



Editorial

*Corresponding author Ronald S. Laura, DPhil

Professor School of Education Faculty of Education and Arts The University of Newcastle Callaghan NSW 2308, Australia **Tel.** +61 2 4921 5942

Fax: +61 2 4921 7887
E-mail: ron.laura@newcastle.edu.au

Volume 3: Issue 3

Article Ref. #: 1000WHOJ3e012

Article History

Received: October 20th, 2017 Accepted: October 23rd, 2017 Published: October 23rd, 2017

Citation

Laura RS. Alcohol abuse, women, and domestic violence (part 4). Women Health Open J. 2017; 3(3): e18-e20. doi: 10.17140/WHOJ-3-e012

Copyright

©2017 Laura RS. This is an open access article distributed under the Creative Commons Attribution 4.0 International License (CC BY 4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Alcohol Abuse, Women, and Domestic Violence (Part 4)

Ronald S. Laura, DPhil'

School of Education, Faculty of Education and Arts, The University of Newcastle, Callaghan NSW 2308. Australia

INTRODUCTION

To the shame of our society statistics from as early as 2003 were revealed by the U.S. Bureau of Justice reporting that in 2001, 588,490 non-fatal assaults were perpetrated against women by their current or former husband, or partner¹ These women were beaten by the very men they believed in and loved. As early as 1996, a study by the American Psychological Association (APA) announced that one out of every three women in America will experience at least one physical assault by their partner during adulthood, and 92% of American women surveyed in 2003 ranked domestic violence and sexual assault as amongst their major concerns.² The health-related costs of what has come be called, 'Intimate Partner Violence' (IPV) exceeded 5.8 Billion U.S. dollars a year. Of this total, nearly 4.1 billion U.S. dollars represented the costs for direct medical and mental healthcare, with productivity losses estimated to be 1.8 billion US dollars.³ It is estimated that approximately 50% of all incidents of domestic violence are due to alcohol abuse, and in a survey of in excess of 2000 American couples, the rate of IPV was 15 times higher in households where the husbands were often intoxicated, as opposed to those husbands who were never drunk.⁴ The World Health Organization (WHO) describes the levels of violence experienced by the world's women as 'a global public health problem of epidemic proportions, requiring urgent action'. We were in the midst of a crisis of injustice and inequity then, and we still are as far as domestic violence is concerned. As long as we fail to resolve the problem of alcohol abuse, we will have inadvertently preserved the ineluctability of drunken assaults on the women they call their wives or intimate partners, while pretending the spurious posture of a veritable partner of his loving wife. The time has truly come to extirpate the violent assaults of men who make their intimate partners suffer the terror of their alcoholic rage.

UNDERSTANDING THE DEPTH OF ALCOHOL ABUSE AND VIOLENCE UPON WOMEN

The World Health Organization (WHO) defines intimate partner violence (IPV) as 'any behaviour within an intimate relationship that causes physical, psychological or sexual harm' WHO recently estimated that the global prevalence of physical and/or sexual IPV to be 30% among ever-partnered women.

Most female victims of completed rape (78.7%) experienced their first rape before the age of 25, and almost half (40.4%) experienced their first completed rape before age 18 (28.3% between 11 and 17 years old and 12.1% at or before the age of 10). It is also estimated that at least 1.4 million women have suffered domestic abuse in their U.S. homes in 2015, and that nearly half a million women refrain from reporting their own experiences of abuse for any of a number of personal reasons, including such fearful horrors as threats to their own lives Rates of IPV are highest among women, particularly younger women and those in partnered relationships. While some men experience partner violence themselves, women are three to five times more likely to report being beaten, choked, sexually assaulted, or threatened with a gun or knife by their partner or ex-partner. These statistics do not take into consideration the large number of women who refuse to make their IPV abuses known. 4.9

Alcohol use, especially heavy drinking and drinking large amounts per occasion, is

Women Health Open J Page e18

WOMEN'S HEALTH



ISSN 2380-3940

= Open Journal 🖯

http://dx.doi.org/10.17140/WHOJ-3-e012

linked to male-to-female partner violence.⁵ Across different cultures, violence is more severe when one or both partners (most often the male partner) has been drinking.⁶ Research has clearly established that alcohol plays an integral role in domestic contexts of violent behaviour.⁷ In addition, across the globe, IPV is also a power issue, reflecting the disparities in the power relationships which emerge between men and women.⁸ Although, alcohol has been shown to augment aggressive behaviour in both men and women, the inclination to engage in violent behaviour is twice as strong for men.⁹ This being so, alcohol abuse by men has been determined to have a much greater role to play in the aetiology of IPV perpetration than is featured by women who drink.¹⁰

The impacts of IPV on women's health are well-documented and include not only in regard to physical harm and injury (e.g., broken ribs and limbs, dental devastation, facial disfigurement, loss of sight from eye battering, chronic gastrointestinal disruption, and induced gynecological problems).¹¹ The wide array of physical abuse is accompanied by psychological impacts (e.g., depression, PTSD, anxiety), often leading to addiction to substance abuse.¹² "The evidence is irrefutable—women's experiences of domestic violence are connected in complex and reciprocal ways with poor mental health and substance use problems".¹³

IS IT TOO LATE TO SAVE YOUR ALCOHOL - MARINATED BRAIN?

Alcohol is thought to influence aggressive behaviour through detrimental effects on the drinker's cognitive brain functions, problem-solving abilities, narrowing the capacity to focus attention and make rational decisions, and increasing their willingness to take risks. In the context of an intimate couple, when one of the partners has been drinking, he or she will be less able to resolve conflicts constructively, because of (a) the effects of alcohol on cognitive functioning and problem-solving; (b) the drinking partner may have a disproportionate response to a perceived slight, insult or other apparent wrong done by the partner and be less likely to see the partner's perspective or the situational and environmental factors that may have affected the partner's behaviour (because of the narrowing of their focus of attention on a specific action of the partner related to their drinking); (c) the drinking partner may engage in highly provocative or aggressive behaviour without thinking about the consequences of his or her actions because of alcohol's effects on brain components associated with risk-taking; and, (d) for male partners in particular, perceived slights or aggression by the partner may be interpreted as a threat to their masculinity. When both partners have been drinking, the role of alcohol may be even greater, because of the potential for alcohol to affect the brain centres governing reflective thinking, self control, restraint and judgement. This is one of the reasons that some people afflicted by alcohol abuse will intentionally binge drink with the aim of perpetrating a violent assault on their partner, with the prepared excuse that the alcohol was to blame and not them. Substance abuse has been found to co-occur in 40-60% of IPV incidents across various studies. Several lines of evidence suggest that substance use/ abuse plays a facilitative role in IPV by precipitating or exacerbating violent dispositions waiting to be unleashed.

REFERENCES

- 1. Rennison C. Intimate partner violence, 1993-2001. Bureau of Justice Statics Crime Data Brief. 2003. Web site. https://www.bjs.gov/content/pub/pdf/ipv01.pdf. Accessed October 19, 2017.
- 2. Fulcher J. Poll finds domestic violence is women's main concern. Press Release. National Coalition Against Domestic Violence. 2003.
- 3. CDC Injury Media Relations. CDC reports the health-related costs of intimate partner violence against women exceeds \$5.8 billion each year in the United States. Press Release. Centers for Disease Control and Prevention. April 28, 2003. Web site. https://www.cdc.gov/media/pressrel/r030428.htm. Accessed October 19, 2017.
- 4. Collins JJ, Messerschmidt PM. Epidemiology of Alcohol-related violence. *Alcohol Health and Research World* (US Department of Health and Human Services. National Institute on Alcohol Abuse and Alcoholism); 1993; 17(2): 95-100.
- 5. World Health Organization. *Violence Against Women: Intimate Partner and Sexual Violence Against Women.* Fact sheet no. 239. Geneva, Switzerland: World Health Organization; 2014.
- 6. Devries KM, Mak JYT, García-Moreno C, et al. Global health. The global prevalence of intimate partner violence against women. *Science*. 2015; 340: 1527-1528. doi: 10.1126/science.1240937
- 7. World Health Organization . WHO Multi-country Study on Women's Health and Domestic Violence against Women: Full Report. Geneva, Switzerland: World Health Organization; 2015.
- 8. Lagdon S, Armour C, Stringer M. Adult experience of mental health outcomes as a result of intimate partner violence victimisa-

Women Health Open J Page e19

WOMEN'S HEALTH



ISSN 2380-3940

= Open Journal 🖯

http://dx.doi.org/10.17140/WHOJ-3-e012

tion: A systematic review. Dig Eur J Psychotraumatol. 2014; 5. doi: 10.3402/ejpt.v5.24794

- 9. Markowitz S. The price of alcohol, wife abuse, and husband abuse. SEJ. 2015; 67(2): 279-303. doi: 10.3386/w6916
- 10. Waller MW, Iritani BJ, Christ SL, et al. Relationships among alcohol outlet density, alcohol use, and intimate partner violence victimization among young women in the United States. *J Interpers Violence*. 2012; 27(10): 2062-2086. doi: 10.1177/0886260511431435
- 11. Lagdon S, Armour C, Stringer M. Adult experience of mental health outcomes as a result of intimate partner violence victimisation: A systematic review. *Eur J Psychotraumatol*. 2014; 5. doi: 10.3402/ejpt.v5.24794
- 12. Jewkes R, Sen P, Garcia-Moreno C. Sexual violence. In: Krug EG, Dahlberg LL, Merycy JA, Zqi AB, Lozano R, eds. *World Report on Violence and Health*. Geneva, Switzerland: World Health Organization; 2002; 147-182.
- 13. Weaver TL, Gilbert L, El-Bassel N, Resnick HS, Noursi S. Identifying and intervening with substance-using women exposed to intimate partner violence: Phenomenology, comorbidities, and integrated approaches within primary care and other agency settings. *J Womens Health (Larchmt)*. 2015; 24(1): 51-56. doi: 10.1089/jwh.2014.4866
- 14. Macy RJ, Goodbourn M. Promoting successful collaborations between domestic violence and substance abuse treatment service sectors: A review of the literature. *Trauma Violence Abuse*. 2012; 13(4): 234-251. doi: 10.1177/1524838012455874
- 15. Substance Use and Mental Health Services Administration: About Us. 2015; Web site. http://www.samhsa.gov/about-us. Accessed November 5, 2015.
- 16. Bennett L, Bland P. Substance abuse and intimate partner violence. Harrisburg, PA, USA: VAWnet, a project of the National Resource Centre on Domestic Violence. Harrisburg, PA, USA: The National Online Resource Center on Violence Against Women; 2008. Web site. http://www.vawnet.org. Accessed November 17, 2015.
- 17. Murray CE, Crowe A, Overstreet NM. Sources and components of stigma experienced by survivors of intimate partner violence. *J Interpers Violence*. 2015. doi: 10.1177/0886260515609565

Women Health Open J Page e20