

# Pathways to responding and preventing alcohol-related violence against women: why a gendered approach matters

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Violence against women is a significant public health issue – globally, one in three women are estimated to experience physical and/or sexual violence from an intimate partner in their lifetime. Australia is not immune; one in four Australian women report violence from an intimate partner since the age of 15.<sup>1</sup> Some groups are burdened more than others, due to the intersection of systemic factors such as race, discrimination and social and economic disadvantage. Indigenous women are hospitalised for family violence-related assaults at 32 times the rate of non-Indigenous women.<sup>2</sup> Victims experience significant negative physical, mental and reproductive health damage.

Decades of global evidence confirms that harmful use of alcohol increases the likelihood of intimate partner violence and sexual violence towards women. Although the exact role of alcohol in such violence is complex and contested,<sup>3</sup> there is consensus that alcohol use, particularly heavy and binge drinking, contributes to the increased frequency and severity of violence. Alcohol use on its own is neither sufficient nor necessary for violence to occur. Many men drink heavily but do not abuse their partners, nor commit acts of sexual aggression.

There is well established evidence of sex differences in the impacts of alcohol use on men and women.<sup>4</sup> Despite drinking less than men, women who drink heavily tend to be more negatively affected physically than men, including reproductive problems, in the short and long term.<sup>5</sup> They also experience more negative social responses to their drinking (i.e. infringing social norms of femininity) as well as increased vulnerability to sexual assault and violence. Women living with a

heavy drinking spouse experience higher levels of anxiety and depression symptoms and lower satisfaction with life.<sup>6</sup> These are likely to be associated with the experience of alcohol-related partner violence.

Alcohol contributes to violence through a combination of: direct pharmacological effects on thinking, behaviour and the ability to resolve conflict; characteristics of the individual and others involved in the interaction; the circumstances and interaction in the setting; and underlying attitudes and social norms. However, while both men and women suffer victimisation as a result of men's alcohol-related violence – men are disproportionately the victims of violence *from other men* in public, while women experience alcohol-related violence disproportionately from males known to them and at higher rates than men.<sup>7</sup>

While there has been significant attention to the role of alcohol in men's public violence as a result of injuries and deaths of young men in public, alcohol-related violence against women rarely features in public health policy and intervention research. Indigenous communities and clinical populations with severe alcohol problems have been the exception.

In this commentary, we make a distinction between sex – defined as the biological or genetic features taken to differentiate females from males – as distinct from gender, which can be defined as the socially constructed differences in character traits and role expectations for the different sexes. As de Beauvoir asserted, "one is not born, but becomes a woman."<sup>8</sup> We argue below for the importance of a gendered focus to prevention and reduction of alcohol-related violence against women.

## Why a gendered lens is important

Violence against women is a complex 'wicked' problem, with gender inequality as the necessary context for men's violence.<sup>9</sup> We use the term 'violence against women' to reflect the evidence that women are disproportionately the victims of violence from a male intimate partner, or sexual violence from a non-intimate partner, often in the context of control and dominance. Applying a gendered lens to preventing alcohol-related violence is important for several reasons. Firstly, alcohol consumption itself is highly differentiated in drinking behaviours; studies across different countries find universal patterns – men are more likely than women to drink, and in more problematic ways (i.e. high frequency and high volume drinking). Women tend to drink substantially less or are more likely to be lifetime abstainers compared to men.<sup>10</sup> While the magnitude of the difference varies across cultures, the pattern remains that harm associated with alcohol use primarily relates to men's drinking.

Men's alcohol use is linked to sexual aggression and violence; it may affect their social information processes, contributing to 'misreading' cues of sexual interest, and exerting sexual pressure and coercion.<sup>11</sup> Alcohol use affects relationship functioning with conflict around drinking particularly exacerbated by discrepant drinking patterns within the couple increasing the risk of violence as an outcome, particularly if one (usually the male) or both partners have been drinking. While harmful drinking in women does not increase the risk of violence per se, it increases their vulnerability to victimisation and unwanted sexual attention.

For some women, whose partner's alcohol use is inter-connected with repeated cycles of abuse, drinking can act as a signal for the *potential* for violence, and thus a tool of control, as women are forced to adopt preventive or protective strategies when a partner starts drinking.<sup>12</sup> Women may also experience economic abuse resulting from a partner spending household funds on his drinking. Where a partner develops an alcohol use disorder, women are socialised to take on a caring role even under the threat of drunken violence. Leaving an abusive partner is made more difficult for women when a partner is dependent on such care. In these

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ways, a gendered understanding of alcohol-related violence against women reveals how alcohol contributes to the existing gender inequalities that drive violence against women.

Prevention strategies around violence against women emphasise the gendered nature of intimate partner and sexual violence, and how gender inequality sets the context for violence perpetrated by men against women and girls. Within this context, alcohol misuse is viewed as a reinforcing factor, with social norms around alcohol use altered by disinhibition in problematic masculine drinking contexts associated with more sexualised behaviour.<sup>9</sup> Both drinking and violence are social behaviours that are influenced by gendered social norms. Conforming to stereotypes of traditional masculinity is seen as a predictor of violence, including intimate partner and sexual violence.<sup>13</sup> The intersecting traits of exaggerated masculinity, heavy drinking and violence are made visible in studies of male-dominated drinking settings such as bars.<sup>14</sup> Alcohol use is intertwined with expression of harmful masculinity, particularly where traditional masculinity markers (such as employment) are absent. It provides 'liquid courage' to take on risky behaviours, and particularly to act powerfully and dominantly through violence against strangers and towards women.<sup>13</sup> However, alcohol use is two-sided for men who are violent; while alcohol use facilitates the performance of exaggerated masculinity markers, it is also used as a response to the demands and expectations of living up to false ideals of manhood.<sup>13</sup> Hence, maintaining an explicit focus on men's harmful drinking and an examination of the masculine norms and peer group behaviour that underpin it should be a priority for primary prevention and early intervention strategies.

### **Implications for primary prevention and early intervention: the role of the health profession and public health policy**

By acknowledging the gendered nature of alcohol-related violence against women and responding with an understanding of harmful masculinities and drinking culture, health professionals can be more effective with heavy drinking male patients and their families. An early identification of problematic alcohol use can be an opportunity to assess family safety and identify the risk of

a man perpetrating violence against family members.<sup>15</sup> Brief interventions to reduce alcohol use have been shown to work with younger people, and recent evidence shows that they are effective at reducing alcohol consumption among hazardous and harmful drinkers in emergency department and primary care populations.<sup>3</sup>

Men's use of alcohol can be both a 'tool' of violence, but also a symptom of exposure to violence, thus creating a cycle that has inter-generational effects. Multi-country research on men's perpetration of violence shows that exposure to their father's violence against their mother is directly and indirectly associated with their own perpetration of physical partner violence. Additionally, men who have been exposed to violence in childhood are more likely to abuse alcohol than those unexposed.<sup>16</sup> A perpetrator's co-morbidity of mental health and alcohol problems should obligate health professionals to respond in an appropriate therapeutic way, while not diminishing accountability for the violent behaviour.

At a public health level, reducing harmful alcohol use is recognised by the World Health Organization as an important strategy for reducing violence against women, although not the complete solution.<sup>17</sup> Alcohol policy strategies that reduce alcohol consumption at the population- and community-level, such as increasing the price and reducing the availability of alcohol, have been shown to be effective at reducing alcohol-related harm more generally.<sup>18</sup>

However, there is limited evidence of what alcohol strategies work to prevent alcohol-related violence against women,<sup>3</sup> although some strategies such as alcohol outlet density show promise. This is not because these strategies do not work, but that there has been little attention to including outcomes of intimate partner and sexual violence.

Some scholars argue that while sex differences are accounted for as a demographic factor in epidemiological alcohol research, *gender* is absent from prevention and intervention research on alcohol.<sup>3</sup> The accepted alcohol policy strategies and interventions pay limited attention to harmful masculinities, men's peer group activities and their role in consumption and harm. Attention to the importance of gendered health promotion approaches is vital, including the social norms around drinking and masculinity that should be a focus, particularly where these are linked

to violence against women. Public health policy around alcohol and violence needs to engage with gender in theory and practice, and we need to design and evaluate primary prevention and early intervention strategies that *explicitly* acknowledge the gendered nature of both drinking and violence against women, e.g. in schools, local community and campus student violence prevention strategies.

The World Health Organization recommends 'gender-transformative' approaches as the most promising and effective in preventing gender-based violence.<sup>19</sup> These include prevention programs that focus explicitly on the gendered dimensions of behaviour and challenge stereotyped gender roles and promote gender-equitable relationships between men and women. The Australian health system and health professionals can play a role by challenging social norms that trivialise men's harmful drinking and behaviours, and advocating for gender-informed alcohol policy changes that reduce men's problematic drinking patterns, create safer drinking environments and cultures for women and men, and prohibit advertising that reinforces gender inequity and masculine heavy drinking cultures.

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