **Ethnicity**:

11. **Educational level (age finished school)**:

12. **Raised by whom**:

I am grateful for your help in my research. I would like to give you this list in case you or someone you know may need help around problems of alcohol or violence. I do appreciate your time and honesty. As I said this is an anonymous interview. However I am offering to send everyone I speak to a copy of my final report. If you would like a copy of the final report I would be happy to send one to you but of course I will need a name and address! These will be kept separately from the contents of this interview so anonymity is not breached.

November 1999

Section 2

ALCOHOL

(These questions will look at what you think about the effects of alcohol on yourself and other people, as well as what your experiences of alcohol were when you were growing up. I will also ask you questions about your own drinking. This is not a test and there are no right or wrong answers, I am interested in your opinion on these things.)

A) **Personal use** (Give answer card)

1) *How often do you have a drink containing alcohol?*

| (0) Never | (1) Monthly or less | (2) 2 – 4 times a month | (3) 2 – 3 times a week | (4) 4 or more times a week |

If "never": a) Have you ever drunk alcohol?
  b) If yes, when did you stop? (If no, go to Section 3)
  c) Why did you stop? (Continue to ask questions relating to <u>previous</u> drinking)

2) How old were you when you first started drinking?

3) *How many drinks containing alcohol do you have on a typical day when you are drinking?*

   [Code number of units/'standard' drinks] (Read out answers. Ask subject to define "1 drink".)

| (0) 1 or 2 | (1) 3 or 4 | (2) 5 or 6 | (3) 7 or 8 | (4) 10 or more |

4) *How often do you have six or more drinks on one occasion?* (Give answer card)

| (0) Never | (1) Less than monthly | (2) Monthly | (3) Weekly | (4) Daily or almost daily |

5) What is your usual choice of alcoholic drink?

6) Where would you **normally** drink alcohol?

7) Where else do you drink alcohol?

8) Do you drink alcohol at home (if prompt needed)?   Yes   No

9) *How often during the last year have you found that you were not able to stop drinking once you had started?*

| (0) Never | (1) Less than monthly | (2) Monthly | (3) Weekly | (4) Daily or almost daily |

10) Overall, which answer best fits your drinking over the last 12 months (choose the one you feel comes closest)?

    a) Abstaining (not drinking at all)

        i) Have you ever drunk alcohol   Yes   No
                                       (go to qu. 8) (go to s. 3)

    b) Rarely drinking (holidays/celebrations only)   (go to 9)

    c) Social/moderate drinking (in company when appropriate)   (go to 9)

    d) Occasional heavy drinking bouts (eg. weekend binges)   (go to 10)

    e) Regular heavy drinking (daily/frequent heavy sessions)   (go to 8)

    f) Problem drinking (have sought help/recognise may need help) (go to 8)

11) Are there some days you will drink more than others?   Yes   No

12) If so, which days and why?

13) Would you say your alcohol consumption was less than most men (women), average, more than most men (women)?

14) What effect does alcohol have on you
    a) after approx 1.5 pints/three shorts (insert whatever their choice of alcohol is)

    b) after approx 7 pints/14 shorts (insert whatever their choice of alcohol is)?

15) Most people drink alcohol for different reasons. What are some of the reasons you drink alcohol?

16) Some people tell us they drink more in a particular mood. What mood (or moods) do you drink more in?

17) *How often in during the last year have you failed to do what was normally expected from you because of drinking?*

| (0) Never | (1) Less than monthly | (2) Monthly | (3) Weekly | (4) Daily or almost daily |

18) *How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?*

| (0) Never | (1) Less than monthly | (2) Monthly | (3) Weekly | (4) Daily or almost daily |

19) *How often during the last year have you had a feeling of guilt or remorse after drinking?*

    (0) Never   **(1) Less than monthly**   **(2) Monthly**   **(3) Weekly**   **(4) Daily or almost daily**

20) *How often during the last year have you been unable to remember what happened the night before because you had been drinking?*

    (0) Never   **(1) Less than monthly**   **(2) Monthly**   **(3) Weekly**   **(4) Daily or almost daily**

21) *Have you or someone else been injured as a result of your drinking?* (Read out answers)

    (0) No   **(2) Yes, but not in the last year**   **(4) Yes, during the last year**

22) *Has a relative or friend or doctor or other health worker, been concerned about your drinking or suggested you cut down?*

    (0) No   **(2) Yes, but not in the last year**   **(4) Yes, during the last year**

(Total AUDIT score: _____   cf: units with regional mean weekly figs. M=16.8, F=6.6.)

B)   Beliefs about alcohol effects

1)   To what extent do you agree or disagree with the following statement: 'People SAY things they don't mean to when they are drunk/have been drinking? (give card)

    (0) Strongly agree (1) Agree (2) Neither agree or disagree (3) Disagree (4) Strongly disagree

2)   (If Strongly Agree/Agree) Has this happened to you? (ask for example)

3)   To what extent do you agree or disagree with the following statement: People can DO things they don't mean to when they are drunk/have been drinking?

    (0) Strongly agree (1) Agree (2) Neither agree or disagree (3) Disagree (4) Strongly disagree

4)   (If Strongly Agree/Agree) Has this happened to you? (ask for example)

5)   To what extent do you agree or disagree with the following statement: Alcohol can make people lose control of their actions?

    (0) Strongly agree (1) Agree (2) Neither agree or disagree (3) Disagree (4) Strongly disagree

6)   (If Strongly Agree/Agree) Has this happened to you or have you seen it happen in others? (ask for examples)

7)   Do you believe you can control your actions after drinking small amounts of alcohol, eg. 1.5 pints/two shorts (insert choice of alcohol)?

8) Do you believe you can control your actions after drinking large amounts of alcohol, eg. 7 pints/14 shorts (insert choice of alcohol)?

9) Most men appear to be able to drink larger quantities of alcohol than women before getting drunk. Why do you think this is?

10) What is your opinion about women drinking alcohol to excess? (Why?)

11) What do you think about the decision to ban alcohol on the football terraces?

12) What do you believe is the main danger of drinking alcohol?

("Finally in this section I would like to ask you a few questions relating to drugs. Please remember any information you give me is anonymous.")

13) What, if any, illicit drugs do you use now?

14) If none, what, if any, illicit drugs have you used in the past?

15) How do they/did they make you feel, ie. physical and mental response?

16) How do they/did they change your behaviour?

17) How often...did you use them in the past/do you use them at present?

("Thanks for your openness and honesty. I will move on to the next section now.")

Section 3

VIOLENCE/ABUSE

(This section is about what you think about violent and abusive behaviour, as well as your own experiences as both an adult and growing up. Again please be as honest as you can. I am not here to judge you and there are no right answers.)

A) <u>Beliefs</u>

1) Different people have different ideas about what the term 'violence' means. Could you tell me what the term 'violence' means to you?

2) This is the same type of question, if I used the term 'abuse' what would that mean to you?

3) Would you consider any of the following behaviour towards a STRANGER as being: a) violent, b) abusive, c) neither d) both (give card):

	A	B	C	D
• Push/shove/grab them				
• Kick or slap them				
• Hit them with a fist				
• Lying to someone				
• Swear at them				
• Threatening them with violence				
• Throwing something at them which could hurt				
• Smash or break *their* property (in their presence)				
• Shouting at them				
• Choking/strangling them				
• Locking them in a room				
• Threaten them with a weapon ie. knife or gun				
• Use a weapon				
• Putting them down in front of other people.				
• Make uninvited sexual suggestions to them				
• Touching or fondling them (without their permission)				
• Forcing them to have sex or some kind of sexual contact (through threats or physical force)				
• Calling them names ie. fat/ugly				
• Stormed out of the room during a disagreement				
• Burned or scalded them on purpose				

4) Some people think that people are violent or abusive because of mental or emotional problems. What do you think about that?

5) Some people believe others are violent/abusive because they like to control someone else. What do you think?

6) Do you think that most adult men have been in a physical fight in their adult lives? If so, why do you say that?

7) Do you think that most adult women have been in a physical fight in their adult lives? If so, why do you think so?

8) Do you think women are as violent/abusive as men? (If not why not?)

9) Do you think men and women have different attitudes to violence? Why?

10) To many men it is usual to go out on a Friday night with a gang of mates, drink, have a fight and go home. What do you think about that?

11) (men only) Is that something you have ever done?

12) How do you think people learn about violence and abuse?

B) Personal *(refer back to subject's definition of abuse/violence)*

1) In what type of situations might you be abusive to a *female* <u>friend</u>?

2) In what circumstances might you be violent to a female friend?

3) Would it make any difference how old they were? If so, why?

4) In what type of situations might you be abusive to a *male* friend?

5) In what circumstances might you be violent to a male friend?

6) Would it make any difference how old they were? If so, why?

7) What difference would it make if they were a man or a woman? Why?

("The next four questions are similar to those I just asked you but instead of a friend I will be asking you about a stranger")

8) In what type of situations might you be violent to a male <u>you didn't know</u>?

9) In what type of situations might you be violent to a female you didn't know?

10) Would it make any difference how old they were? If so, why?

11) What difference would it make if it was a man or a woman? Why?

12) Some people are quite clear on their own rules of what they would and wouldn't do in terms of violence, eg. never hitting a particular person/group of people. Do you have any clear rules like that for yourself?

13) Is there a particular thing someone can say or do to make you really angry? (If yes, could you tell me what that is?) Would you hit someone as a result?

14) When do you think violence towards any man is justified?

15) When do you think violence towards any woman is justified?

16) When do you think violence towards a boyfriend/husband/male partner is justified?

17) When do you think violence towards a girlfriend/wife/female partner is justified?

C) Early experiences *("This section again asks you to recall early experiences. If at any time you find the questions upsetting please let me know and we will move on.")*

1) Do you think that what we experience in terms of violence/abuse as children we tend to repeat when we grow up?

2) If yes, what things do you think had an effect on you?

3) Do you remember feeling scared of any person or people in particular when you were growing up?

4) If so, a) who was it/were they?
            b) what was it you were afraid they might do?

5) Do you remember what your first experience of witnessing violence was?
6) If yes, a) how old were you?
            b) who did it involve? (gender?)

7) Often children/young people see their parents arguing or fighting. Do you ever remember seeing your parents/guardians being violent/abusive towards each other?
   a) If no, what was the worse the arguing ever got?
   b) If yes, how regularly did this happen?
   c) How old were you?
   d) What, if any, were the 'usual' circumstances?
   e) How did it make you feel when it was happening?
   f) Were you fearful for yourself at the time? Why?

8) Most people remember one big 'fight' or row in their family when they were kids. Do you have a memory of a fight or row like that? Can you tell me what happened as far as you can remember it?

9) Did you have a pet as a child? If yes…did anyone's anger ever get taken out on the pet?

("There are four parts to this next question, I will go through them first then we can take them one by one")

10) Are there times in your life when you have been a victim of violence or abuse?:
    a) at home as an adult (If yes – do you feel able explain what happened?)
    b) at home as a child   (If yes - do you feel able to explain what happened?)
    c) in a pub, bar or club (If yes - do you feel able to explain what happened?)
    d) in the street   (If yes - do you feel able to what happened?)

11) Do you ever remember abusive/violent incidents from when you were young in your dreams or flashbacks now?

12) If yes, do you think they are disruptive to your life now? How so?

Some of the questions in the next two sections ask for you to recall personal experiences also. Please answer what you can as honestly as possible but remember you are free to take a break or stop completely at any point if it becomes too difficult for you. Just tell me what you can as honestly as you can.

Section 4

ALCOHOL-RELATED VIOLENCE

1) When men go out drinking and get into fights, do you think most *men* think that is normal? Why?

2) Do you think most *women* think that is normal

3) When *women* drink and fight, do you think most men think it is normal?

4) When women drink and fight do you think most *women* think that is normal?

5) (If no and not already stated) What do you see as the differences between men and women fighting after drinking alcohol?

6) Do you think that alcohol causes violence?

7) Why?

8) Have you ever done any of these things to a STRANGER when *you* have been drinking (*read answers*) (If yes: How often?)

	Tick if Yes	How often?
• Push/shove/grab them		
• Kick or slap them		
• Hit them with a fist		
• Lied to them		
• Swore at them		
• Threaten them with violence		
• Throw something at them which could hurt		
• Smash or break *their* property (in their presence)		
• Shout at them		
• Choke/strangle them		
• Lock them in a room		
• Threaten them with a weapon ie. knife or gun		
• Use a weapon		
• Put them down in front of other people.		
• Make uninvited sexual suggestions to them		
• Touch or fondle them (without their permission)		
• Force them to have sex or some kind of sexual contact (through threats or physical force)		
• Call them names ie. fat/ugly		
• Storm out of the room during a disagreement		
• Burn or scald them on purpose		

9) Have you ever done any of these things to a FRIEND when *you* have been drinking? (If yes: How often?)

	Tick if Yes	How often?
• Push/shove/grab them		
• Kick or slap them		
• Hit them with a fist		
• Lied to them		
• Swear at them		
• Threaten them with violence		
• Throw something at them which could hurt		
• Smash or break *their* property (in their presence)		
• Shout at them		
• Choke/strangle them		
• Lock them in a room		
• Threaten them with a weapon ie. knife or gun		
• Use a weapon		
• Put them down in front of other people.		
• Make uninvited sexual suggestions to them		
• Touched or fondled them (without their permission)		
• Forced them to have sex or some kind of sexual contact (through threats or physical force)		
• Call them names ie. fat/ugly		
• Storm out of the room during a disagreement		
• Burn or scald them on purpose		

10) Would you forgive someone more easily if they became violent or abusive towards you while drunk/been drinking? Why? *(Refer back to their definitions if necessary.)*

11) Have you ever suffered violence from someone who had been drinking:
   a) as an adult YES/NO (if yes, how often, see prompt card) (if no, miss 18-20)
   b) as an adolescent YES/NO (if yes, how often, see prompt card) (if no, miss 15-17)
   c) as a child   YES/NO (if yes, how often, see prompt card) (if no, skip to 15)

How often:	Adult (18yrs+)	Adolescent (14 - 18yrs)	Child (up to age 14)
< 5			
5 - 10			
10 - 20			
20 - 30			
> 30			

12) As a child was there one person (or people) in particular who would drink and become abusive and/or violent towards you?

13) (If so..) What were the circumstances?

14) Were you fearful of that person (or people) when you knew they had been drinking? If yes, why? If no, why not?

15) As an adolescent was there one person (or people) in particular who would drink and become abusive and/or violent towards you?

16) (If so..) What were the circumstances?

17) Were you fearful of that person (or people) when you knew they had been drinking? If yes, why? If no, why not?

18) As an adult was there one person (or people) in particular who would drink and become abusive and/or violent towards you?

19) (If so…) What were the circumstances?

20) Were you fearful of that person (or people) when you knew they had been drinking? If yes, why? If no, why not?

21) (If yes to any of the above) Did you ever 'fight back' in these situations? If yes, what happened?

22) (If yes to any of the above) How do/did these experiences effect your views on alcohol and violence now?

Section 5

ALCOHOL-RELATED PARTNER VIOLENCE

(By 'partner' I mean girlfriend/wife (or boyfriend/husband) or someone you have had an intimate relationship with.)

1) Would you consider any of the following behaviours towards a **partner** as being: a) violent, b) abusive, c) neither d) both (*give prompt card*):

	A	B	C	D
• Push/shove/grab them				
• Kick or slap them				
• Hit them with a fist				
• Lying to someone				
• Swear at them				
• Threatening them with violence				
• Throwing something at them which could hurt				
• Smash or break *their* property (in their presence)				
• Shouting at them				
• Choking/strangling them				
• Locking them in a room				
• Threaten them with a weapon ie. knife or gun				
• Use a weapon				
• Putting them down in front of other people.				
• Make uninvited sexual suggestions to them				
• Touching or fondling them (without their permission)				
• Forcing them to have sex or some kind of sexual contact (through threats or physical force)				
• Calling them names ie. fat/ugly				
• Stormed out of the room during a disagreement				
• Burned or scalded them on purpose				
• Accused them of being no good in bed				

2) Many people have experienced violence from a partner who had been drinking. Have you ever experienced violence or abuse from a partner who had been drinking? How often?

3) Have you experienced violence/abuse from that partner when he/she had NOT been drinking?

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4) Have you ever been violent/abusive to your partner after you had been drinking?

5) What were the circumstances?

6) What effect do you think alcohol had on your actions?

7) Do you think there is a link between alcohol and violence/abuse towards partners? Why?

8) Do you remember seeing anyone close to you as a child, being violent or abusive towards their partner when they had been drinking? If yes, who? How old were you?

9) What do you think are the differences between violence to strangers when you/someone has been drinking, and violence to partners when you/someone has been drinking?

10) Why is there a difference?

11) Currently is your partner ever violent towards you under the influence of alcohol? (If yes, how often?)

12) What kinds of violence or abuse do they usually use? *("You may look on the card if that will help")*

Thank for answering what have been difficult questions. Finally I would like to finish off by asking a few questions relating to your employment status, income and education.

Interviewee ID code:	Date:	.

Alcohol Use Survey

The following questions are about your own drinking. Please be as honest as possible. There is nobody judging you on your responses to this questionnaire. Remember it is anonymous. Please circle one answer.

- *How often do you have a drink containing alcohol?* (If you have never drunk alcohol please circle 'never' and return the questionnaire to me in the envelope provided. If you have stopped drinking in the last 12 months, please continue to fill it in based on previous experience.)

(0) Never	(1) Monthly or less	(2) 2 – 4 times a month	(3) 2 – 3 times a week	(4) 4 or more times a week

- **What is your usual choice of alcoholic drink? (Please state whether you usually drink pints/halves/single/double measures)**

- *How many drinks containing alcohol do you have on a typical day when you are drinking?*

(0) 1 or 2	(1) 3 or 4	(2) 5 or 6	(3) 7 to 9	(4) 10 or more

- *How often do you have six or more drinks on one occasion?*

(0) Never	(1) Less than monthly	(2) Monthly	(3) Weekly	(4) Daily or almost daily

- *How often during the last year have you found that you were not able to stop drinking once you had started?*

(0) Never	(1) Less than monthly	(2) Monthly	(3) Weekly	(4) Daily or almost daily

- *How often during the last year have you failed to do what was normally expected of you because of drinking?*

(0) Never	(1) Less than monthly	(2) Monthly	(3) Weekly	(4) Daily or almost daily

- How often during the last year have you needed drink first thing in the morning to get yourself going after a heavy drinking session?

| (0) Never | (1) Less than monthly | (2) Monthly | (3) Weekly | (4) Daily or almost daily |

- *How often during the last year have you had a feeling of guilt or remorse after drinking?*

| (0) Never | (1) Less than monthly | (2) Monthly | (3) Weekly | (4) Daily or almost daily |

- *How often during the last year have you been unable to remember what happened the night before because you had been drinking?*

| (0) Never | (1) Less than monthly | (2) Monthly | (3) Weekly | (4) Daily or almost daily |

- *Have you or someone else been injured as a result of your drinking?*

| (0) No | (2) Yes, but not in the last year | (4) Yes, during the last year |

- *Has a relative or friend or doctor or other health worker, been concerned about your drinking or suggested you cut down?*

| (0) No | (2) Yes, but not in the last year | (4) Yes, during the last year |

Interviewee ID code:	Date:

VABI Survey

The following questions are about the type of abusive and/or violent behaviour you have experienced as well as your actions/behaviour towards your partner. As I have stated you are free to refuse to answer the questions but it would help me greatly if you could fill them out to the best of your ability.

Has your **partner** ever done any of these things **to you** a) when sober, b) after drinking alcohol? (Please tick for yes and leave blank for no.)

	Yes (sober)	Yes (after drinking)
• Lied to you		
• Sworn at you		
• Threatened you with violence		
• Thrown something at you which could hurt		
• Pushed/shoved/grabbed you		
• Kicked or slapped you		
• Hit you with a fist		
• Locked you in a room		
• Accused you of having an affair		
• Not allowed you to look after your own money/joint money		
• Insisted you stop seeing a particular friend or family member		
• Touched or fondled you (without your permission)		
• Forced you to have sex or some kind of sexual contact (through threats or physical force)		
• Stormed out of the room during a disagreement		
• Burned or scalded you on purpose		
• Accused you of being no good in bed		
• Threatened you with not seeing your children again		
• Made hurtful comments about your weight/appearance/dress		
• Frightened you by their angry mood		
• Broken one of your bones		

• Called you names of a sexual nature eg. slag, slut, whore		
• Refused to hear your side of the argument		
• Asked for sex after an argument or fight		
• Shouted or yelled at you		
• Caused you to have cuts/bruises/swelling on your face or body		
• Used or threatened to use a weapon on you, eg. a knife		
• Caused you physical pain which still hurt the next day		
• Twisted your arm or pulled your hair		
• Ripped your clothes in temper		
• Destroyed your belongings without your permission		

Have **you** ever done any of the following things **to your partner** a) when sober, b) after drinking alcohol? (Please tick for 'yes' and leave blank for 'no'.)

	Yes (sober)	Yes (after drinking)
• Lied to them		
• Sworn at them		
• Threatened them with violence		
• Thrown something at them which could hurt		
• Pushed/shoved/grabbed them		
• Kicked or slapped them		
• Hit them with a fist		
• Locked them in a room		
• Accused them of having an affair		
• Not allowed them to look after their own money/joint money		
• Insisted they stop seeing a particular friend or family member		
• Touched or fondled them (without their permission)		
• Forced them to have sex or some kind of sexual contact (through threats or physical force)		
• Stormed out of the room during a disagreement		
• Burned or scalded them on purpose		
• Accused them of being no good in bed		
• Threatened them with not seeing their children again		

• Made hurtful comments about their weight/appearance/dress		
• Frightened them by your angry mood		
• Broken one of their bones in a fight with them		
• Called them names of a sexual nature eg. slag, slut, whore		
• Refused to hear their side of the argument		
• Asked for sex after an argument or fight		
• Shouted or yelled at them		
• Caused them to have cuts/bruises/ swelling on their face or body		
• Used or threatened to use a weapon on them, eg. a knife		
• Caused them physical pain which still hurt the next day		
• Twisted their arm or pulled their hair		
• Ripped their clothes in temper		
• Destroyed their belongings without their permission		

Thank you for taking time to answer these questions. I know they can be quite difficult to answer. If you would like to add anything or if you would like to write a brief comment about what it felt like to take part in this research, please do so below:

Thanks again for your time. I do appreciate it.

Appendix 5

Information Sheet

The following is a list of local agencies that specialise in information and support for men and women whose lives and families may now, or in the past, be affected by alcohol and/or violence:

Alcohol Advisory Service (AAS)   320606
82 Springbank, Hull, HU3 1AB

Alcoholics Anonymous   830083
PO Box 138, Hull, HU6 9SF

Bransholme Women's Centre   828758
Bude Park, Cookbury Close, Bransholme, HU7

CDP (Hull and East Yorkshire Council   225868
For Drug Problems) 6 Wright Street, Hull, HU2 8HU

Childline (call free of charge)   0800 1111

DARTT (Drug and Alcohol Service)   215214
20 Albion Street, Hull, HU1 3TG

Hull Women's Centre   226806

Humberside Police Domestic Violence Unit   597028

Samaritans (24hr telephone service)   0345 909090

SAVES (Rape and Sexual Abuse Counselling)   329990
PO Box 40, Hull, HU1 3BP

Survivors (Hull)   226677
(Counselling and support service for sexually abused males)

Victim Support
79 Springbank, Hull HU3   587666
Gipsyville Library, North Road, Hull HU4   561161 (Mon. only)
Domestic Violence Helpline   229 651 (8am – 4pm)

Women's Aid   446099

Women's Education Partnership   620056
(runs groups and training programmes for women)

The Warren   218115
Centre for Young People, Queens Dock Chambers, Hull, HU1

Research Summary

The subject of my research is alcohol and violence. I am researching people's beliefs about alcohol and violence and where those beliefs come from. I am also interested in what you think about violence under the influence of alcohol. This means alcohol-related violence between strangers and between partners, husband & wife, girlfriend & boyfriend.

I have asked you to take part because violence is an issue which is currently/has recently been part of your life in some way. I must stress there are no right or wrong answers to my questions - I just want you to give me your honest opinion. I am not here to judge you or decide whether you are right or wrong, weak or strong, good or bad. That is not why I am here. You will help me most if you are as honest as you can be regardless of what you believe I may think about your answers.

As you are aware I have contacted you through the police. Again I must stress I am not employed by or sponsored by the police. I have no influence on the police in relation to any incident with which they are currently, or have previously been, involved. The police have simply allowed me to make contact with you through one of their officers once you gave them your verbal consent.

| Interviewee ID code: | Date: | Time: | Place: |

Informed Consent

My name is Sarah Galvani. I am carrying out research into people's beliefs about alcohol and violence. The project is part of my PhD studies at The University of Hull. My primary supervisor is Larry Harrison and can be contacted at the University on Cottingham Road, Hull, or by telephoning 01482 465820.

Thank you for agreeing to take part in the project. Before we start I would like to emphasise that:

- your participation is entirely voluntary
- you are free to refuse to answer any question
- you are free to withdraw at any time.

The interview will be kept strictly confidential and will only be available to members of staff involved in supervising my research. The only exception to this would be if any of the information you gave me suggested you were intending to harm yourself, children or other adults.

Excerpts from the interview may be made part of the final research report, but under no circumstances will your name or any identifying characteristics be included in the report. Anonymity is guaranteed.

Please sign this form to show you that you have read, or I have read to you, a) the contents of this consent form, b) the ethical code and research summary supplied to you, and c) that you give your consent to taking part in the research.

_____ (signed)

_____ (printed)

_____ (date)

Witnessed and countersigned:

_____ (S.Galvani)

Appendix 8

Ethical Code

1. This research is carried out as part of my work towards a PhD at The University of Hull under the primary supervision of Larry Harrison, Head of School, Community and Health Studies. It is an independent study receiving no sponsorship from any agency.

2. All participants will be asked to complete two 'Informed Consent' forms, one will be left with the participant and the other retained by myself. These forms emphasise the voluntary nature of the research.

3. The discussion of the research data is in no way meant to cause harm or hurt to any of the research participants. Advice and information on specialist alcohol agencies, or those dealing with victims of violence will be provided to research subjects and that will be made clear from the beginning of the research interview.

4. Participation in this study is voluntary, and all information given to me is confidential, and will be shared only with my supervisor/s.

   However, if I receive information that suggests research subjects intend to harm other people or themselves I will break this confidentiality.

5. Participants have their right to refuse to answer questions or withdraw from the interview at any time.

6. Refusal to participate will not affect participant's legal status, either current or previous.

7. Any reference to people's opinions expressed in the research will be kept confidential between myself and my supervisor(s).

8. If any material is used in the final report it will be anonymised so no individual can be identified.

9. Tape recording may be used during the interview but permission will firstly be sought from participants. Recordings will be kept for one year once the research is completed and will then be destroyed.

The Sign Test

The Sign Test analyses correlated data in which the variable has two values (Siegal and Castellan 1988). It focusses on "the direction of difference" and requires "that the variable under consideration has a continuous distribution" (Siegal and Castellan 1988). The sign test is based on the binomial distribution for two related samples and can be one or two-tailed. For the purposes of this data the tests will be one-tailed.

Sign test applied to specific behaviours

For tables 8.1, 8.2, 8.5 and 8.6 it is applied using the following procedure:

1. Calculate the number of women who reported 'yes' for each item of behaviour both 'sober' and 'after drinking'

2. Subtract the number of women who said 'yes' to an item of behaviour when they (tables 8.5 and 8.6) or their partners (tables 8.1 and 8.2) were 'sober', from the women who said 'yes' to an item of behaviour after they, or their partners, had been drinking.

3. Code the result of this subtraction as '+' (positive) when the number was greater than 0 for those behaviours after drinking

4. Code the result of this subtraction as '-' (negative) when the number was smaller than 0 for those behaviours after drinking

5. Code the result as '0' if there were the same number of behaviours reported both sober and after drinking.

Under a one-tailed test, the null hypothesis (H_0) for tables 8.1 and 8.2, is that the number of positive signs is significantly less than, or equal to, the number of negative

signs after the partner had been drinking. The alternative hypothesis (H_1) is that the number of positive signs is significantly greater than the number of negative signs after the partner has been drinking. The significance level for the null hypothesis is set at .05.

The sign test excludes signs that are 'tied' from its analysis, that is, coded '0'. For table 8.1, this results in $N = 11$, $x = 1$; for table 8.2 this results in $N = 11$, $x = 3$, with 'x' being the "number of fewer signs" in both cases (Siegal and Castellan 1988). The resulting probabilities have been discussed in section 8.3.2i.

For tables 8.5 and 8.6, the null hypothesis shows a change of direction to allow for the fact that more women report perpetrating less violence after they have been drinking. The women report feeling most at risk from his violence, and less in control of the situation, after they have been drinking. Thus, H_0 is that the number of positive signs is significantly greater than, or equal to, the number of negative signs after the woman has been drinking. H_1 is that the number of positive signs is significantly less than the number of negative signs after the woman has been drinking. Again, the significance level for the null hypothesis is set at .05.

As the key qualitative results presented in chapter 9 demonstrate, some women in this study reported minimising or avoiding their own alcohol use in order to maximise their control of their partners' violent or abusive behaviour after he had been drinking. However, they were also conscious that when they chose to drink they sometimes 'answered back more' or 'stopped caring'. This, they believed, had previously contributed to increased violence and abuse from their partners after their partners had been drinking. Thus I wanted to test the hypothesis that, as a result of this experience,

the women were now less verbally, emotionally, and psychologically violent or abusive after they had been drinking in order to avoid such violence and abuse. This would maximise their control of the situation to as level as near as possible to their level of control when they were sober. The results of testing this hypothesis would then more clearly supplement the qualitative data.

Excluding the 'tied' values, the values for table 8.5 are $N = 5$, with $x = 1$; for table 8.6 the values are $N = 11$, $x = 0$. The resulting probabilities are discussed in section 8.3.2iii.

Sign test applied to each women rather than behaviours

For tables 8.3, 8.4, 8.7 and 8.8, the sign test was conducted using the following procedure:

1. For each woman, calculate the number of items of behaviour she reported experiencing (tables 8.3 and 8.4), and perpetrating (tables 8.7 and 8.8), both 'sober' and 'after drinking'

2. Subtract the number of items of behaviour reported when she, or her partner, was 'sober' from the number of items reported 'after drinking'

3. Code the result of this subtraction as '+' (positive) when the number was greater than 0 for those behaviours after drinking

4. Code the result of this subtraction as '-' (negative) when the number was smaller than 0 for those behaviours after drinking

5. Code the result as '0' if there were the same number of behaviours reported both sober and after drinking.

Again, the results coded '0', that is, the tied values are excluded from the analysis. The null hypotheses (H_0) for the data in tables 8.3 and 8.4 are the same as the

hypotheses for tables 8.1 and 8.2, that is, the number of positive signs is significantly less than, or equal to, the number of negative signs. The alternative hypothesis (H_1) is that the number of positive signs is significantly greater than the number of negative signs. The significance level for the null hypothesis is set at .05. For table 8.3, the one-tailed probability is calculated using the following values, $N = 12$, $x = 3$. For table 8.4, the values are $N = 11$, $x = 2$. The resulting probabilities are presented in section 8.3.2i.

The null and alternative hypotheses for tables 8.7 and 8.8 are the same as for tables 8.5 and 8.6, that is, the number of positive signs is significantly greater than, or equal to, the number of negative signs. H_1 is that the number of positive signs is significantly less than the number of negative signs. Again, the significance level for the null hypothesis is set at .05. The resulting values for table 8.7 are $N = 7$, $x = 2$. For table 8.8 the values are $N = 11$, $x = 1$. Again the resulting probabilities are presented in section 8.3.2iii.

Appendix 10

McNemar Change Test

The McNemar Change test is designed to test for the significance of changes and is commonly used for 'before and after' tests. It is appropriate for this sample because it tests for significance of changes in two related samples using categorical measurement (Siegal and Castellan 1988). In this study the test is appropriate for exploring the significance of the changes in opinion between the women who felt alcohol played a key role in violence generally and their opinions on whether alcohol played a key role in their partners' violence to themselves. It also allows each subject to be its own control and allows for the measurements undergoing the test to be made on an ordinal scale as in this study (Siegal and Castellan 1988). The frequencies of the changes are entered into a fourfold table (see below) with A and D representing the changes that have taken place between two categories – in this case, between violence generally and violence to themselves.

Violence generally

Violence to themselves

	-	+
+	A	B
–	C	D

The McNemar test equation is: $X^2 = \dfrac{(|A - D| - 1)^2}{A + D}$ with df = 1

The null hypothesis (H_0) proposes that, among the women who change their opinions, there will be an equal probability that the women will change from viewing alcohol as key to violence generally to not viewing alcohol as key to violence to themselves, and vice versa. The alternative hypothesis (H_1) proposes that more women will change

from not viewing alcohol as key to violence generally to viewing alcohol as key to violence to themselves. Entering the study data into the fourfold table shown above, and calculating the significance of the changes based on the McNemar equation, the results are as follows:

Violence generally

	-	+
+	6	3
−	11	0

Violence to themselves

$$X^2 = \frac{(|A - D| - 1)^2}{A + D} \quad \text{with df} = 1$$

$$= \frac{(6 - 0 - 1)^2}{6 + 0} = \frac{25}{6} = 4.16$$

If H_0 is true and df = 1, the probability is that $X^2 \geq 1.91$ (one-tailed test) at a significance level .05. Since the observed value of X^2 in this study is 4.16, and is therefore greater than the critical value of chi square (1.91), the null hypothesis is rejected. The alternative hypothesis (H_1) is accepted (see s.9.2.4 for further discussion). The power efficiency for A+D=6 is approximately 95% (Siegal and Castellan 1988).

The two categories for this data are 'Yes' and 'No/Unsure'. The latter category includes women who said 'no' alcohol did not play a key role in the violence or abuse and also the women who were unsure or responded that it 'depends'. Thus there needs to be some caution in interpreting the result of this test. Further research would be needed to verify this result. In addition, these data have emerged from qualitative research. Additional caution needs to be exercised in applying and analysing statistical tests to qualitative data.

Appendix 11

Nonparametric statistical tests

To further test the qualitative data in table 9.1, I attempted a series of nonparametric statistical tests. The key question for the tests was whether the changes in some women's views from not viewing alcohol as key to violence in general to viewing alcohol as in violence to themselves, were statistically significant. Appendix 10 gives details of the McNemar Change Test, which I felt was most appropriate for this data, the results of which are discussed in section 9.2.4.

However, I also considered other nonparametric tests for this data including the Gart's test, Sign test, Binomial test and Chi-Square Goodness of Fit test. The Gart's Test was considered as it purports to be "an exact test for comparing proportions in matched samples" (Gart 1969). This test builds on the McNemar Test by suggesting that the order between pairs may be "important and pertinent" information that the McNemar ignores (Gart 1969). However, the order between the two pairs is not important for my data. It is the significance of the change in opinion that I was seeking to test rather than whether one preceded the other. Thus, the Gart's test was not used.

The binomial test was considered as it is applies to data that is drawn from one sample, with the single observations from this sample falling into one of two discrete categories (binomial population) (Siegal and Castellan 1988). However, it works with a single sample with one observation that falls into two categories rather than a single sample with two related observations – as in my data - which, in turn, falls into two categories. While the binomial test could have been applied to each observation separately testing the same null hypothesis, it would not have directly examined the relationship between

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the observations and the significance of the differences between the two. Thus, it was also discounted.

I considered the Sign Test due to its analysis of correlated data in which the variable has two values (Siegal and Castellan 1988). As already stated in appendix 9 above, this test focusses on "the direction of difference" which is not the focus of this data. In addition, the Sign Test requires "that the variable under consideration has a continuous distribution" (Siegal and Castellan 1988). The data in table 9.1 is categorical, not continually distributed. It was therefore also found to be inappropriate. The McNemar test, however, has been developed from the Sign Test (Conover 1980, Sprent 1989) and was most appropriate for application to this data (see appendix 10).

The chi-square goodness-of-fit test could also have been used for this data although it is commonly used for single-sample data (Siegal and Castellan 1988) generating a single measure rather than single-sample data generating two related measures as with my data. However, for this data the chi-square test could assess if there was a significant difference between observed responses and expected responses in each category, that is a) alcohol's key role in violence generally and b) alcohol's key role in violence to themselves. The null hypothesis would be that there was no significant difference between the number of 'yes' and 'no/unsure' responses observed in both categories. H_1 would be that there were significantly more 'yes' responses observed for women's beliefs about alcohol's key role in violence to themselves.

With a significance level set at .05, applying the chi-square test to the data in table 9.1 results in:

$$X^2 = \text{Sum} \frac{(O_i - E_i)^2}{E} = 4.28$$

As $X^2 = 4.28$ and is greater than the critical value of 3.84 set for significance level .05, the null hypothesis is rejected in favour of the alternative hypothesis. The conclusion from this test is that there are significantly more women who believe alcohol plays a key role in violence to themselves than in violence generally.

Bibliography

Abbott, P. And Williamson, E. (1999) 'Women, Health and Domestic Violence.' *Journal of Gender Studies.* **8** (1), 83-102

Adler, C. (1996) 'Unheard and Unseen. Rural Women and Domestic Violence.' *Journal of Nurse-Midwifery.* **41** (16), 463-466

Agnes, F. (2000) 'Women, Marriage, and the Subordination of Rights.' In: P. Chatterjee and P. Jeganathan (eds.) *Community, Gender and Violence.* London: Hurst and Co.

Alaszewski, A. and Harrison, L. (1992) 'Alcohol and Social Work: A Literature Review.' *British Journal in Social Work.* **22** (3), 331-343

Allamani, A., Voller, F., Kubicka, L. and Bloomfield, K. (2000) 'Drinking Cultures and the Position of Women in Nine European Countries.' *Substance Abuse.* **21** (4), 231-247

Alldred, P. (1998) 'Ethnography and Discourse Analysis. Dilemmas in Representing the Voices of Children.' In: J. Ribbens and R. Edwards (eds) *Feminist Dilemmas in Qualitative Research: Public Knowledge and Private Lives.* London: Sage

American Psychiatric Association (1987) *Diagnostic and Statistical Manual of Mental Disorders.* (3rd edition - revised.) Washington, D.C.: APA

American Psychiatric Association (1994) *Diagnostic and Statistical Manual of Mental Disorders.* (4th edition.) Washington, D.C.: APA

Ames, G., Schmidt, C., Linnea, K. and Saltz, R. (1996) 'Combining methods to identify new measures of women's drinking problems Part I: the ethnographic stage.' *Addiction.* **91** (6), 829-844

Archer, J. (ed.) (1994) *Male Violence.* London: Routledge

Babor, T.F., de la Fuente, J.R., Saunders, J. and Grant. M. (1992) *AUDIT. The Alcohol Use Disorders Identification Test: Guidelines for use in Primary Health Care.* Geneva: World Health Organization

Barnes, G.M., Farrell, M.P. and Dintcheff, B.A. (1997) 'Family Socialization Effects on Alcohol Abuse and Related Problem Behaviors among Female and Male Adolescents.' In: R.W. Wilsnack and S.C. Wilsnack (eds.) *op cit.*

Barnett, O.W. and Fagan, R.W. (1993) 'Alcohol use in male spouse abusers and their female partners.' *Journal of Family Violence.* **8**, 1-25

Barnett, O.W., Lee, C.Y. and Thelen, R.E. (1997) 'Gender Differences in Attributions of Self-Defense and Control in Interpartner Aggression.' *Violence against Women.* **3** (5), 462-481

Barrier, P.A. (1998) 'Domestic Violence.' *Mayo Clinic Procedures.* **73** (3), 271-274

Bear, Z., Griffiths, R. and Pearson, B. (2000) *Childhood Sexual Abuse and Substance Use.* London: The Centre for Research on Drugs and Health Behaviour

Bergman, B. (1997) 'Responsibility for crime and injury when drunk.' *Addiction.* **92** (9), 1183-1188

Bergman, B., Larsson, G., Brismar, B. and Klang, M. (1988) 'Aetiological and precipitating factors in wife beating.' *Acta Psychiatrica Scandinavica.* **77** (3), 338-345

Berk, R.A., Berk. S.F., Loseke, D.R. and Rauma, D. (1983) 'Mutual Combat and Other Family Violence Myths.' In: D. Finkelhor et al. (eds.) *op cit.*

Berkowitz, L. (1993) *Aggression: Its causes, consequences and control.* Philadelphia: Temple University Press

Bondy, S.J. (1996) 'Overview of studies on drinking patterns and consequences.' *Addiction.* **91** (11), 1663-1674

Bongers, I, Van de Goor, I., Van Oers, H. and Garretsen, H. (1998) 'Gender differences in alcohol-related problems: controlling for drinking behaviour.' *Addiction.* **93** (3), 411-421

Booth Davies, J. (1997) *The Myth of Addiction.* (2nd edition.) Amsterdam: Harwood Academic

Bowker, L.H. (1998) (ed.) *Masculinities and Violence.* London: Sage

Bowstead, J. (1999) 'Tackling Domestic Violence.' Accessed online at: http://www.greewich.gov.uk/council/ce/domv28-34.html. (February 2001)

Brain, P.F. (1986) 'Multidisciplinary Examinations of the 'Causes' of Crime: The Case of the Link between Alcohol and Violence.' *Alcohol and Alcoholism.* **21** (3), 237-240

Brecklin, L.R. (2002) 'The Role of Perpetrator Alcohol Use in the Injury Outcomes of Intimate Assaults.' *Journal of Family Violence.* **17** (3), 185-197

British Sociological Association (undated) *Statement of Ethical Practice.* Accessed online at: http://www.socresonline.org.uk/info/ethguide.html. (October 1998) 6p.

Brookman, F. and Maguire, M. (2003) *Reducing Homicide: a review of the possibilities.* London: Home Office Online Report 01/03

Brookoff, D., O'Brien, K.K., Cook, C.S., Thompson, T.D. and Williams, C. (1997) 'Characteristics of Participants in Domestic Violence. Assessment at the scene of domestic assault.' *Journal of the American Medical Association.* **277** (17), 1369-1373

Brown, T.G., Werk, A., Caplan, T., Shields, N. and Seraganian, P. (1998) 'The incidence and characteristics of violent men in substance abuse treatment.' *Addictive Behaviors.* **23** (5), 573-586

Browne, A. and Williams, K.R. (1993) 'Gender, intimacy and lethal violence: trends from 1976 through 1987.' *Gender and Society.* **7** (1), 78-98

Bushman, B. and Cooper, H. (1990) 'Effects of alcohol on human aggression: an integrative research review.' *Psychological Bulletin.* **107**, 341-354

Cabinet Office and Department for Environment, Transport and the Regions (1998) *Tackling Violence Against Women.* London: Central Office of Information

Cabinet Office and Home Office (1999) *Living without fear: an integrated approach to tackling violence against women.* London: Central Office of Information

Campbell, H. (2000) 'The Glass Phallus: Pub(lic) Masculinity and Drinking in Rural New Zealand.' *Rural Sociology.* **65** (4), 562-581

Cantrell, L.A. (1986) *Alcohol and Family Violence.* Cheyenne, Wyoming: Department of Health and Social Services

Chaucer, G. (c.1385) *The General Prologue to the Canterbury Tales.* In: J. Winny (ed.) (1965) *Selected Tales from Chaucer.* Cambridge: Cambridge University Press

Chesler, M. (1987) 'Professionals' views of the "dangers" of self-help groups.' Center for Research on Social Organization. *Working Paper Series, no.345.* Michigan: The University of Michigan

Choudry, S. (1996) 'Pakistani Women's Experience of Domestic Violence in Great Britain.' *Research Findings No. 43.* London: Home Office Research and Statistics Directorate

Churchill, W. (1934) 'How We Carry Liquor.' *Colliers National Weekly.* 94 (8), 10-11 & 38. (Reproduced in *Journal of Substance Use* (2000) **4** (4), 199-202)

Coggans, N. and McKellar, S. (1995) *The Facts About Alcohol, Aggression and Adolescence.* London: Cassell

Collins, J.J.Jr. (ed.) (1982) *Drinking and Crime: Perspectives on the Relationship between Alcohol Consumption and Criminal Behavior.* London: Tavistock.

Collins, J.J.Jr. (1982) 'Alcohol Careers and Criminal Careers.' In: J.J. Collins Jr. (ed.) *op cit.*

Collins, J.J. and Messerschmidt, P.M. (1993) 'Epidemiology of Alcohol-Related Violence.' *Alcohol Health and Research World.* **17** (2), 93-99

Collins, J.J. and Schlenger, W.E. (1988) 'Acute and Chronic Effects of Alcohol Use on Violence.' *Journal of Studies on Alcohol.* **49**, 516-521

Collins, R.L. (1993) 'Women's Issues in Alcohol and Cigarette smoking.' In: J.S.Baer, G.A. Marlatt and R.J. McMahon (eds.) *Addictive Behaviours Across the Life Span.* London: Sage

Collins, S. and Keene, J. (2000) *Alcohol, Social Work and Community Care.*
Birmingham: Venture Press

Conigrave, K.M., Saunders, J.B. and Reznik, R.B. (1995) 'Predictive capacity of the
AUDIT questionnaire for alcohol-related harm.' *Addiction.* **90**, 1479-1485

Conover, W.J. (1980) *Practical Nonparametric Statistics.* (2nd edition). New York:
John Wiley and Sons

Cooper, D.B. (ed.) (2000) *Alcohol Use.* Abingdon, Oxon: Radcliffe Medical Press

Corbin, W.R., Bernat, J.A., Calhoun, K.S., McNair, L.D. and Seals, K.L. (2001) 'The
Role of Alcohol Expectancies and Alcohol Consumption Among Sexually Victimized
and Nonvictimized College Women.' *Journal of Interpersonal Violence.* **16** (4), 297-
311

Corenblum, B. (1983) 'Reactions to Alcohol-Related Marital Violence.' *Journal of
Studies on Alcohol.* **44**, 665-674

Cotton, J. (2003) 'Homicide.' In: C. Flood-Page, C. and J. Taylor (eds.) *Crime in
England and Wales 2001/2002: Supplementary Volume.* London: Home Office

Coveney, L., Jackson, M., Jeffreys, S., Kay, L. and Mahony, P. (1984) *The Sexuality
Papers. Male sexuality and the social control of women.* London: Hutchinson

Cracknell, R. (2000) *Lords Reform: The interim House – background statistics.*
Research Paper 00/61. London: House of Commons

Davidson, L., King, V., Garcia, J. and Marchant, S. (2000) 'Reducing Domestic
Violence...What Works? Health Services.' Crime Reduction Research Series. Briefing
Note. London: Home Office

Deehan, A. (1999) *Alcohol and Crime: Taking Stock.* Crime Reduction Research
Series Paper 3. London: Home Office

Deehan, A. and Saville, E. (2000) *Crime and Disorder Partnerships: Alcohol-Related
Crime and Disorder in Audit and Strategy Documents.* Briefing Note 9/00. London:
Home Office

DeKeseredy, W.S. and Schwartz, M.D. (1998) 'Measuring the Extent of Woman Abuse
in Intimate Heterosexual Relationships: A Critique of the Conflict Tactic Scales.'
Accessed online at: http://www.vaw.utm.edu/Vawnet/etscrit.html. (April 1999) 7p.

Demers, A., Bisson, J. and Palluy, J. (1999) 'Wives' Convergence with Their
Husbands' Alcohol Use: Social Conditions as Mediators.' *Journal of Studies on
Alcohol.* **60**, 368-377

Department for Transport, Local Government and the Regions and Social Exclusion
Unit (2001) 'Changing Fortunes: geographic patterns of Income Deprivation in the late
1990s.' Renewal Research Summary. London: DLTR/SEU

Dobash, R.E. and Dobash, R.P. (1979) *Violence Against Wives: A Case Against the Patriarchy*. New York: Free Press

Dobash, R.E. and Dobash, R.P. (1992) *Women, Violence and Social Change*. London: Routledge

Dobash, R.P., Dobash, R.E., Cavanagh, K. and Lewis, R. (1999) 'A Research Evaluation of British Programmes for Violent Men.' *Journal of Social Policy*. **28** (2), 205-233

Dobash, R.P., Dobash, R.E., Cavanagh, K. and Lewis, R. (2000a) *Changing violent men*. London: Sage

Dobash, R.P., Dobash, R.E., Cavanagh, K. and Lewis, R. (2000b) 'Confronting violent men.' In: J. Hanmer and C. Itzin (eds.) *op cit*.

Dougherty, D.M., Bjork, J.M., Bennett, R.H. and Moeller, F.G. (1999) 'The Effects of a Cumulative Alcohol Dosing Procedure on Laboratory Aggression in Women and Men.' *Journal of Studies on Alcohol*. **60** (3), 322-329

Downs, W.R. (1999) 'Violence Against Women: The Need for Improved Medical Screening, Identification and Service Provision.' Paper presented at University of Hull, England. October 1999.

Downs, W.R. and Miller, B.A. (1994) 'Women's alcohol problems and experiences of partner violence: a longitudinal examination.' Paper presented at the Annual Meeting of the Research Society on Alcoholism, Maui, Hawaii.

Downs, W.R., Miller, B.A. and Panek, D.E. (1993) 'Differential patterns of partner-to-woman violence: A comparison of samples of community, alcohol-abusing, and battered women.' *Journal of Family Violence*. **8** (2), 113-135

Downs, W.R., Patterson, A., Barten, S., McCrory, M. and Rindels, B. (1998) 'Partner Violence, Mental Health, and Substance Abuse Among Two Samples of Women.' Paper presented at the Annual Meeting of the American Society of Criminology, Washington, DC.

Drummond, C. (2000) 'UK Government announces first major relaxation in the alcohol licensing laws for nearly a century: drinking in the UK goes 24-7.' Editorial. Addiction. 95 (7), 997-998

Dutton, D.G. (1995) *The Domestic Assault of Women: Psychological and Criminal Justice Perspectives*. Vancouver, B.C.: UBC Press

Easton, C.J., Swan, S. and Sinha, R. (2000) 'Prevalence of family violence in clients entering substance abuse treatment.' *Journal of Substance Abuse Treatment*. **18** (1), 23-28

Eberle, P.A. (1982) 'Alcohol abusers and non-users: a discriminant analysis of differences between two sub-groups of batterers'. *Journal of Health and Social Behaviour*. **23**, 260-271

Edleson, J.L. (1995) 'Do Batterers' Programs Work?' Accessed online at: http//:www.mincava.umn.edu/papers/battrx.htm. (February 2003) 7p.

Edwards, S. (1989) *Policing Domestic Violence: Women, the Law and the State.* London: Sage

Edwards, S. (2000a) 'Reducing Domestic Violence...What Works? Civil Law Remedies.' Crime Reduction Research Series. Briefing Note. London: Home Office

Edwards, S. (2000b) 'Reducing Domestic Violence...What Works? Use of the Criminal Law.' Crime Reduction Research Series. Briefing Note. London: Home Office

El-Bassel, N., Gilbert, L., Schilling, R. and Wada, T. (2000) 'Drug Abuse and Partner Violence among Women in Methadone Treatment.' *Journal of Family Violence.* **15** (3), 209-228

Elhassani, S.B. (1999) 'Domestic violence: An old and rapidly growing problem with few new solutions.' *Public Health Medicine.* **1**, 12-17

Eren, B. (1995) 'Chapter 5 - Alcohol Consumption.' In: *The Scottish Health Survey 1995.* Accessed online at: http://www.official-documents.co.uk/documents/scottish/ shealth/shch5.html. (April 1999)

Ettorre, E. (1997) *Women and Alcohol. A private pleasure or a public problem?* London: The Women's Press

Fagan, J. (1993) 'Interaction Among Drugs, Alcohol and Violence.' *Health Affairs.* **12** (4), 65-79

Fagan, R.W., Barnett, O.W. and Patten, J.B. (1988) 'Reasons for alcohol use in maritally violent men.' *American Journal of Drug and Alcohol Abuse.* **14**, 371-392

Farrell, F., Edmunds, A., Hobbs, L. and Laycock, G. (2000) 'RV Snapshot: UK Policing and Repeat Victimisation.' Crime Reduction Research Series Paper 5. Briefing Note. London: Home Office

F.A.S.T (Foetal Alcohol Syndrome Trust) (2000) ' 'Don't Drink' Information Leaflet.' Accessed online at: http//:www.medicouncilalcol.demon.co.uk/ FAST/dont_drink_ leaflet.htm. (February 2003) 2p.

Finch, J. (1984) ''It's great to have someone to talk to': the ethics and politics of interviewing women.' In: C. Bell and H. Roberts (eds.) *Social Researching: Politics, Problems, Practice.* London: Routledge and Kegan Paul

Finkelhor, D. (1983) 'Common Features of Family Abuse.' In: D. Finkelhor et al. (eds.) *op cit.*

Finkelhor, D., Gelles, R.J., Hotaling, G.T. and Murray, M.A. (eds.) (1983*) The Dark Side of Families: current family violence research.* Newbury Park, C.A.: Sage

Finney, A. and Simmonds, C. (2003) *Guidance for local partnerships on alcohol-related crime and disorder data.* Home Office Development and Practice Report 6. London: Home Office

Flanzer, J.P. (1993) 'Alcohol and other drugs are key causal agents of violence.' In: R.J. Gelles and D.R. Loseke (eds.) *op cit.*

Fleming, J. (1996) 'The epidemiology of alcohol use in Australian women: findings from a national survey of women's drinking.' *Addiction.* **91** (9), 1325-1334

Flick, U. (1998) *An Introduction to Qualitative Research.* London: Sage

Flood-Page, C. and Taylor, J. (eds.) (2003) *Crime in England and Wales 2001/2002: Supplementary Volume.* London: Home Office

Fonow, M.M. and Cook, J.A. (eds.) (1991) *Beyond Methodology: Feminist Scholarship as Lived Research.* Bloomington and Indianapolis: Indiana University Press

Galanter, M. (ed.) (1995) *Recent Developments in Alcoholism - Vol. 12: Alcoholism and Women.* New York: Plenum Press

Galanter, M. (ed.) (1997) *Recent Developments in Alcoholism - Vol. 13: Alcohol and Violence.* New York: Plenum Press

Galvani, S. (2001) 'The role of alcohol in violence against women: why should social work care.' *Practice.* **13** (2), 5-20

Galvani, S. (2003) 'Causing or coping: domestic violence and substance use.' Paper presented at the Annual General Meeting Conference of the London Drug and Alcohol Network, British Library, London, England, 12th February 2003

Gart, J.J. (1969) 'An exact test for comparing matched proportions in crossover designs.' *Biometrika,* **56** (1), 75-80

Gayford, J.J. (1978) 'Battered Wives.' In: J.P. Martin (ed.) *Violence and the Family.* Woking: John Wiley and Sons

Gelles, R.J. (1972) *The Violent Home.* Beverly Hills, C.A.: Sage

Gelles, R.J. (1974) *The Violent Home: A study of physical aggression between husbands and wives.* Beverly Hills, C.A.: Sage.

Gelles, R.J. (1993) 'Through a sociological lens: social structure and family violence.' In: R.J. Gelles and D.R. Loseke (eds.) *op cit.*

Gelles, R.J. and Loseke, D.R. (eds.) (1993) *Current Controversies on Family Violence.* Newbury Park, C.A.: Sage

George, W.H. and Norris, J. (1993) 'Alcohol, Disinhibition, Sexual Arousal, and Deviant Sexual Behavior.' *Alcohol, Health and Research World.* **13** (2), 133-138. Accessed online at: http://www.drugs.indiana.cdu/pubs/radar/misc/sexual.html. (February 1998) 9p.

Giancola, P.R., Helton, E.L., Osborne, A.B., Terry, M.K., Fuss, A.M. and Westerfield, J.A. (2002) 'The Effects of Alcohol and Provocation on Aggressive Behavior in Men and Women.' *Journal of Studies on Alcohol.* **63** (1), 64-73

Giancola, P.R., Reagin, C. M., Van Weenen, R.V. and Zeichner, A. (1998) 'Alcohol-Induced Stimulation and Sedation: Relation to Physical Aggression.' *Journal of General Psychology.* **125** (4), 297-305. Accessed online via EBSCO. (April 2000) 7p.

Giancola, P.R. and Zeichner, A. (1997) 'The biphasic effects of the blood alcohol concentration curve on human aggression.' *Journal of Abnormal Psychology.* **106**, 598-607

Giles-Sims, J. (1998) 'The Aftermath of Partner Violence.' In: J.L. Jasinski and L.M. Williams (eds.) *Partner Violence: A Comprehensive Review of 20 Years of Research.* Thousand Oaks, C.A.: Sage

Glaser, B.G. (1992) *Basics of Grounded Theory Analysis.* Mill Valley, CA.: Sociology Press

Glucksmann, M. (1994) 'The Work of Knowledge and the Knowledge of Women's Work.' In: M. Maynard and J. Purvis (eds.) *op cit.*

Gmel, G., Bloomfield, K., Ahlstrom, S., Choquet, M. and Lecomte, T. (2000) 'Women's Roles and Women's Drinking: A Comparative Study in Four European Countries.' *Substance Abuse.* **21** (4), 249-264

Golding, J.M. (1999) 'Intimate Partner Violence as a Risk Factor for Mental Disorders: a Meta-Analysis.' *Journal of Family Violence.* **14** (2), 99-132

Gondolf, E.W. (1988) 'Who are those guys? Toward a behavioral typology of batterers.' *Violence and Victims.* **3,** 187-203

Gondolf, E.W. (1995) 'Alcohol Abuse, Wife Assault and Power Needs.' *Social Service Review.* **69** (2), 274-284

Gorney, B. (1989) 'Domestic Violence and Chemical Dependency: Dual Problems, Dual Interventions.' *Journal of Psychoactive Drugs.* **21**, 229-238

Graham, K., Leonard, K.E., Room, R., Wild, T.C., Pihl, R.O., Bois, C. and Single, E. (1998) 'Current directions in research on understanding and preventing intoxicated aggression.' *Addiction.* **93** (5), 659-676

Green, E., Hebron, S. and Woodward, D. (1987) 'Women, Leisure and Social Control.' In: J. Hanmer and M. Maynard (eds.) *Women, Violence and Social Control.* Basingstoke, Hants: Macmillan Press

Greenwich Council (2000) 'Tackling Domestic Violence.' Accessed online at: http://www.greenwich.gov.uk/council/ce/domviolence.htm. (March 2002)

Griffiths, S. (2000) 'Women, anger and domestic violence: the implications for legal defences to murder.' In: J. Hanmer and C. Itzin (eds.) *op cit.*

Gustafson, R. (1988) 'Alcohol and Social Power Between Man and Woman: The Function of Sex-Role Competence.' *The International Journal of the Addictions.* **23** (9), 941-952

Gustafson, R. (1993) 'What do experimental paradigms tell us about alcohol-related aggressive responding?' *Journal of Studies on Alcohol.* Supplement 11. **54**, 9-20

Hague, G. (2000) 'Reducing domestic violence...what works? Multi-agency fora.' Crime Reduction Research Series. Briefing Note. London: Home Office

Hague, G. and Wilson, C. (2000) 'The Silenced Pain: domestic violence 1945-1970.' *Journal of Gender Studies.* **9** (2), 157-169

Hammersley, M. (1992) 'On Feminist Methodology.' *Sociology.* **26** (2), 187-206

Hammersley, M. (1995) *The Politics of Social Research.* London: Sage

Hanmer, J. and Griffiths, S. (2000) 'Policing repeated domestic violence by men. A new approach.' In: J. Hanmer and C. Itzin (eds.) *op cit.*

Hanmer, J., Griffiths, S. and Jerwood, D. (1999) *Arresting Evidence: Domestic Violence and Repeat Victimisation.* Police Research Series Paper No. 104. London: Home Office

Hanmer, J. and Itzin, C. (eds.) (2000) *Home Truths about Domestic Violence: feminist influences on policy and practice. A reader.* London: Routledge

Hanmer, J. and Saunders, S. (1984) *Well-Founded Fear – A Community Study of Violence to Women.* London: Hutchinson

Harding, S. (ed.) (1987) *Feminism and Methodology.* Milton Keynes: OUP

Harris, J. and Grace, S. (1999) *A question of evidence? Investigating and prosecuting rape in the 1990s.* London: Home Office

Harrison, L. (1992) 'Substance misuse and social work qualifying training in the British Isles: a survey of CQSW courses.' *British Journal of Addiction.* **87**, 635-642

Harwin, N. (2001) 'Making progress: update on government action.' *Safe. The domestic abuse quarterly.* Pilot issue. December.

Hearn, J. (1996) 'Men's Violence to Known Women: Historical, Everyday and Theoretical Constructions by Men.' In: B. Fawcett, B. Featherstone, J. Hearn and C. Toft (eds.) *Violence and Gender Relations: Theories and Interventions.* London: Sage

Hearn, J. (1998) *The Violences of Men.* London: Sage

Hedderman, C. and Gelsthorpe, L. (1997) *Understanding the sentencing of women.* Home Office Research Report 170. London: Home Office

Hester, M. and Radford, L. (1996) *Domestic violence and child contact arrangements in England and Denmark.* Bristol: The Policy Press, University of Bristol

Hey, V. (1986) *Patriarchy and Pub Culture.* London: Tavistock

Heyman, R.E., O'Leary, K.D. and Jouriles, E.N. (1995) 'Alcohol and aggressive personality styles: Potentiators of serious physical aggression against wives?' *Journal of Family Psychology.* **9**, 44-57

Hoaken, P.N.S., Assaad, J-M. and Pihl, R.O. (1998) 'Cognitive Functioning and the Inhibition of Alcohol-Induced Aggression.' *Journal of Studies on Alcohol.* **59**, 599-607

Holland, J. and Ramazanoglu, C. (1994) 'Coming to Conclusions: Power and Interpretation in Researching Young Women's Sexuality.' In: M. Maynard and J. Purvis (eds.) *op cit.*

Hollway, W. and Jefferson, T. (2000) *Doing Qualitative Research Differently: free association, narrative and the interview method.* London: Sage

Holmila, M. (1993) 'Heavy drinking women: drinking patterns and resources for controlled drinking.' *Addiction Research.* **1** (2), 119-130

Holstein, J.A. and Gubrium, J.F. (1997) 'Active Interviewing.' In: D. Silverman (ed.) *Qualitative Research: Theory, Method and Practice.* London: Sage

Holtzworth-Munroe, A. and Stuart, G.L. (1994) 'Typologies of Male Batterers: Three Subtypes and the Differences Among Them.' *Psychological Bulletin.* **116** (3), 476-497

Home Office (1998) *Tackling Drugs to Build a Better Britain. The Government's 10-Year Strategy for Tackling Drug Misuse.* Cm 3945. London: The Stationery Office

Home Office (2000a) *Time for Reform: Proposals for the Modernisation of our Licensing Laws.* CM 4696. London: HMSO

Home Office (2000b) *Multi-Agency Guidance for Addressing Domestic Violence.* London: Home Office

Home Office (2001) *Statistics on Women and the Criminal Justice System.* London: HMSO

Home Office (2002) *Justice for All.* CM 5563. London: Home Office

Homel, R., Tomsen, S. and Thommeny, J. (1992) 'Public Drinking and Violence: Not Just an Alcohol Problem.' *The Journal of Drug Issues.* **22** (3), 679-697

Hotaling, G.T. and Sugarman, D.B. (1990) 'A Risk Marker Analysis of Assaulted Wives.' *Journal of Family Violence.* **5**, 1-13

House of Commons Hansard Debates (2001) 'Licensed Premises.' 13 Feb 2001, 1.29pm. Accessed online at: http://www.parliament.the-stationery-o...mhansrd/vo010213/halltext/10213h06.htm. (April 2002) 7p.

Hutchison, I.W. (1999a) 'Alcohol, Fear and Woman Abuse.' *Sex Roles: A Journal of Research.* Accessed online at: http://www.findarticles.com/cf_0/m2294/11_40/57533231/print.jhtm. (March 2001) 20p.

Hutchison, I.W. (1999b) 'Dual Substance Use and Spouse Abuse.' Paper presented to the American Society of Criminology, Toronto, Ontario, November 1999.

Hutchison, I.W. (2003) 'Substance Use and Abused Women's Utilization of the Police.' *Journal of Family Violence.* **18** (2), 93-105

Imam, U.F. (1994) 'Asian children and domestic violence'. In: A. Mullender and R. Morley (eds.) *Children Living with Domestic Violence: Putting Men's Abuse of Women on the Child Care Agenda.* London: Whiting and Birch

Institute of Alcohol Studies (2002) 'Women and Alcohol.' IAS Fact Sheet. Accessed on-line at: http://www/ias.org.uk (Feburary 2002) 7p.

Irons, R. and Schneider, J.P. (1997) 'When is Domestic Violence a Hidden Face of Addiction?' *Journal of Psychoactive Drugs.* **29** (4), 337-344

Jacobson, J.L. and Jacobson, S.W. (1999) 'Drinking moderately and Pregnancy. Effects on Child Development.' Accessed online at http://www.niaaa.nih.gov/publications/arh23-1/25-30.pdf (February 2003) 8p.

James, O. (1995) *Juvenile Violence in a Winner-Loser Culture.* London: Free Association Books

James-Hanman, D. (2000) 'Enhancing multi-agency work.' In: J. Hanmer and C. Itzin (eds.) *op cit.*

Jasinski, J.L. and Williams, L.M. (1998) (eds.) *Partner Violence: A Comprehensive Review of 20 Years of Research.* Thousand Oaks, C.A.: Sage

Johnson, H. (2000) 'The Role of Alcohol in Male Partners' Assaults on Wives.' *Journal of Drug Issues.* **30** (4), 725-740

Johnson, M.P. (1995) 'Patriarchal terrorism and common couple violence: Two forms of violence against women in U.S. families.' *Journal of Marriage and the Family.* **57**, 283-294

Julian, T.W. and McKenry, P.C. (1993) 'Mediators of male violence toward female intimates.' *Journal of Family Violence.* **8**, 39-56

Kantor, G.K. and Asdigan, N. (1997) 'When women are under the influence: does drinking or drug use by women provoke beatings by men?' In: M. Galanter (ed.) *op cit.*

Kantor, G.K. and Jasinski, J.L. (1998) 'Dynamics and Risk Factors in Partner Violence. In: J.L. Jasinski and L.M. Williams (eds.) *op cit.*

Kantor, G.K. and Straus, M.A. (1987) 'The "Drunken Bum" Theory of Wife Beating.' *Social Problems.* **24**, 213-228

Karner, T.X. (1998) 'Engendering Violent Men: Oral Histories of Military Masculinity.' In: L.H. Bowker (ed.) *op cit.*

Kelly, A.B., Halford, W.K. and Young, R.M. (2002) 'Expectations of the effects of drinking on couple relationship functioning: An assessment of women in distressed relationships who consume alcohol at harmful levels.' *Addictive Behaviors.* **27**, 451-464

Kelly, L. and Humphreys, C. (2000) 'Reducing Domestic Violence...What Works? Outreach and Advocacy Approaches.' Crime Reduction Research Series. Briefing Note. London: Home Office

Kelly, L., Burton, S. and Regan, L. (1994) 'Researching Women's Lives or Studying Women's Oppression? Reflections on What Constitutes Feminist Research.' In: M. Maynard and J. Purvis (eds.) *op cit.*

Kennedy Bergen, R. (1993) 'Interviewing Survivors of Marital Rape: Doing Feminist Research on Sensitive Topics.' In: C.M. Renzetti and R.M. Lee (eds.) *op cit.*

Kershaw, C., Budd, T., Kinshatt, G., Mattinson, J., Mayhew, P. and Myhill, A. (2000) *The 2000 British Crime Survey. England and Wales.* London: HMSO

Kershaw, C., Chivite-Matthews, N., Thomas, C. and Aust, R. (2001) *The 2001 British Crime Survey. First Results, England and Wales.* London: HMSO

Kingston-upon-Hull City Council (2000) *Kingston-upon-Hull Learning Services. Annual Report 1999/2000.* Accessed online at: http://www.hullcc.gov.uk/education/ download/annualreport.pdf. (February 2002) 79p.

Krug, E.G., Dahlberg, L.L., Mercy, J.A., Zwi, A.B. and Lozano, R. (eds.) (2002) *World report on violence and health.* Geneva: World Health Organization

Kurz, D. (1996) 'Separation, divorce and woman abuse.' *Violence against Women.* **2** (1), 63-81

Lader, D. and Meltzer, H. (2002) *Drinking: Adults' Behaviour and Knowledge in 2002.* London: Office for National Statistics

Lee, W.V. and Weinstein, S.P. (1997) 'How Far Have We Come? - A Critical Review of the Research on Men who Batter.' In: M. Galanter (ed.) *op cit.*

Lees, S. (1996) *Carnal Knowledge: Rape on Trial.* London: Hamish Hamilton

Leonard, K.E. (2001) 'Domestic violence and alcohol: what is known and what do we need to know to encourage environmental interventions?' *Journal of Substance Use.* **6**, 235-247

Leonard, K.E. and Blane, H.T. (1992) 'Alcohol and marital aggression in a national sample of young men.' *Journal of Interpersonal Violence.* **7**, 19-30

Leonard, K.E., Bromet, E.J., Parkinson, D.K., Day, N.L. and Ryan, C.M. (1985) 'Patterns of Alcohol Use and Physically Aggressive Behavior in Men.' *Journal of Studies on Alcohol.* **46**, 279-282

Leonard, K.E. and Quigley, B.M. (1999) 'Drinking and Marital Aggression in Newlyweds: An Event-Based Analysis of Drinking and the Occurrence of Husband Marital Aggression.' *Journal of Studies on Alcohol.* **60** (4), 537-545

Leonard, K.E. and Rothbard, J.C. (1999) 'Alcohol and the Marriage Effect.' *Journal of Alcohol Studies.* Supplement 13, 139-146

Leonard, K.E. and Senchak, M. (1990) 'Alcohol and spousal aggression in newlyweds.' Paper presented at the APA meeting in Boston, U.S.A., August 1990

Leonard, K.E. and Senchak, M. (1996) 'Prospective Prediction of Husband marital Aggression Within Newlywed Couples.' *Journal of Abnormal Psychology.* **105** (3), 369-380

Levison, D. and Harwin, N. (2000) 'Reducing Domestic Violence....What Works? Accommodation Provision.' Crime Reduction Research Series. Briefing Note. London: Home Office

Lieber, C.S. (1997) 'Gender Differences in Alcohol Metabolism and Susceptibility.' In: R.W. Wilsnack and S.C. Wilsnack (eds.) *op cit.*

Lindman, R.E. and Lang, A.R. (1994) 'The Alcohol-Aggression Stereotype: A Cross-cultural Comparison of Beliefs.' *The International Journal of the Addictions.* **29** (1), 1-13

Lindquist, C.U., Sass, L.E., Bottomley, D., Katin, S.M., Maddox, J.D., Ordonez, R.M. and Teofilo, C.N. (1997) 'Should Abused Women's Reports of Partner Substance Abuse Be Accepted As Valid?' *Journal of Family Violence.* **12** (1), 75-83

Lord Chancellor's Department (2003) *Domestic Violence: A guide to civil remedies and criminal sanctions.* London: Lord Chancellor's Department

MacAndrew, C. and Edgerton, R.B. (1969) *Drunken Comportment: A Social Explanation.* New York: Aldine

MacDonald, G., Zanna, M.P. and Holmes, J.G. (2000) 'An Experimental Test of the Role of Alcohol in Relationship Conflict.' *Journal of Experimental Social Psychology.* **36**, 182-193

MacPherson, W. (1999) *The Stephen Lawrence Inquiry. Report of an inquiry by Sir William MacPherson of Cluny.* Accessed online at: http://www.archive.official-documents.co.uk/document/cm42/4262/sli-06.htm#6.6. (February 2003)

Maiden, R.P. (1997) 'Alcohol Dependence and Domestic Violence: Incidence and Treatment Implications.' *Alcoholism Treatment Quarterly.* **15** (2), 31-50

Mäkelä, K. and Mustonen, H. (2000) 'Relationships of drinking behaviour, gender and age with reported negative and positive experiences related to drinking.' *Addiction.* **95** (5), 727-736

Mama, A. (1989) *The Hidden Struggle: Statutory and Voluntary Sector Responses to Violence against Black Women in the Home.* London: London Race and Housing Unit

Margolin, G., John, R.S. and Foo, L. (1998) 'Interactive and Unique Risk Factors for Husband's Emotional and Physical Abuse of Their Wives.' *Journal of Family Violence.* **13** (4), 315-344

Marinkovic, K., Halgren, E., Klopp, J. and Maltzman, I. (2000) 'Alcohol Effects on Movement-Related Potentials: A Measure of Impulsivity.' *Journal of Studies on Alcohol.* **61**, 24-31

Marriage, H. (1999) 'Letter to Chief Constables from Hugh Marriage, Head of Criminal Policy Strategy Unit re The New Definition of Domestic Violence.' 16 April 1999. London: Home Office

Marshall, L.L., Weston, R. and Honeycutt, T.C. (2000) 'Does men's positivity moderate or mediate the effects of their abuse on women's relationship quality?' *Journal of Social and Personal Relationships.* **17** (4/5), 660-675

Mason, J. (1998) *Qualitative Researching.* London: Sage

Matza, D. (1969) *Becoming Deviant.* Englewood Cliffs, New Jersey: Prentice Hall

Mauthner, M. and Doucet, A. (1998) 'Reflections on a Voice-centred Relational Method: Analysing Maternal and Domestic Voices.' In: J. Ribbens and R. Edwards (eds.) *Feminist Dilemmas in Qualitative Research: Public Knowledge and Private Lives.* London: Sage

Maynard, M. (1994) 'Methods, Practice and Epistemology: The Debate About Feminism and Research.' In: M. Maynard and J. Purvis (eds.) *op cit.*

Maynard, M. and Purvis, J. (1994a) 'Introduction: Doing Feminist Research.' In: M. Maynard and J. Purvis (eds.) *op cit.*

Maynard, M. and Purvis, J. (eds.) (1994) *Researching Women's Lives from a Feminist Perspective.* London: Taylor and Francis

Merchant, M. (2000) 'A Comparative Study of Agencies Assisting Domestic Violence Victims: Does the South Asian Community Have Special Needs?' *Journal of Social Distress and the Homeless.* **9** (3), 249-259

Mertin, P. and Mohr, P.B. (2000) 'Incidence and Correlates of Posttraumatic Stress Disorder in Australian Victims of Domestic Violence.' *Journal of Family Violence.* **15** (4), 411-422

Metropolitan Police Service (2002) 'High Risk Factors for Domestic Violence Murders Identified.' Accessed online at: http://www.met.police.uk/pns/DisplayPN.cgi?pn_id =20020248.htm_ (April 2003) 2p.

Mezey, G. (2000) *Conference report: Domestic Violence. A health response: working in wider partnership.* London: Department of Health

Middleton Fillmore, K., Golding, J.M., Kniep, S., Leino, E.V., Shoemaker, C., Ager, C.R. and Ferrer, H.P. (1995) 'Gender Differences for the Risk of Alcohol-Related Problems in Multiple National Contexts: A Research Synthesis from the Collaborative Alcohol-Related Longitudinal Project.' In: M. Galanter (ed.) *op cit.*

Mihalic, S.W. and Elliot, D. (1997) 'If Violence is Domestic, Does It Really Count?' *Journal of Family Violence.* **12** (3), 293-311

Miles, M.B. and Huberman, A.M. (1994) *Qualitative Data Analysis: an Expanded Sourcebook.* (2nd edition.) London: Sage

Miller, B.A., Downs, W.R. and Gondoli, D.M. (1989) 'Spousal violence among alcoholic women as compared to a random household sample of women'. *Journal of Studies on Alcohol.* **50**, 533-540

Miller, B.A., Downs, W.R. and Testa, M. (1993) 'Interrelationships between Victimization Experiences and Women's Alcohol Use.' *Journal of Studies on Alcohol.* Supplement 11. **54**, 109-117

Miller, B.A., Maguin, E. and Downs, W.R. (1997) 'Alcohol, Drugs and Violence in Children's Lives.' In: M. Galanter (ed.) *op cit.*

Milner, J. (1996) 'Men's Resistance to Social Workers.' In: B. Fawcett, B. Featherstone, J. Hearn and C. Toft (eds.) *Violence and Gender Relations: Theories and Interventions.* London: Sage

Mirrlees-Black, C. (1999) *Domestic Violence: Findings from a new British Crime Survey self-completion questionnaire.* London: HMSO

Mirrlees-Black, C., Budd, T., Partridge, S. and Mayhew, P. (1998) *The 1998 British Crime Survey. England and Wales.* London: HMSO

Mirrlees-Black, C., Mayhew, P. and Percy, A. (1996) *The 1996 British Crime Survey England and Wales.* London: HMSO

Mooney, J. (2000) 'Revealing the hidden figure of domestic violence.' In: J. Hanmer and C. Itzin (eds.) *op cit.*

Morrison, K. (1995) *Marx, Durkheim, Weber. Formations of Modern Social Thought.* London: Sage

Mullender, A. (1996) *Rethinking Domestic Violence - the Social Work and Probation Response.* London: Routledge

Mullender, A. and Burton, S. (2000) 'Reducing Domestic Violence...What Works? Perpetrator Programmes.' Crime Reduction Research Series. Briefing Note. London: Home Office.

Mullender, A. and Hague, G. (2000) 'Reducing Domestic Violence...What Works? Women Survivors' Views.' Crime Reduction Research Series. Briefing Note. London: Home Office

Mumenthaler, M.S., Taylor, J.L., O'Hara, R. and Yesavage, J.A. (1999) 'Gender Differences in Moderate Drinking Effects.' *Alcohol Research and Health.* **23** (1), 55-64

Murdoch, D., Pihl, O. and Ross, D. (1990) 'Alcohol and crimes of violence: present issues.' *International Journal of Addiction.* **25**, 1065-1081

Myers, T. (1982) 'Alcohol and Crimes of Interpersonal Violence.' PhD Thesis. University of Edinburgh

Myers, T. (1986) 'An analysis of context and alcohol consumption in a group of criminal events.' *Alcohol and Alcoholism.* **21** (4), 389-395

Myhill, A. and Allen, J. (2002) *Rape and sexual assault of women: the extent and nature of the problem. Findings from the British Crime Survey.* Home Office Research Study 237. London: Home Office

Nathan, M. (2002) 'Getting people attached to work.' Accessed online at: http://www.uuy.org.uk/projects/wb/W128/html/attachment_to_work.html. (February 2002) 9p.

National Health Service (undated) 'Pregnancy and childcare.' Accessed online at: http://nhsdirect.nhs.uk/innerpage.asp?Area=48&Topic=206&Title=Pregnancy (February 2003) 2p.

NIAAA (National Institute on Alcohol Abuse and Alcoholism) (2003) 'TWEAK.' Accessed online at: http://www.niaaa.nih.gov/publications/tweak-test.htm (January 2203). 4p.

Norstrom,T. (1998) 'Effects on criminal violence of different beverage types and private and public drinking.' *Addiction.* **93** (5), 689-699

O'Connell Davidson, J. and Layder, D. (1994) *Methods, Sex and Madness.* London: Routledge

O'Farrell, T.J. and Murphy, C.M. (1995) 'Marital Violence Before and After Alcoholism Treatment.' *Journal of Consulting and Clinical Psychology.* **63** (2), 256-262

O'Farrell, T.J., Van Hutton, V. and Murphy, C.M. (1999) 'Domestic Violence before and after Alcoholism Treatment: A Two-Year Longitudinal Study.' *Journal of Studies on Alcohol.* **60** (3), 317-321

O'Sullivan, C. (1998) 'Ladykillers: Similarities and Divergences of Masculinities in Gang Rape and Wife Battery.' In: L.H. Bowker (ed.) *op cit.*

Office of Her Majesty's Chief Inspector of Schools and Audit Commission (1999) *Inspection of City of Kingston upon Hull Local Education Authority.* London: Office for Standards in Education. Accessed online at: http://www.hullcc.gov.uk/ education/download/hullrep5.pdf. (February 2002) 42p.

Office of the Deputy Prime Minister (2003) 'Indices of Deprivation 2000.' Accessed online at: http://www.urban.odpm.gov.uk/research/id2000/ (February 2003) 1p.

Office for National Statistics (2003a) 'Neighbourhood Statistics: Kingston upon Hull.' Accessed online at http://www.neighbourhood.statistics.gov.uk/ (February 2003) 3p.

Office for National Statistics (2003b) 'Kingston upon Hull City of UA: Profiles.' Accessed online at http//www.statistics.gov.uk/census2001/profiles. (February 2003) 4p.

Office for National Statistics (2003c) 'Kingston upon Hull City of UA: Profiles.' Accessed online at http//www.statistics.gov.uk/census2001/pop2001. (February 2003) 2p.

Office for National Statistics (2003d) 'Police officer strength: by sex, minority, ethnic group, and rank, 2002.' Accessed online at http://www.statistics.gov.uk/STATBASE/ ssdataset.asp?vlnk=6377. (May 2003) 1p.

Osterling, A., Berglund, M., Nilsson, L.H. and Kristenson, H. (1993) 'Sex Differences in Response Style to Two Self-report Screening Tests on Alcoholism.' *Scandinavian Journal of Social Medicine.* **21** (2), 83-89

Paglia, A. and Room, R. (1998) 'Alcohol and Aggression: General Population Views About Causation and Responsibility.' *Journal of Substance Abuse.* **10**, 199-216

Pain, R. (1997) 'Whither women's fear? Perceptions of sexual violence in public and private space.' *International Review of Victimology.* **4**, 297-312

Painter, K. and Farrington, D. (1998) 'Marital violence in Great Britain and its relationship to marital and non-marital rape.' *International Review of Victimology.* **5**, 257-276

Parker, R.N. and Auerhahn, K. (1998) 'Alcohol, Drugs and Violence.' In: J. Hagan and S. Cooks (eds.) *Annual Review of Sociology.* Palo Alto, CA: Annual Reviews

Parker, R.N. and Rebhun, L. (1995) *Alcohol and Homicide: A Deadly Combination of Two American Traditions.* Albany, New York: State University Press

Parrott, D. and Zeichner, A. (2002) 'Effects of Alcohol and Trait Anger on Physical Aggression in Men.' *Journal of Studies on Alcohol.* **63** (2), 196-204

Paton, A. (2000) 'The body and its health.' In: D.B. Cooper (ed.) *op cit.*

Pedersen, W. and Skrondal, A. (1996) 'Alcohol and sexual victimisation; a longitudinal study of Norwegian girls.' *Addiction.* **91**, 565-581

Pence, E. and Paymar, M. (1993) *Education groups for men who batter: The Duluth model.* New York: Springer

Pernanen, K. (1982) 'Theoretical Aspects of the Relationship between Alcohol Use and Crime.' In: J.J. Collins Jr. (ed.) *op cit.*

Pernanen, K. (1991) *Alcohol in Human Violence.* New York: Guilford Press

Pheonix, A. (1994) 'Practising Feminist Research: The Intersection of Gender and 'Race' in the Research Process.' In: M. Maynard and J. Purvis (eds.) *op cit.*

Phillips, D. and Henderson, D. (1999) ' "PATIENT WAS HIT IN THE FACE BY A FIST...". A Discourse Analysis of Male Violence Against Women.' *American Journal of Orthopsychiatry.* **69** (1), 116-121

Pihl, R.O. and Hoaken, P.N.S. (2001) 'Biological Bases of Addiction and Aggression in Close Relationships.' In: C. Wekerle and A. Wall. *op cit.*

Pihl, R.O. and Peterson, J.B. (1993) 'Alcohol, serotonin and aggression.' *Alcohol Health and Research World.* **17** (2), 113-117. Accessed online via Ebsco. (April 2000) 8p.

Plant, M. (1985) *Women, Drinking and Pregnancy.* New York: Tavistock/Methuen

Plant, M., Miller, P., Thornton, C., Plant, M. and Bloomfield, K. (2000) 'Life Stage, Alcohol Consumption Patterns, Alcohol-Related Consequences, and Gender.' *Substance Abuse.* **21** (4), 265-281

Plant, M. and Plant, M. (1992) *Risk-takers. Alcohol, drugs, sex and youth.* London: Routledge

Plant, M., Plant, M. and Thornton, C. (2002) 'People and Places: some factors in the alcohol-violence link.' *Journal of Substance Use.* **7**, 207-213

Plant, M.L. (undated) 'Alcohol and Gender.' Accessed online at: http://www.icap.org./ international/gender.html. (February 2003) 3p.

Plant, M.L. (1997) *Women and Alcohol: Contemporary and Historical Perspectives.* London: Free Association Books

Plotnikoff, J. and Woolfson, R. (1998) *Policing Domestic Violence: Effective Organisational Structures*. London: Policing and Reducing Crime Unit

Popkin, R.H. and Stroll, A. (1998) *Philosophy*. (3rd edition.) Oxford: Reed Educational and Professional Publishing

Powis, B. (2002) *Offenders' risk of serious harm: a literature review*. RDS Occasional Paper No 81. London: Home Office

Project Match Research Group (1997) 'Matching Alcoholism Treatments to Client Heterogeneity: Project MATCH Posttreatment Drinking Outcomes.' *Journal of Studies on Alcohol*. **58**, 7-29

Raistrick, D., Hodgson, R. and Ritson, B. (eds.) (1999) *Tackling Alcohol Together: The Evidence Base for a UK Alcohol Policy*. London: Free Association Books

Reader's Digest (1988) *Universal Dictionary*. London: Reader's Digest Association

Reber, A.S. (1985) *The Penguin Dictionary of Psychology*. Harmondsworth, Middlesex: Penguin Books

Reider, E.E., Zucker, R.A., Noll, R.B., Maguin, E.T. and Fitzgerald, H.E. (1988) 'Alcohol Involvement and Family Violence in a High Risk Sample: I. Spousal Violence.' Paper presented at the APA meeting in Georgia, U.S.A., August 1988.

Renzetti, C.M. and Lee, R.M. (eds.) (1993) *Researching Sensitive Topics*. London: Sage

Ribbens, J. and Edwards, R. (1998) 'Living on the Edges: Public Knowledge, Private Lives, Personal Experience.' In: J. Ribbens and R. Edwards (eds.) *Feminist Dilemmas in Qualitative Research*. London: Sage

Ritson, B. and Thorley, A. (2000) 'Alcohol and its Effects. A: General Effects.' In: M. Plant and D. Cameron (eds.) *The Alcohol Report*. London: Free Association Press

Rivara, F.P., Mueller, B.A., Somes, G., Mendoza, C.T., Rushforth, N.B. and Kellerman, A.L. (1997) 'Alcohol and illicit drug abuse and the risk of violent death in the home.' *Journal of the American Medical Association*. **278** (7), 569-575

Roberts, G.L., Lawrence, J.M., Williams, G.M. and Raphael, B. (1998) 'The impact of domestic violence on women's mental health.' *Australian and New Zealand Journal of Public Health*. **22** (7), 796-801

Robson, C. (1993) *Real World Research. A Resource for Social Scientists and Practitioner-Researchers*. Oxford: Blackwell

Room, R. (1980) 'Alcohol as an Instrument of Intimate Domination.' Paper presented at the Drinking and Drugs Division sessions of the Society for the Study of Social Problems Annual Meeting, New York City, August 26 1980.

Room, R. (1997) 'Alcohol, the individual and society: what history teaches us.' *Addiction.* **92**, Supplement 1, S7-S11

Room, R. (2001) 'Intoxication and bad behaviour: understanding cultural differences in the link.' *Social Science and Medicine.* 53, 189-198

Room, R., Bondy, S.J. and Ferris, J. (1995) 'The risk of harm to oneself from drinking, Canada 1989'. *Addiction.* **90**, 499-513

Rose, D. and Sullivan, O. (1998) *Introducing Data Analysis For Social Scientists.* (2nd edition.) Buckingham: Open University Press

Rossow, I. (1996) 'Alcohol-related violence: the impact of drinking pattern and drinking context.' *Addiction.* **91** (11), 1651-1661

Rossow, I., Pape, H. and Wichstrom, L. (1999) 'Young, wet and wild? Associations between alcohol intoxication and violent behaviour in adolescence.' *Addiction.* **94** (7), 1017-1031

Russell, M. Chan, A.W.K. and Mudar, P. (1997) 'Gender and Screening for Alcohol-Related Problems.' In: R.W. Wilsnack and S.C. Wilsnack (eds.) *op cit.*

Sachs, A. and Wilson, J.H. (1993) 'Sexism and the Law.' In: S. Jackson, K. Atkinson, D. Beddoe, T. Brewer, S. Faulkner, A. Hucklesby, R. Pearson, H. Power, J. Prince, M. Ryan and P. Young (eds.) *Women's Studies: A Reader.* London: Harvester Wheatsheaf

Schechter, S. (1982) *Women and Male Violence. The Visions and Struggles of the Battered Women's Movement.* London: Pluto Press

Scully, D. (1990) *Understanding Sexual Violence: a study of convicted rapists.* London: Harper Collins Academic

Shakespeare, W. (1604) *Othello.* In: (no editor details) (1975) *The Complete Works of William Shakespeare.* New York: Avenel Books

Shepard, M.F. and Campbell, J.A. (1992) 'The Abusive Behavior Inventory. A Measure of Psychological and Physical Abuse.' *Journal of Interpersonal Violence.* 7 (3), 291-305

Siegal, S. and Castellan, N.J. (1988) *Nonparametric Statistics for the Behavioral Sciences.* (2nd edition) New York: McGraw-Hill

Silverman, D. (2000) *Doing Qualitative Research: a Practical Handbook.* London: Sage

Simmons, J. and colleagues [*sic*] (2002) *Crime in England and Wales 2001/2002.* London: Home Office

Skeggs, B. (1994) 'Situating the Production of Feminist Ethnography.' In: M. Maynard and J. Purvis (eds.) *op cit.*

Sprent, P. (1989) *Applied Nonparametric Statistical Methods.* London: Chapman and Hall

Stanko, E.A. (1985) *Intimate Intrusions. Women's Experience of Male Violence.* London: Routledge and Kegan Paul

Stanley, L. and Wise, S. (1993) *Breaking Out Again: Feminist Ontology and Epistemology.* (2nd edition.) London: Routledge

Stark, E. and Flitcraft, A. (1996) *Women at Risk: Domestic Violence and Women's Health.* London: Sage

Steele, C.M. and Southwick, L. (1985) 'Alcohol and social behavior: 1. The psychology of drunken excess.' *Journal of Personality and Social Psychology.* **48**, 18-34

Stevenson, R.L. (1886) 'Strange Case of Dr. Jekyll and Mr. Hyde.' In: M. Hulse (ed.) (1995) *Strange Case of Dr. Jekyll and Mr. Hyde and other stories.* Cologne: Konemann

Stith, S.M., Crossman, R.K. and Bischof, G.P. (1991) 'Alcoholism and marital violence: A comparative study of men in alcohol treatment programs and batterer treatment programs.' *Alcoholism Treatment Quarterly.* **8**, 3-20

Strategy Unit and Department of Health (2002) *National Alcohol Harm Reduction Strategy. Consultation Document.* London: Department of Health

Straus, M.A. (1995) 'The Conflict Tactics Scales and Its Critics: An Evaluation and New Data on Validity and Reliability.' In: M.A. Straus and R.J. Gelles (eds.) *op cit.*

Straus, M.A. and Gelles, R.J. (eds.) (1995) *Physical Violence in American families: Risk factors and adaptations to violence in 8,145 families.* New Brunswick, N.J.: Transaction

Straus, M.A., Hamby, S.L., Boney-McCoy, S. and Sugarman, D.B. (1996) 'The Revised Conflict Tactics Scales (CTS2). Development and Preliminary Psychometric Data.' *Journal of Family Issues.* **17** (3), 283-316

Strauss, A. and Corbin, J. (1998) *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory.* (2nd edition.) London: Sage

Sullivan, C.M. and Bybee, D.I. (1999) 'Reducing Violence Using Community-Based Advocacy for Women with Abusive Partners.' *Journal of Consulting and Clinical Psychology.* **67** (1), 43-53

Sumner, M. and Parker, H. (1995) *Low in Alcohol: A review of international research into alcohol's role in crime causation.* London: Portman Group

Swindells, H., Neaves, A., Kushner, M. and Skilbeck, R. (1999) *Family Law and the Human Rights Act 1998.* Bristol: Family Law

Taylor, D.J. (undated) 'Alcohol Consumption in Pregnancy (9).' Clinical Green Top Guidelines. Royal College of Obstetricians and Gynaecologists. Accessed online at: http//:www.rcog.org.uk/guidelines.asp?PageID= 106&GuidelineID=1. (February 2003). 5p.

Taylor, S.P. and Chermack, S.T. (1993) 'Alcohol, Drugs and Human Physical Aggression.' *Journal of Studies on Alcohol.* Supplement 11. **54**, 78-88

The All Party Group on Alcohol Misuse (1995) *Alcohol and Crime: Breaking the Link.* London: Alcohol Concern

The United Kingdom Parliament (2003) 'Members of Parliament by Gender.' Accessed online at http://www.parliament.uk/directories/hciolists/gender.cfm. (May 2003) 2p.

Thom, B. (1999) *Dealing with Drink. Alcohol and Social Policy: From Treatment to Management.* London: Free Association Books

Thom, B. and Green, A. (1996) 'Services for women: the way forward.' In: L. Harrison (ed.) *Alcohol Problems in the Community.* London: Routledge

Tolman, R.M. (1999) 'The Validation of the Psychological Maltreatment of Women Inventory.' *Violence and Victims.* **14** (1), 25-37

Tomsen, S. (1997) 'A Top Night: Social Protest, Masculinity and the Culture of Drinking Violence.' *British Journal of Criminology.* **37** (1), 90-102

Velleman, R. (2000) 'The importance of the family.' In: D.B. Cooper (ed.) *op cit.*

Volk, R.J., Steinbauer, J.R., Cantor, S.B. and Holzer, C.E. (1997) 'The Alcohol Use Disorders Identification Test (AUDIT) as a screen for at-risk drinking in primary care patients of different racial/ethnic backgrounds.' *Addiction.* **92** (2), 197-206

Walker, A., O'Brien, M., Traynor, J., Fox, K., Goddard, E. and Foster, K. (2002) *Living in Britain. Results from the 2001 General Household Survey.* London: The Stationery Office

Walker, L.E. (1979) *The Battered Woman.* New York: Harper and Row

Wall, A. and McKee, S. (2002) 'Cognitive Social Learning Models of Substance Use and Intimate Violence.' In: C. Wekerle and A. Wall (eds.) *The Violence and Addiction Equation.* New York: Brunner-Routledge

Waterson, J. (2000) *Women and Alcohol in Social Context. Mother's Ruin Revisited.* Basingstoke, Hants: Palgrave

Wekerle, C. and Wall, A. (2002) 'Introduction: The Overlap between Relationship Violence and Substance Abuse.' In: C. Wekerle and A. Wall (eds.) *op cit.*

Wekerle, C. and Wall, A. (eds.) (2002) *The Violence and Addiction Equation. Theoretical and Clinical Issues in Substance Abuse and Relationship Violence.* New York: Brunner-Routledge

Wells, S., Graham, K. and West, P. (2000) 'Alcohol-Related Aggression in the General Population.' *Journal of Studies on Alcohol.* **61**, 626-632

West, C.M. (1998) 'Lifting the "Political Gag Order". Breaking the Silence Around Partner Violence in Ethnic Minority Families.' In: J.L. Jasinski and L.M. Williams (eds.) *op cit.*

West, C.M. and Zimmerman, D. (1991) 'Doing Gender'. In: J. Lorber and S. Farrell, Susan (eds.) *The Social Construction of Gender.* London: Sage

White, H.R. and Hansell, S. (1996) 'The moderating effects of gender and hostility on the alcohol-aggression relationship.' *Journal of Research in Crime and Delinquency.* **33**, 450-470. Accessed online at: http://www.globalvgw6.global.epnet.com/. (April 2000) 16p.

White, H.R. and Huselid, R.F. (1997) 'Gender Differences in Alcohol Use during Adolescence.' In: R.W. Wilsnack and S.C. Wilsnack (eds.) *op cit.*

Wilberforce College (2002) 'Hull.' Accessed online at: http://www.wilberforce.ac.uk/ourcity.html (February 2002) 1p.

Wild, T.C., Graham, K. and Rehm, J. (1998) 'Blame and punishment for intoxicated aggression: when is the perpetrator culpable.' *Addiction.* **93** (5), 677-689

Williams, M, and May, T. (1996) *Introduction to the Philosophy of Social Research.* London: UCL Press

Willott, S. And Griffin, C. (1997) ' 'Wham Bam, Am I a Man?' Unemployed Men Talk about Masculinities.' *Feminism and Psychology.* **7** (1), 107-128

Wilsnack, R.W. and Wilsnack, S.C. (eds.) (1997) *Gender and Alcohol: individual and social perspectives.* New Brunswick, New Jersey: Rutgers Center of Alcohol Studies

Wilsnack, S.C. and Wilsnack, R.W. (1995) 'Drinking and Problem Drinking in US Women: Patterns and Recent Trends.' In: M. Galanter (ed.) *op cit.*

Winnicott, D.W. (1965) *The Maturational Processes and the Facilitating Environment.* London: Hogarth Press

Wise, S. (1997) 'What are Feminist Academics For?' In: L. Stanley (ed.) *Knowing Feminisms: On Academic Borders, Territories and Tribes.* London: Sage

Women's Aid (2001a) 'About Women's Aid.' Accessed online at: http://www.womensaid.org.uk/about/index.html. (January 2002) 4p.

Women's Aid (2001b) 'Perpetrator programmes – working with violent men.'
Accessed online at: http://www. womensaid.org.uk/policy/briefings/ perp%20programs.
htm. (February 2003) 2p.

Women's Aid (2001c) 'What is a violent relationship?.' Accessed online at:
http://www.womensaid.org.uk/help/violent_relationship.htm (May 2003) 2p.

Women's Aid Online (undated) 'Myths about Violence against Women.' Accessed
online at: http://www.womensaid.ie/pages/domestic/MYTHS.HTM. (January 2003)

Women's Refuge Movement (1999) 'About Women's Refuges.' Accessed online at:
http://www.members.tripod.com/-WRRC/refuges.htm. (March 2002) 4p.

Yllo, K.A. and Straus, M.A. (1995) 'Patriarchy and Violence against Wives: The
Impact of Structural and Normative Factors.' In: M.A. Straus and R.J. Gelles (eds.) *op
cit.*

Zeichner, A., Allen, J.D., Giancola, P.R. and Lating, J.M. (1994) 'Alcohol and
Aggression: Effects of Personal Threat on Human Aggression and Affective Arousal.'
Alcoholism: Clinical and Experimental Research. **18** (3), 657-663